

Potensial Limited

# Potensial Limited - 23 Elm Road

## Inspection report

23 Elm Road North  
Prenton  
Birkenhead  
Merseyside  
CH42 9PB

Tel: 01512002444

Website: [www.potensial.co.uk](http://www.potensial.co.uk)

Date of inspection visit:  
22 March 2017

Date of publication:  
20 April 2017

## 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

The service was registered to provide accommodation and personal care for up to six people. The people accommodated were men who had a learning disability and/or autism. The home was part of the range of services provided by the Wirral-based company Potential Limited.

The home was a large terraced property that blended in with its neighbours and was not identified as a care home. On the ground floor there were two bedrooms, a comfortable lounge, a large combined kitchen, a dining room, a small office, and a shower room. On the first floor there were four bedrooms and a bathroom. At the back of the house there was an enclosed garden.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

We spoke with one person who lived in the home and two relatives who all gave positive feedback about the home and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care.

The registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions where possible and their choices were respected.

Care records were clear and person centred. The important information that was needed to care for people safely was clear and available for staff to access.

Medicines was stored, administered and managed safely.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included collaborative ways of working with the staff team and it was very much a team approach to problem solving.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Potensial Limited - 23 Elm Road

## **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.

The inspection took place on 22 March 2017 and was unannounced. It was carried out by an Adult Social Care Inspection Manager. The manager was given 24 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Wirral Council Social Workers who worked with people who lived in the home. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about, and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the manager and two other members of staff. We met with the people who lived at the home and following the inspection we contacted two relatives by telephone. We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records. We looked at maintenance records. We looked at care records for three people who lived at the home.

## Is the service safe?

### Our findings

We spoke with one person who lived in the home. They told us that they felt safe but that they didn't always like some of the people that they lived with because of the way that they behaved. We shared their concerns with the staff team who told us that this was being reviewed.

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. There had been a number of safeguarding concerns since we last visited the home. We saw that these were clearly documented and we had feedback from social workers who praised the home's handling of difficult incidents. The manager was very open and transparent and stated that they had a number of staff changes that they thought had contributed to the safeguarding concerns. The people living in the home displayed behaviour that regularly constituted a safeguarding risk and the staff team had been working hard to manage these risks safely whilst encouraging the people to live their lives in accordance with their wishes and choices.

We saw that the service was staffed by a consistent core staff team. We saw that there had been problems with recruitment and retention of staff. The manager and staff told us and we saw from the rotas that this had improved and every effort had been made to use a regular team from the agency to minimise disruption to the service. We looked at the rotas and saw that staffing levels were consistent and there was always a good mix of care staff supported by agency staff.

We looked at medicines management in the home and saw that it was good. The medicines were audited regularly. We saw that staff had been trained in the administration of medicines.

We saw that the home was clean and well maintained as far as possible. The home had a programme of refurbishment that was on-going. We saw that this was a challenging task as some of the people who lived in the home exhibited behaviours that impacted on the environment. The manager showed us one room that had been decorated a week previously and already had been significantly damaged. The manager made it clear that they were continuing to improve the environment and were trying to do this in innovative ways to maintain the improvements. We checked the premises safety certificates and saw that they were up to date.

## Is the service effective?

### Our findings

One person told us "I think the staff are generally good." The person then named a staff member who we were told had worked with this person for the last six years and they had a positive relationship. A relative told us "The manager and staff work very hard."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager and staff and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times and always looked at the least restrictive options for people whilst balancing this with the needs of the other people who lived in the home.

The staff were trained regularly and we saw evidence of this. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported. Staff had supervision from the manager but this was not always regular, however, staff told us that the manager's door was always open and that they were very approachable and supportive. We saw that team meetings were regularly held. We could see from the minutes that staff felt comfortable to share their views and that team meetings often yielded lively debates. Staff told us that if they were unhappy about something that they felt able to talk about it and raise their concerns knowing that they would be listened to.

We saw that the people were involved in doing the shopping and the cooking. We saw that the home had a menu plan but that this was flexible according to people's requests on each day.

We saw that people had regular access to health care and their care files showed that people's mental health was closely monitored by health professionals working in conjunction with the staff team.

# Is the service caring?

## Our findings

One person told us that the staff were very caring and were liked by them and their family.

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. We saw random displays of affection from people who lived in the home towards the staff. It was obvious that the well being of the people who lived in the home was paramount. We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent.

One person who lived in the home had never had their hair cut before and since living at the home they had attended a hairdressing salon and had their hair cut three times. The staff were very proud of this person's achievement.

We saw that one person who lived in the home sometimes exhibited behaviour that compromised their dignity. Staff had worked very hard to manage this safely whilst respected the choices of the person but also respecting the rights of the other people who lived in the home. We saw that special blinds had been fitted in this person's room to protect their dignity.

We saw staff knocking on bedroom doors prior to entering. One staff member knocked on a door and then waited before entering. They told us that the person was unable to answer their knock but they always did to announce to the person that someone was about to enter their room.

We saw that advocates had been arranged for people who lived in the home who did not have family members to support them.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that neither of the people could access information about the other person in the home.

## Is the service responsive?

### Our findings

One person told us "I tell them when I'm unhappy and they sort it out." A relative told us that they were unsure if the service was suitable for their relative. We were reassured that the matter was being explored.

Individual care files were in place for the people living at 23 Elm Road and we looked at the three of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. Some of the people had very specific needs and they needed to be cared for in certain ways. These needs were clearly documented and easily understood and available for staff to read.

We saw that the people led busy, varied lives. Some of the people were supported by one-to-one care. We saw that staff were respectful and unobtrusive and encouraged person choice as much as possible. We observed staff discussing how they would split up the day to accommodate different people's requests or indications of what they may wish to do.

One person told us about their hobby that was very important to them and we saw examples of their work in the home's garden. We saw another person baking cakes with staff support. We were told that this was one of the person's favourite things to do. We saw that the person regularly chose to do this.

We saw that there was a complaints procedure in place and people told us that they knew about it. The relatives we spoke with told us that they had no complaints with the service and found the staff very approachable and they were able to discuss any concerns at any time.

## Is the service well-led?

### Our findings

Feedback from the staff team about the manager was very positive. Staff described them as calm and always approachable.

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. The service had a registered manager who had been in post since May 2016. The manager also ran another service owned by the provider that was close by. The manager told us that they shared their time between the two homes but went mostly where they were needed.

The home had recently recruited a new deputy manager and there was also a senior support worker. The manager told us that they had also been supported by a deputy from another home who had worked there for a few months to support during a difficult period.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and saw that issues were actioned. The audits were not always carried out when they were exactly required. The manager was very honest and transparent about this and explained that the home had been through a difficult period which now seemed to be settling down.

We saw that there was clear partnership working with outside organisations including community nurses and local care services.

There was a positive person centred culture apparent in the home and obvious respect and transparency between the manager and staff. We saw evidence of difficult conversations and some disagreements but it was very apparent that everyone's focus was for the best possible care for the people who lived in the home.