

Potensial Limited

Park View

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 announced inspection took place on 18 September 2018. We announced the inspection to ensure people who used the service would be in during the day, as well as the registered manager to facilitate the inspection.

Park View is a care home located in Salford and accommodates up to nine adults who have mental health and acquired brain injury related conditions. At the time of the inspection there were nine people using the service. The service is located in the Seedley area of Salford and is close to local amenities and transport routes for Greater Manchester.

We last inspected Park View in January 2016, where the home was rated Good overall and for each key question we inspected against. We found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall. We have however have made two recommendations within the Safe domain of this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe as result of the care and support they received and staff understood their responsibility with regards to safeguarding people from abuse.

Staff were recruited safely, with appropriate checks undertaken before they commenced employment, however we have made a recommendation about these could be strengthened in future.

The building was being appropriately maintained, although we have made a recommendation regarding acting on any follow up repairs in a timely way.

There were enough staff available to care for and support people safely.

People had detailed risk assessments in their support plans and the service maintained a log of any accidents and incidents which had occurred, which detailed any follow up actions taken.

Appropriate systems were in place to manage people's medication safely.

Staff told us they received enough training, induction, supervision and appraisal to support them in their role.

People received enough to eat and drink and we found any specific dietary requirements were adhered to.

The people we spoke with told us they were happy with the care and support they received and described staff as kind and caring.

The service was meeting the requirement of the accessible information standard (AIS).

The service used the recovery star as part of people's care and support. The recovery star is an outcomes measure which enables people to measure their own recovery, with the help of staff. People's care plans were centred around the recovery star, so staff could monitor their progress.

Complaints were investigated and responded to appropriately.

People had access to learning and development courses within the local community and these were also discussed during key worker reviews. Holidays and trips away were supported by staff if this was what people wanted to do.

There were systems in place to seek feedback from people using the service through satisfaction surveys. Residents meetings also took place for people to share their views.

A range of internal auditing systems were in place at both managerial and provider level so that the quality of service could be monitored effectively.

Policies and procedures were in place so that staff could seek advice about areas affecting their work if they needed to.

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 safe, although we have made two recommendations regarding staff recruitment and maintenance of the premises.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

Park View

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 announced inspection took place on Tuesday 18 September 2018. The inspection was announced to ensure people who used the service would be in during the day. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

In advance of the inspection, we looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they planned to make.

We also reviewed any other information we held about the service. This included any statutory notifications such as any safeguarding and whistle blowing concerns. We also contacted stakeholders from Salford City Council to see if they had any information to share with us about the service. We did not receive any feedback from the stakeholders we contacted however.

During the inspection we spoke with the registered manager, area manager, three people who lived at the home and two support workers. We reviewed four people's care files, three staff personnel files, three medication administration records (MAR), the training matrix and quality assurance documentation. This helped inform our inspection judgements about the service.

We did not carry out short observational framework for inspection (SOFI), due to the nature of the service and carried out general observations to understand how staff interacted with people who could not communicate effectively.

Is the service safe?

Our findings

At this inspection we found people continued to receive safe care and treatment.

The people who used the service told us they felt safe as a result of the care and support they received. One person said, "I do feel safe here and I have the staff whenever I need them. The doors are locked at night." Another person said, "Yes there is a feeling of safety and security."

We looked at how new staff were recruited. The recruitment process included the completion of application forms, seeking references and carrying out Disclosure Barring Service (DBS) checks. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. Other documentation held within staff files included proof of identification and interview questions/responses. We looked at three staff personnel files during the inspection and each file contained this information. We noted staff were not always recruited in line with the policy and procedure however which stated references should be sought from the candidates' last employer. However, in each of the three files we looked at, references had been obtained from other employers where people had worked previously. We found this had not impacted on people's safety, however and the registered manager agreed correct processes would be followed in future. We will check this again at our next inspection.

We recommend the recruitment policy is followed correctly when recruiting new staff.

We looked to see if the building and premises were being well maintained. We saw recent checks were undertaken of portable appliances, fire equipment, gas safety and legionella. The service certificates for any work carried out were available and were kept in an organised folder. The last electrical installation report had been carried out in January 2018, with the outcome being 'Unsatisfactory'. Four faults had been noted (two code 2, one code 3 and one code 4), however at the time of the inspection, this remedial work had not yet been carried out. The work had not been deemed as requiring urgent attention on the engineer's report however and was described as requiring improvement only. The registered manager contacted the head office during the inspection to arrange for this work to be completed. We will check this again at our next inspection.

We recommend the service act on any necessary repair work in a timely way.

We looked at how people's medication was managed and found this was being done safely. People's medication was stored securely inside locked cabinets within a treatment room. Only staff responsible for administering medication had access to this area and we saw it was locked when not in use. We viewed the training matrix and saw staff had completed recent medication training and staff told us this was updated each year. Competency assessments were undertaken so that managers could ensure staff were administering medicines safely to people.

Where people required medicines 'as required', appropriate protocols were in place for staff to follow about when these needed to be given and under what circumstances. During the inspection we looked at the

medication administration records (MAR) of three people who used the service. These were accurately completed and we did not identify any missing signatures where staff had not signed when giving people their medicines. A photograph of each person was available on the MAR, making it easier for staff to identify people and avoid the risk of giving medication to the wrong person.

We looked at the how service managed risk. Each person's care plan contained a missing person's protocol should they leave the service and did not return to the service as agreed. People who used the service had a range of risk assessments in place which covered areas such as bathing unaided, smoking in the building, accessing the community, deterioration in mental health, nutrition, lone working and substance misuse. Risk assessments were personal to each person and based upon their individual support needs. These were updated each month and provided information for staff about how risks needed to be mitigated.

Accidents within the service were monitored, with an individual log maintained regarding any incidents which had occurred within the service. Details were provided about what had happened and any actions taken. We noted that where incidents were occurring on a more frequent basis, these were then followed up with risk assessments about how people could be kept safe.

We checked to see if there were sufficient numbers of staff working for the service. During the inspection, staffing levels during the day consisted of the registered manager and three support workers. One staff worked at the home at night, with on call arrangements in place in the event of an emergency. We were informed people had low level support needs at night, with nobody needing assistance from more than one member of staff. We looked at staffing rotas during the inspection and saw consistent numbers of staff were available each day. A person using the service said, "I feel there are enough staff to look after everybody."

Appropriate systems were in place to safeguard people from abuse. The staff we spoke with were clear about their role in protecting people from abuse and we saw any allegations of abuse were reported to the local authority for further investigation as required, with appropriate notifications sent to CQC. A Potens policy and procedure was in place, as well as those for the local authority areas funding people's care and we saw staff had received safeguarding training to help them in their role. A poster was also displayed in the reception area with contact details for Salford Council, if anyone had concerns about people's safety.

We looked at the systems in place regarding infection control. We saw bathroom and toilet areas were equipped with paper towels for people to wash their hands and bins for disposal after use. Hand hygiene guidance was displayed on the wall so that people had appropriate guidance to follow about reducing the spread of infections when washing their hands. Whilst walking around the home, we noted corridors and communal areas were clean and tidy and saw toilets and bathrooms being cleaned during the day or after people had used them. The home was last inspected by Salford Council in July 2018, with an overall score of 99%.

Is the service effective?

Our findings

At this inspection we found people continued to receive effective care and treatment.

When commencing employment with the service, staff completed an induction programme which enabled them to gain an understanding about what their role entailed. This was centred around the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if a staff member is 'new to care' and should form part of a robust induction programme. The staff we spoke with during the inspection said they completed the induction when they first started working for the service.

We looked at the training staff received to support them in their role. A training matrix was used and captured the training staff had completed and when it was due for renewal. This showed staff had completed training regarding infection control, safeguarding health and safety, medication, mental capacity, Deprivation of Liberty Safeguards (DoLS) and food safety. Training more specific to the care and support needs of people living at the home was also provided in areas such as personality disorders, self-harm, break away techniques, physical intervention and acquired brain injury. The staff told us enough training was available to them to help them undertake their role.

We looked at the supervision and appraisal staff received to support them in their role. Records of both supervision and appraisal records were available in staff personnel files and staff confirmed they attended these sessions throughout the year. Staff had signed supervision contracts in their files stating supervision would be held every four to six weeks, however we found they weren't taking place within these timescales. The registered manager acknowledged this was an area that could be improved. The staff we spoke with told us they felt supported however and could discuss any concerns about their work when they needed to.

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). We checked to see if the service were working within the requirements of DoLS and the MCA.

At the time of the inspection, only one person who lived at the service was subject to DoLS. This was because this person lacked the capacity to consent to the care and treatment they received and was unable to leave to service safely of their own accord. They were still able to leave the premises however, but needed staff to be with them at all times to keep them safe. The staff we spoke with said they worked in people's

best interests as required, in order to help them make choices and decisions. People's capacity was tested using mental capacity assessment and DoLS screening tools were held in people's support plans, which identified any potential restrictive practices.

The people we spoke with during the inspection told us staff always sought their consent before providing them with any assistance. Written consent forms were also held in people's support plans and covered areas such as entry to their bedroom, sharing their information with others and support to attend appointments.

We looked at how people were supported with their nutrition and hydration. Each person who used the service had a nutrition care plan in place which provided an overview of people's requirements such as the support they required from staff and any favourite foods. People were weighed monthly and this would help staff determine if people were at risk regarding their nutrition.

Staff had appropriately referred one person living at the home to the speech and language therapy (SALT) service, due to concerns regarding their swallowing capabilities. SALT had visited the service and the person required thickened fluids and a fork mashed diet. Staff were aware of this requirement and the information was clearly recorded in their care plan. Records of the person's food intake were not held, however we spoke with the person during the inspection and they informed us staff always prepared their food and drink for them in this way. Guidance about how to do this safely was also displayed on the kitchen notice board for staff to refer to.

People who used the service were supported to maintain good health and were supported to attend any appointments by staff. We observed one person being supported to an appointment during the inspection. People had 'hospital passports' in their support plans which provided an overview of their health needs should they need to attend hospital.

We looked at the layout and suitability of the premises to check they were appropriate for people living there. At the time of our inspection, there were nine people living at Park View. We noted the environment was spacious, with each person having their own bedroom which enabled them to have their own personal time and space. Bedrooms had en-suite facilities and there was a large communal lounge with settees and chairs for people to sit on. There was also a large kitchen which had been recently refurbished. There was garden at the side of the building meaning people had access to outside space and fresh air, whilst still in the safety of the home environment.

Is the service caring?

Our findings

At this inspection found the service continued to be Caring.

The people we spoke with said they were happy with the level of care and support they received. One person also said to us, "I like living here and the staff are supportive towards me. I am happy overall and am receiving a good level of care and support." Another person said, "The care and support is fine, no problems with that. I am receiving a good service." Another person added, "I like it here."

People said the staff who provided care to them were kind and caring towards them. One person said to us, "The staff are all okay and are caring people. They are all pretty nice I would say." Another person said, "The staff are nice and I get along with all of them." A third person said, "I like the staff, they treat me well."

During the inspection we observed staff to have a kind and caring approach towards people who lived at the home. For example, we observed one person becoming quite anxious about their money, however staff displayed a very calm approach with them and re-assured them that they had nothing to worry about and that their money would be safe. People appeared comfortable in the presence of staff and at several points during the day we observed people sitting at the dining room table with staff and managers either eating their lunch/evening meal, or having a conversation about their day and anything that was concerning them.

We asked people who used the service if they felt they were treated with dignity and respect by staff. People told us this was the case and said staff never made them feel uncomfortable or embarrassed. One person told us, "Yes I do, the staff have always treated me well since I have been here." Another person added, "I am happy with how I am treated and they are there if I need them."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs. We noted care plans took into account people's religion, ethnic origin and preferred first language, although at the time of the inspection all of the people using the service were white British and did not have any specific requirements in this area.

There were systems in place to ensure people were able to communicate effectively and we saw people were wearing any necessary equipment such as glasses where needed. Advocacy services were available people also, if they were unable to effectively make choices and decisions for themselves and did not have any friends or family.

The service was meeting the requirement of the accessible information standard (AIS). The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS

and adult social care services to comply with AIS. We saw a range of information was available for people to make it easier for them to understand including certain policies and procedure such as complaints which were available in picture format. Photographs of staff were also displayed on the wall so that staff knew who was on duty that day. One person had been having difficulties understanding why they were not able to go out without staff support, however staff had created a document using several key words and pictures, to help them understand the reasons for it and who had been involved in the decision-making process.

Is the service responsive?

Our findings

At this inspection we found the service continued to be responsive to people's needs.

People who used the service told us they received a service that was responsive to their individual needs. Promoting people's independence was one of the main principles promoted within the service. With the exception of one person who was subject to DoLS, everybody was able to come and go from the service as they pleased to access the local community. One person told us how they liked to use public transport to visit different towns and cities in the north west and this gave them a sense of freedom. They said they been nervous about doing this initially, however had previously been supported by staff so they knew where they were going. People also took the responsibility for preparing their own breakfast and lunch, with staff then preparing an evening meal. Another person told us how they liked to keep their room tidy and used a mop to clean the floor which aided their domestic abilities. People did their own laundry and had been shown how to use a new washing machine which had been installed. A number of people also administered their own medication at certain points of the day, however staff assessed this on a regular basis (often daily) to ensure they were managing to do it safely, with appropriate risk assessments also in place.

The service used the recovery star as part of people's care and support. The recovery star is an outcomes measure which enables people to measure their own recovery, with the help of staff. The process focuses on key areas relating to people's mental health including physical health, living skills, social networks, work, relationships, addictive behaviours, responsibilities and trust/hope. People were required to assess themselves as to where they felt they were up to in each area and this was then discussed with their key worker to how they felt they were progressing. Staff were hopeful that one person, who was completing the recovery star at the time of the inspection, would be able to 'Move on' from the service and into their own accommodation as a result of this support.

Each person who lived at Park View had their own support plan in place which was recovery focused regarding people's mental health needs. People's support plans were centred around the recovery star, so staff could monitor their progress in each area. During the inspection we looked at four people's support plans, which provided a clear overview of the assistance people required. These were reviewed each month and people told us they were able to go through them with their key worker to check they were still happy with how things were going. The support plans were person centred, written in the first person and provided details about people's preferences. One- page profiles had been completed and this provided an overview of people's daily routine, likes, dislikes and things people should and shouldn't do that could either upset them or make them happy. This meant staff had access to person centred information about people who used the service.

We looked at how the service handled complaints. A complaints file was maintained and this contained any complaints that had been made about the service and how they had been responded to. A policy and procedure was in place which was in date and clearly explained the process people could follow if they were unhappy with the service they had received. This was also displayed on the wall near to the main entrance of the building for people to read and was available in easy read format. Easy read format uses pictures

alongside words to help people understand what certain things mean.

There were systems in place to seek feedback from people who used the service. One method was through the use of satisfaction surveys which were sent to staff, people who used the service, visitors and stakeholders. This would enable the service to respond accordingly if people were unhappy or wanted to change any aspect of the care and support they received. We noted the feedback on these surveys had been largely positive about the service being provided. Resident meetings also took place and were held for people living at the service to express their views in a formal setting.

We looked at how people were supported with activities and to access the local community to reduce the risk of social isolation. A display had been created within the home, informing people what activities were available in the local community such as cards/dominos sessions, pool tournaments, swimming and how to access the gym. People had expressed during a recent residents' meeting that they wanted to go to Blackpool and the minutes stated a date for this trip was being planned. Support arrangements were put in place within the service if people wanted to go on holiday or trips out. Apart from one person, we were told nobody had stated this was something they wanted to do and this person was working with their key worker to arrange a trip to go to London.

At the time of the inspection, nobody was accessing paid employment or voluntary work, although one person had recently been attending job clubs until they suffered a breakdown in their mental health. The registered manager said people would be supported with this if this was something they wanted to look into and would be discussed during reviews with their key worker. One person was currently undertaking an information technology (IT) course at a community centre and told us this was something they enjoyed. They also had previous experience in counselling and told us they were researching courses in the local area.

We looked at how the service cared for people receiving end of life care, although nobody had this requirement at the time of the inspection. The registered manager told us they would facilitate this wherever possible if people wanted to remain living at Park View at this stage of their life and would work alongside other health professionals to ensure people's end of life needs were met.

People who used the service were supported to maintain relationships where possible. with staff telling us visitors were welcome at any time.

Is the service well-led?

Our findings

At this inspection we found the service continued to be well-led.

There was a registered manager in post. 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.

There was a staffing structure in place. At the time of the inspection, approximately 11 staff were employed consisting of both support workers and senior support workers. Their work was overseen by the registered manager, who in turn reported to an area manager from Potens (the provider). This ensured there could be clear lines of accountability within the service.

The staff we spoke with said they enjoyed their work and liked working at Park View and that there was a good culture amongst staff. One member of staff said, "Everything is going okay and I like working here. I am a key worker to several people and help them with all aspects of daily living so they can become independent."

The staff we spoke with said they felt there was good management and leadership within the service. One member of staff said, "From my point of view the home is well managed. I feel well supported to do my job." The people living at the home also told us they felt the home was well managed. One person said, "It seems to be well organised and managed. My concerns get sorted out." Another person added, "Yes I would say it is well managed and the manager seems to know her stuff."

We looked at the systems in place to monitor the quality of service provided to ensure good governance. A range of audits and checks were completed and covered areas such as medication, support plans, staff personnel files, health and safety and infection control. Monthly audits were completed at provider level by an area manager from within Potens. Additional quality assurance checks were also in place and this involved other registered managers from different homes (within the same provider), carrying out audits of the different houses and reporting their findings accordingly to improve service delivery.

Staff meetings took place and presented the opportunity for staff to discuss their work and raise any concerns in a formal setting. We looked at the minutes from the last meeting in June 2016, with topics of discussion including DoLS, people's dietary needs, an overview of 'Goings on' with Potens and medication errors. This presented staff with the opportunity to raise any concerns they may have and have information delegated to them by management.

When checking records such as accidents/incidents and safeguarding concerns, we found CQC had received all the required notifications including those relating to any expected/unexpected deaths, serious injuries and known safeguarding concerns. This showed a transparent approach and meant we could respond and take any necessary action if required.

Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in lockable cabinets in the office when not in use. This meant that people's personal information was kept safe.

The service had policies and procedures in place which covered all aspects of the service. These were developed and updated and reviewed each year. Staff were aware of where these documents were kept and how to access them if required.

The rating from our last inspection were displayed on the notice board and on the Potens website, in line with regulation 20A regarding the display of any performance assessments.