Care UK Community Partnerships Ltd

The Potteries

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 4 and 6 January 2017. The aim of the inspection was to carry out a comprehensive review of the service. At our last inspection in October 2015 there were no breaches of legal requirements.

The Potteries is a purpose built home which opened in October 2013 and is registered to accommodate a maximum of 80 people who require either nursing or personal care. There were 61 people living there at the time of our inspection. The home is divided into three separate living units. Two units provide care for people living with dementia and one of the units provides nursing care. The home is well equipped and has good communal facilities which include a café, cinema and hairdressing salon.

The home was led by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received only positive comments about The Potteries throughout our inspection. Staff in the home were also positive about the home and the service they provided. They told us they felt well supported by the management team that was in place.

People told us that their care and support needs were met and that staff were kind, caring and respectful. People also felt safe and had confidence in the staff.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people. People's choices and decisions were respected and staff enabled people to retain their independence.

The provider had implemented satisfactory systems to recruit and train staff in a way that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed at The Potteries, and the skills they had, were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood how to protect people from possible abuse and how to whistle blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture.

There was a clear management structure in place. People and staff said was the manager was approachable and supportive. There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Medicines were managed safely and staff competence was checked.

Is the service effective?

Good

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported to have access to healthcare as necessary.

Is the service caring?

Good

The service was caring.

Support was provided to people by staff who were kind and caring. People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff understood how to support people to maintain their dignity and treated people with respect.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge and understanding of people's needs.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

The Potteries

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 6 January 2017. One inspector undertook the inspection and was supported by an expert-by-experience on 4 January 2017. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service as well as a health professionals including GP's, district nurses, social workers and other health professionals such as Occupational and Physio therapists and community mental health support staff.

We spoke with 12 people who were living in the home. Because some people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We also spoke with six relatives and 15 staff which included carers, senior staff, nurses, housekeeping, laundry and catering staff. We also spoke with the acting manager and office based staff who were involved in supporting people who used the service.

We looked at seven people's care and medicine records. We saw records about how the service was managed. This included four staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well cared for. When we asked one person if they felt safe and respected they replied, "If I am worried, I can talk to the carers and I know they will sort things out straight away."

There were satisfactory systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of safeguarding people: they could identify the types of abuse as well as any possible signs of abuse and knew how to report any concerns they may have. Records showed that the provider had notified the local authority and CQC of any safeguarding concerns or incidents and the registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Information about safeguarding adults was available on notice boards in the office and staff room to assist and prompt staff should they have any concerns. All staff confirmed that they would have no hesitation in reporting concerns to either the registered manager or any of the trustees.

There were satisfactory systems in place to assess and manage risk and hazards in order to support and protect people. Individual risk assessments covered areas such as moving and handling, pressure area care and the risk of falls. Environmental risks were managed safely. These were regularly reviewed and updated. There were risk assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

Arrangements were in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed. The home also had plans in place to manage interruptions to the power supply, breakdown of equipment or other emergencies.

There were enough staff employed to meet people's needs. The registered manager explained that review of people's needs is undertaken every month and staffing levels are adjusted when necessary. We saw that, whenever people needed assistance, staff were able to respond quickly and that there were always staff available when people were in the communal areas of the home. Staff confirmed that they felt able to meet people's needs with the current staffing level. People and relatives also confirmed that they rarely had to wait very long for assistance when they needed it. One person told us, "I am very happy with the staff and the care I get. They are so good."

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character.

There were satisfactory systems in place for the administration and management of medicines. We checked the storage and administration of medicines, and discussed medicines management with staff. Records showed that medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved.

Staff confirmed that they had received regular training and competency checks. Those we spoke with told us they felt confident when administering medicines. We observed a member of staff giving medicines to people. They spent time with people, explained what their medicines were for and stayed to check that people had managed to take them safely.

Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. There was clear information about medicines that were prescribed as "when required" (PRN) which was contained in a care plan. There were pain management care plans in place for people who were unable to verbally communicate. Medicines administration records were complete and contained the required information where doses were not given. The administration of prescribed creams and other topical medicines had also been reviewed. Care plans gave clear instructions and records were complete and up to date.

Good

Is the service effective?

Our findings

People told us they felt they were well looked after and had confidence in the staff that cared for them. A relative of a person living in the home told us, "My Dad has been here for years. He is well cared for and everyone knows him very well." Many of the staff told us that the registered manager's door was, "Always open" and that over the last year, the staff team had become very stable which meant better continuity of care for people.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Training records showed that staff had received refresher training in essential areas such as safeguarding adults, mental capacity and deprivation of liberty safeguards, infection prevention and control, moving and handling and fire prevention. New staff confirmed that they had undertaken a comprehensive induction as well as working some shadow shifts to enable them to observe and understand their role and the range of people's needs. The registered manager confirmed that induction training for inexperienced staff was in accordance with the Skills for Care, Care Certificate. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised.

Staff were provided with support and supervision. Staff confirmed that regular supervisions were taking place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance. The registered manager discussed a recent staffing situation that had resulted in some supervisions and annual appraisals being delayed. They confirmed that a plan was in place to ensure that all staff received overdue supervision sessions and an annual appraisal as soon as possible. Staff confirmed they were aware of this.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were many examples of staff reassuring people if they became upset, chatting to them about their family or previous events in their life or making use of the café when people needed a change of scene. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified that some

people may be deprived of their liberty. They had made DoLS applications to the supervisory body.

People's rights were protected because the staff acted in accordance with MCA. People and their relatives told us staff provided the care and support they expected and that their wishes regarding their care were respected. Care plans and records had been updated to reflect MCA principles. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them. The registered manager had ensured that where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

People's nutritional needs were assessed, planned for and monitored. People were weighed regularly and a risk assessment was carried out to check whether they were at risk of malnutrition or dehydration. Where people were found to be at risk, records of their food intake were kept, additional high calorie drinks and snacks were provided and referrals were made to dieticians and speech and language therapists. The registered manager told us how an audit of meals provided, food and fluid records had evidenced that some people were unaware of additional snacks and drinks that were available by request particularly in the evenings and overnight. The registered manager recognised that they could improve people's diet by making their service more effective. Trollies had been purchased and a range of snacks including sandwiches, homemade cakes and fruit as well as hot and cold drinks was taken around in the evening or to anyone who was awake through the night.

People's likes and dislikes were recorded in their care plans and the chef and kitchen staff were also aware of any special diets, such as gluten free, which people required. The chef had created menus following consultation with the people living in the home and the staff as well as using their own knowledge regarding nutrition. Recently, the chef had been provided with a new piece of equipment which meant they could improve the way pureed meals were prepared and served. The chef and other kitchen staff had a good knowledge of how to encourage people to eat and drink to promote good health. They also knew about each person living in the home, their dietary requirements and their personal likes and dislikes.

People told us they enjoyed the food. Choices were available for each course of each meal. Staff took each option to people and assisted to make their selection this was particularly helpful to people who may not understand what the meal was from reading a menu or who found communication difficult. During each of the meal times that we observed, staff were attentive to people and were quick to offer alternatives if people said they did not like something or were not eating what they had selected.

The registered manager had ensured that people had the support they required and there were as few delays as possible at meal times by introducing that staff, from all departments, should be available to provide support during meal times. A number of meal times were observed during the course of the inspection. Meal times were sociable with plenty staff available to support people, offer encouragement and generally engage people in conversations.

A relative told us, "The nice, small touches make a difference. The last place my relative was in gave them their cold drinks in a plastic cup. Here it is in a glass. It might not seem much but it does make a difference. It's more like them being in their own home." Another person said, "Drinks and cakes are served nicely on plates with doilies and serviettes, makes a difference, more homely".

Coloured crockery had been purchased. (Research has shown that people who live with dementia often eat better from coloured crockery) and the registered manager confirmed that this was the case for many people. The plates had slightly raised sides to enable people to move their food onto cutlery with greater ease and therefore promoted their independence.

People had access to healthcare professionals such as GP's, district nurses, occupational and physiotherapists and community mental health nurses. Staff told us they supported people with appointments if this was appropriate and were also able to liaise with health professionals if necessary. During the inspection we asked health professionals, who had involvement with the service, for their views of the service. All of their responses were positive and highlighted that the staff asked for support appropriately and carried out instructions properly.

Good

Is the service caring?

Our findings

People, who were able to, told us that they were happy living at The Potteries and found the staff to be kind and caring. One of the people living in the home told us, "I have been here a few months now and I am very happy. They look after me very well. I do get worried about my wife who is in hospital quite poorly, they [the staff], help make sure I am ready to go and visit her when my son comes to pick me up."

People received care and support from staff who had got to know them well. The relationships that were observed between staff and people demonstrated dignity and respect at all times. One person was demonstrating some behaviours that challenged others in the home. Staff had requested support from health professionals. As a result of the support, staff who were caring for the person wore their own clothes rather than a uniform and provided meals and different times to the rest of the home to fit with the person's routines. This had resulted in the person becoming more settled.

During this inspection we spoke with staff from the catering, housekeeping and maintenance departments of the home. They told us that the registered manager had encouraged them to feel part of the team that cares for people living in the home and that they enjoyed this aspect of their role. One person had come into the home on their day off to look after the rabbits that belonged to the home and to put some new fish they had purchased in the home's aquarium. They told us they enjoyed this aspect of their job because they saw how much pleasure the rabbits and fish gave to people.

Staff were attentive to people's needs; they were quick to offer assistance or provide discreet support when it was needed. People's records included information about their personal circumstances, how they wished to be supported and how to encourage people to maintain and improve independence where possible.

Staff respected people's choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. This included choices of which area of the home they would like to sit in, when to get up, meals or activities. Staff told us that they knocked on people's bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and used screens in public areas if necessary.

Where possible, staff had discussed with people, their preferences and choices for their end of life care. These wishes were clearly documented and all staff we spoke with were aware of where to find such information should it be necessary. Staff told us they had developed good relationships with GP's and nurses and knew how to obtain anticipatory medicines to ensure people were comfortable and not in pain. One relative had written to the registered manager and staff following the death of their mother. Part of the letter said, 'At the end of life she was shown so much care, comfort and love and importantly, dignity. Thank you. Mum's faith was important to her and when she was unable to pray herself someone was there to read from her book. I hope you realise how much comfort she would have felt to hear the words. Thank you'.

Good

Is the service responsive?

Our findings

Observations showed us that staff were responsive to people's needs. People and relatives told us that they felt their needs were met and that staff were quick to consult GP's and other health professionals such as the speech and language service or tissue viability nurses.

People had their needs assessed before moving into the home. Assessments were detailed and covered both physical and mental health as well as a person's general well being, social and emotional needs. Assessments were used to create initial care plans so that staff were informed of people's needs and how they should be met. These care plans were reviewed frequently in the first weeks of a person's admission to ensure that all needs were accounted for and plans were in place to ensure needs were met.

People's needs were regularly reviewed, with these monthly reviews being known by the staff and people living in the home as 'Resident of the day'. The monthly review was used to create the feel of a special occasion; staff carried out care plan, medicines and risk assessment reviews but at the same time, the chef spent time with the person chatting about their general views of the meals and also created any special meal of the person's choosing. In addition, staff checked that the person had the plenty of toiletries and clothing and the housekeeping staff carried out a special "deep clean" of the person's room. Activities staff also arranged to do something with the person that they specifically wanted to do. During the course of the inspection one person had been made a special
cake and another person had requested a special meal of kedgeree.

Discussions with staff showed that they had a good knowledge and understanding of people and their needs and could quickly recognise when someone was showing signs of being unwell or in pain. Where staff identified concerns either through the review process or through daily care provision, records clearly showed the actions they had taken such as contacting a GP, dietician, speech and language therapist or tissue viability specialist nurse.

Handovers between staff at the end and start of shifts ensured that important information was shared and people's progress could be closely monitored.

Activities were provided seven days a week between 9am and 7pm. The sessions were planned to provide a mixture of different things to do during the day. Activity coordinators were employed by the home to plan and manage activities. During the inspection there were a number of activities that were planned and organised which ranged from individual sessions with people who preferred to stay in their rooms to small activities in the lounge and a larger gatherings in the café or to watch visiting entertainers. There was a weekly calendar of activities which was given to people and posted on notice boards around the home. Depending on the number of people wishing to attend, care staff also sometimes stayed to help support some activities. Throughout the activities that we observed taking place, all staff were supportive and encouraging and people responded well to staff and enjoyed the activity.

Information about how to complain was available on notice boards in the home. Details about how to

make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and outings.

Good

Is the service well-led?

Our findings

All of the people, relatives and staff we spoke with during the inspection spoke positively about the registered manager and the way the home was managed. People and relatives told us that the registered manager was always available to them if they had queries or concerns and that other staff in the home were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

At the last inspection, the manager was relatively new in post and had not been registered with CQC. Following the last inspection, they submitted their application and were approved as the registered manager for the home. All of the staff we spoke with told us they were pleased that the registered manager had been successful. Staff also told us that they felt that the registered manager had established a strong and stable staff team, that everyone had the training they needed and understood the need to follow procedures, and keep detailed records to support the good care they provided.

The service had a positive, open, person-centred culture. A relative commented on how caring they had found everyone in the home and added that staff always took time to listen and chat. Staff said they felt able to raise any concerns with the management team and were confident that they would be addressed. They were also aware of how to raise concerns and whistle blow with external agencies such as Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

Quality assurance systems, developed by the provider, had been fully implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service and also by clinical and governance staff from head office. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

People's experience of care was monitored through annual surveys which were sent to both people living in the home and to relatives and friends that visited. Surveys were analysed and a report created from the results which included any areas that had been highlighted from the survey as requiring action and a plan with timescales to implement the required actions was in place.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies.