

Potensial Limited

Avoca

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 inspection took place on 11 August 2016 and was announced. This meant that the provider knew we would be coming. Due to the service being small, we wanted to be sure that someone would be in.

Avoca is a two story supported living service for four adults who have learning disabilities and mental health needs. At the time of our inspection there were three people living at the service. Potensial Ltd provide community based domiciliary care and supported living services to the people living at Avoca. Each person who lives at Avoca has their own tenancy agreement with a housing provider. The service aims to support people to live as independently as possible.

A registered manager was not in place. The area manager was in the process of registering. 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.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. A Relative told us they were happy with the care their family member was receiving at the service.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

A relative and people we spoke with confirmed that there were enough staff available to meet the needs of the people living at Avoca.

Safety checks had been undertaken on the building such as the gas, electric and PAT (portable appliance) testing.

Staff were supervised regularly and had an annual appraisal. Staff training was in date and covered a wide range of topics in accordance with the providers training policy. We saw that new staff were inducted appropriately and inductions were in line with The Care Certificate.

Information in people's risk assessments was relevant and meaningful and contained detailed actions, which helped staff to support people appropriately.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. People's privacy and dignity were upheld. Staff monitored people's health and welfare needs and acted on issues identified.

The manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and

responsibilities linked to this. Best interest processes had been followed for advanced decision making and where people were deemed to not have capacity.

Consent was well documented in people's care plans for individual tasks, and this was signed by the people themselves, or their relatives.

There was a complaints procedure in place which was available in different formats and people told us they would know how to complain if they had to.

People were supported to go shopping for themselves and, when possible, to make themselves snacks. People could have drinks as and when they wanted as the kitchen was readily accessible to everyone living in the service.

People and staff were complimentary about the manger and the provider in general, and said they would recommend working for the company.

Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas such as health and safety, medication, care planning and training. There were clear and transparent action plans when the audit process identified areas of improvement.

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.

Medicines were stored safely and administered by staff who were trained to do so.

Staff were recruited safely and offered employment once satisfactory background checks had been completed.

Risk assessments were in place and were being reviewed monthly or when required. Risk assessments were detailed and easy to follow.

Safety checks were in place on the building and equipment.

Is the service effective?

Good ●

The service was effective.

Staff told us they enjoyed their training and we saw from looking at the training matrix and certificates staff had attended regular training.

Supervision records showed that staff underwent regular supervision with the manager.

The service was working in accordance with the principles of The Mental Capacity Act 2005 (MCA) and other associated legislation to ensure people were exercising their rights to make choices and decisions regarding their care.

People were supported to shop for individual items of food and were supported to prepare meals and snacks when required.

Is the service caring?

Good ●

The service was caring.

People told us they liked the staff who supported them.

We observed kind, relaxed interactions between staff and the people who received support throughout our inspection.

People told us they felt involved and listened too.

There was someone who used the service accessing advocacy services, and we saw information about the services displayed for people.

Is the service responsive?

Good ●

The service was responsive.

There was evidence of a person centred approach, which was a common theme in people's care plans. Care plans were clearly written with the involvement of the person.

There was a complaints procedure in place, and people were able to tell us how they would complain if they needed to.

People told us they were able to come and go as they pleased, and there were always activities and events arranged by the provider they could attend if they wished.

Is the service well-led?

Good ●

The service was well-led.

The area manager was in the process of registering to become the registered manager for Avoca.

There were quality assurance systems in place which included monthly audits by the area manager as well as weekly compliance monitoring by the manager.

Feedback was gathered in an appropriate way for the size of the service

Avoca

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 was planned to check 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 the 11 August 2016 and was announced. This meant that we had given the provider 48 hours that we would be coming, as the service is a small supported living service for adults who may often be out during the day. We wanted to be sure there would be someone there.

The inspection was undertaken by an adult social care inspector.

Before we carried out the inspection we looked at information that we held about the service including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

We talked with the two support workers on shift in detail. We also talked to the manager. We spoke with one person living at Avoca who wanted to speak to us, and we spoke with one family of another person who lived at the service who was visiting at the time of our inspection. The third person who lived at the property was not in during the inspection.

We observed care and support in communal areas and viewed the care files for the three people living at Avoca. We also looked at all of the staff training and recruitment files and other records relating to how the service was managed.

Is the service safe?

Our findings

One family member who we spoke with told us they felt the service was safe. Comments included, "It's smashing. Not at all institutionalised." A person who lived at Avoca said, "Oh yes I definitely feel safe. I have my own room." When we asked what made them feel safe they said, "The staff are always there if I need them. I have no favourites."

Staff told us that they felt the service was, "Like one big happy family." One staff member said, "The safety of the people living here is absolutely paramount to me."

Risks were assessed in areas such as cooking, cleaning, accessing the community, behaviours and finance. We saw that plans had been put into place to minimise these risks, which contained specific instructions for staff to follow to help keep people safe. For example, we saw that one person's medical condition had been risk assessed, and there was a plan in place to accompany this which included how the person wanted to be supported.

Risk assessments were in place with regards to the environment, such as the garden and kitchen areas. There were also personal emergency evacuation plans (PEEPS) in place for all three people living at the home. We saw evidence of fire drills taking place.

We saw that all external checks had been completed on the building, which had been arranged by the provider. For example, the portable appliance (PAT) testing, electrical appliance testing, and the gas check had all been recently completed and the certificates were stored at the service. In addition to this, the staff completed weekly checks of people's rooms with them and other communal rooms to ensure that sockets were not overloaded, the rubbish was removed, and any maintenance jobs were reported to the housing provider. We saw that the service had recently had the kitchen remodelled, and the person we spoke with told us they were happy with this.

There was a procedure in place for monitoring accidents and incidents each month to check for any patterns or trends. However, during our inspection we saw there had been very few accidents in the service, so there were no identified patterns or trends.

People were supported to access their medicines when they needed them. There was no one self-medicating at the time of our inspection, however we could see that people had been asked if they wanted to self-medicate, and this was documented in their medication plan. Medication administration records (MARs) were being used to record people's prescribed medications. We saw these were completed accurately. Where people had topical medication (creams) applied, this was being recorded on a body chart. Weekly medication audits were being completed by designated staff.

Staffing levels were based around people's needs. The manager told us that there are mainly two staff of a daytime until the evening, and three staff at some points in the afternoon in accordance with what plans people had that day. The staff we spoke with told us that the service was very relaxed. One staff member

said, "We just do things around the needs of the people living here, it is their home." Rotas showed that staffing levels were consistent throughout the previous weeks, and the staff who worked at Avoca had been there for some time. One staff member said "It's very rare we have to contact an agency, we all just pick up (shifts) were we can."

We reviewed four files relating to staff employed at the home. Staff records viewed demonstrated the manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to commencing work.

The manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid check is a requirement for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

When we spoke to staff they were clearly able to tell us what action they would take if they felt someone was being harmed in anyway. The staff identified the provider's safeguarding policy and told us their training had highlighted the importance of disclosing important information. One staff member said, "If it was another member of staff, I would go to the manager and report my concerns." The staff we spoke with were able to explain what whistleblowing meant, and said they would all feel able to raise concerns regarding bad practice and named external agencies they would contact.

Is the service effective?

Our findings

Staff told us and records showed that staff had completed training in subjects such as safeguarding, first aid, medication, food hygiene, and mental capacity. Records also confirmed that staff had attended training in a specific area to help support someone at the service with their diagnosed medical condition. This ensured that staff had the relevant training to meet people's needs. One staff member said "I like face to face training. I get more out of this." We asked people if they felt staff had the right skills to support them, one person told us, "Yes they are very good." A relative told us, "They are excellent."

We saw that there was an induction process in place for all staff. This included observations, shadowing and competency checks. We saw that the newest member of staff had recently completed their induction which was in line with principles of The Care Certificate. The Care Certificate is an identified set of standards which health and social care workers are expected to adhere to in relation to their job roles. We saw that most of the staff in the service had achieved their QCF level 2 in health and social care, and one staff member was working towards it.

We saw that supervision was a formal process which was undertaken by the manager every few months. There was a supervision schedule in the office which showed everyone's due dates for supervision. Staff confirmed they were regularly supervised and appraised annually.

We looked at how the service implemented The Mental Capacity Act. 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.

We saw that mental capacity assessments were being completed for different decisions and if people were found to not have capacity for that decision, we saw that decisions were made in their best interests. For example, we saw minutes of a best interest meeting held for someone concerning their tenancy agreement and how they should sign it. All key people involved with the person's care had been invited and the decision and rationale was well documented within the minutes.

We saw that the service had gained consent from people to be able to share their records, support them with medicines and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the MCA were followed and the least restrictive option was chosen. Throughout the day, we continuously heard staff asking people for their consent before they provided support. Staff understood the importance of gaining consent from people and the principles of best interest decisions.

People told us they were supported to purchase their own shopping and prepare their own meals with staff support. One person said, "I make myself a fried egg and go to the shop every day for milk." There was a weekly menu in place, one person told us, "We all get together every Sunday and talk about what we would like to eat that week." A family member also told us, "They choose all the menus and food themselves; the

staff try to help them do as much for themselves as possible, which is so much better for [family member]."

We saw from looking in peoples care files that they had access to a range of professionals some of whom visited them at home. One person told us, "My optician comes to check my eyes, and the chiropodist comes."

Is the service caring?

Our findings

We asked one person if the staff made them feel valued, they said, "Yes." When we asked why they went on to say, "Just everything they do, they listen to what I say." One family member told us, "This [Avoca] is run around what they [people who lived there] need. The staff are just marvellous."

We asked the staff what they liked most about their jobs and both people told us, "The people who live here are brilliant." One staff member said, "I just love everything about it. It is not like work, the atmosphere is really nice."

Throughout the inspection, we heard and saw staff speaking to people with respect and compassion. Staff clearly knew the people they were supporting very well and were able to refer to their individual care plans in depth during their discussion with us.

Staff told us that they enjoyed doing things 'with' the people who lived at Avoca, and not 'for' them. One staff member told us, "It is the little things that people take for granted, such as nipping the shop on their own, that they [people living at the service] can do now for themselves."

One person told us, "I tidy my own bedroom with staff once a week." We saw other examples of care plans where people were supported to vacuum and polish and this was well documented in their plans as goals they had achieved. The manager told us, "A while ago we wouldn't even have thought they could do any of this because they were used to having things done for them."

We saw that one person was accessing independent advocacy services. We saw from looking at this person records that their advocate visited frequently and was involved in care reviews.

Other people's care plans contained evidence that they had been involved in the development and review of their documentation. They had signed their documentation to say they agreed with the information provided. We saw that some documentation, such as the consent forms, was available in easy read to aid people's understanding if necessary.

Staff we spoke with gave us detailed examples of how they protected the dignity and respected the privacy of people using the service. One member of staff told us, "We knock on their room doors and don't enter until we are invited in." Also, "We make sure the door is shut when we are helping them in the shower." A member of staff said "We always make sure that we ask them to do most of their personal care first and we help when they ask us to, instead of taking over."

Records were stored confidentially, we saw there was no confidential or personal information in any of the communal areas.

Is the service responsive?

Our findings

The relative we spoke with told us their family member received good care which was tailored to their needs.

All of the care plans we saw demonstrated that person centred care was at the forefront of the individual's care plan. The assessment undertaken for each person was thorough and reflected their individuality and their needs.

Care planning was completed in accordance with person centred practices and values. Person centred planning is a way of helping someone to plan their life in accordance with what is important to them and their individual needs.

People's care plans contained sections covering what was important to them, and what successful support looks like for that person. We saw that these sections had been completed by the people themselves, with staff assistance and were personalised in fonts matching people's favourite colours and logos of people's favourite football teams. This level of personalisation filtered through to people's own individual bedrooms and communal areas. We saw that people's rooms were decorated to their own tastes. One person told us, "I chose all of the furniture in my room out of a catalogue and we all helped chose the paint in the living room."

Each person had an allocated keyworker who worked closely with the person. Some of the things the keyworker supported the person with were booking holidays, tidying their rooms, and planning trips out into the community. Every week tenant meetings were held and the keyworkers would complete a summary of events that had happened that week. This would then be documented in their person centred plan.

There was a complaints procedure in place which was also available in different formats to aide people's understanding. There was a complaints form in place which was user friendly and this was given to people as soon as they moved into the service. We asked one person if they knew how to complain, they said, "Oh yes, I would go to [named manager]." A relative also told us, "I have never had any cause to complain, you only have to mention something and it is sorted straight away." Records we viewed confirmed that there had not been any complaints in the last twelve months at the service. The manager talked us through the complaints procedure which we saw was well documented in the provider's policy.

We saw that people's concerns were being used to help improve the quality of the service. For example one person who lived at the home was finding the stairs difficult to use daily, so the manager asked this person if they wanted to move to a room on the ground floor. This was implemented for that person.

The provider held regular events, such as barbeques, which all of the people who used the service could attend as a way of helping people form relationships and network with each other. People could also bring their families along if they wished.

Is the service well-led?

Our findings

Everyone that we spoke with was complimentary about the service manager, the area manager and the company as a whole. One member of staff said, "It's really good because the managers are so approachable and will always help with anything they can."

The area manager had been in post for a long time and was in the process of applying to become the registered manager.

The service manager was available on the day of our inspection and explained to us about the management structure of the home which had recently undergone some change.

Audits were undertaken regularly to access and monitor the quality of the service. We saw evidence of weekly audits being undertaken by the service manager in areas such as the environment, medication, care planning, training and staff files. In addition, there were monthly audits being undertaken by the area manager which checked the service manager's audits as well as any changes to policies and procedures and supervision of staff. There were clear action points documented when areas needed addressing. These action points were checked again before the next month's audit. This showed that the provider was auditing the quality and safety of the service.

Feedback surveys were being completed appropriately for the size of the service. The manager told us, "We mostly discuss things as and when needed, such as the new fitted kitchen, and the decorating which the service users asked us to sort out." We did see some completed feedback forms asking about people's experience of the service. These were completed every year and sent to the administration team to analyse. We saw from looking at the most recent feedback forms that everyone had said they were happy living at the service.

Team meetings were held every month. The last one had taken place on 7 August. Staff told us they discussed a range of topics during the team meetings. Minutes had not been typed up for this meeting yet, however we did see that notes had been taken ready for typing.

All of the staff told us they liked working for Potensial and would recommend the company to friends and family. One member of staff said, "It's one of the best." Another member of staff said, "I was worried because I didn't have much experience, but they have really mentored me through."

There were good links between the service and the local shops. Every day one of the people who lived at Avoca would walk to local shops for milk and any other items needed. A member of staff said, "They know [person] so we know [they are] okay and it is good for [their] independence to do that." The person confirmed they do this and they enjoyed it, as they saw it as their responsibility.

We spoke to the service manager regarding their role. The manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes

that affected the service.