

Max Potential UK Ltd

Max Potential

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

About the service

Max Potential is a care home providing personal care to people with a learning disability and autistic people. The service accommodates 4 people on a permanent basis. At the time of the inspection 4 people were using the service.

People's experience of using this service and what we found

The provider had processes in place to support people with end-of-life decisions but did not always record people's wishes effectively. We made recommendations about recording people's end-of-life plans.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff supported people with their medicines in a way which promoted their independence and achieved the best possible health outcome. The temperature medicines were stored at were not always monitored. However, this was rectified by the provider at the time of the inspection. Staff supported people to play an active role in maintaining their own health and wellbeing. All relatives felt people were safe and happy at Max Potential.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able to personalise their rooms.

Right Care:

The provider had robust safeguarding systems which included working alongside other agencies when things went wrong. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People could take part in activities and pursue interests tailored to them. The provider gave people opportunities to try new activities which enhanced and enriched their lives.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care, abuse, and harm.

Right Culture:

People told us they felt safe and knew how to raise concerns. Staff supported infection prevention and control processes. There were enough staff to meet people's needs and recruitment processes ensured staff were suitable to work with vulnerable people.

People, and those important to them, were involved in planning their support. Managers ensured risks of a closed culture were minimised, so people received support based on transparency, respect, and inclusivity.

People's health and nutrition needs were supported, and staff were aware of their responsibility to promote people's rights. Systems were in place to monitor quality and safety.

People received a good standard of care, support, and treatment because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs, and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was good (published 11 January 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and due to the length of time since the service was last inspected.

Recommendations

We have made recommendations about the recording of people's end-of-life wishes.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Max Potential

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector, a regulatory coordinator, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Max Potential is a 'care home'. People in care homes receive accommodation and personal care and/or nursing as a single package under one contractual agreement dependent on their registration with us. Max Potential is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 6 December 2023 and ended on 8 December 2023. We visited the location's

service on 6 and 7 December 2023.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the senior staff coordinator, the assistant manager, and the medicines manager.

We received feedback from 4 people who used the service and spoke to 4 relatives about their experience of the support provided. Some people were not always able to communicate verbally with people effectively; we tailored our communication to suit people's preferences. We also observed people's support and their interactions with staff to understand their experience, for example, through observing people's body language.

We received feedback from 7 support staff. We reviewed 2 people's support records, including the administration of medicines. We looked at 5 staff files in relation to recruitment and staff supervision. We reviewed records and audits relating to the management of the service, including policies and procedures.

We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The registered manager had processes in place to ensure medicines were managed safely, however, storage areas were not monitored for temperature control. Some medicines require minimum and maximum temperatures to continue to perform effectively. We were therefore unable to be assured medicines were always being stored safely.
- After the inspection the service sent evidence this had been rectified. We noted there was no impact of harm on people at the time of the inspection.
- Staff demonstrated a good understanding of how to administer medication and records were completed in line with the provider's policies.
- The registered manager ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and were able to demonstrate people's medicines were reviewed by people's GP's regularly in line with these principles.

Assessing risk, safety monitoring and management

- The home had a recent fire risk assessment completed by a relevant professional. Whilst it had been reviewed, not all actions had been completed. For example, electrical items had not been PAT tested. Portable appliance testing (PAT) is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. We were therefore unable to be assured all electrical equipment was maintained to prevent danger.
- During the inspection the registered manager ensured arrangements were in place to test the electrical equipment in the service. We noted there was no impact of harm on people at the time of the inspection.
- Risks associated with the provision of people's support had been assessed by the registered manager. Risk assessments were detailed, and person-centred.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- People lived safely and free from unwarranted restrictions because the provider assessed, monitored, and managed safety well.

Staffing and recruitment

- Staff were recruited safely by the provider, and checks had been carried out prior to them commencing their employment. However, gaps employment history had not always been reviewed in full. The registered manager sent evidence this had been rectified after the inspection the service and we noted there was no

impact of harm on people at the time of the inspection.

- Feedback from people and relatives in relation to staffing were positive and there were no concerns raised with us.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured safe levels of staffing to meet people's needs. Rotas were flexible and could be adapted to address people's wishes, activities, and appointments.
- The numbers and skills of staff matched the needs of people using the service. Staff knew people well and could proactively support their needs, reducing communication difficulties and promoting emotional and physical health needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to protect people from the risk of abuse.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff received online safeguarding training and the registered manager had a good understanding of safeguarding thresholds and their responsibilities in escalating safeguarding incidents appropriately.

Preventing and controlling infection

- The provider implemented effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them.
- The registered manager made sure infection outbreaks could be effectively prevented or managed. The service had plans to alert other agencies to concerns affecting people's health and wellbeing.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.
- Relatives told us people were safe and there were no restrictions around visiting. One relative said, "[My relative] is safe and well supported; it is like a massive family. I don't always tell staff when I am visiting; I just turn up and there is always a friendly welcome and it is always clean and tidy."

Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of support provided. For example, concerns about people's safety at night had led to the installation of technology to alert staff if people needed support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed a comprehensive assessment of each person's physical and mental health prior to admission.
- The provider included people, and where appropriate, their relatives when assessments were completed.
- The provider ensured support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs

Staff support: induction, training, skills and experience; Adapting service, design, decoration to meet people's needs

- The provider enabled people to be supported by staff who had received relevant and good quality training in evidence-based practice.
- The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- People's care and support was provided in a safe, clean, well equipped, well-furnished environment which met people's sensory and physical needs.
- Consideration had been given to ensuring the environment was suitable for people living with people with a learning disability and or autistic people, and people were included in decisions relating to the interior decoration and design of their home.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff were knowledgeable about people's needs and preferences. People were asked what meals they would like to see on the menu.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care and support.
- People were supported to live healthier lives, access healthcare services and support.

- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. Where people lacked capacity to make decisions, best interest processes were followed.
- Appropriate DoLS applications had been made by the registered manager where the service suspected people were being deprived of their liberty. These were reviewed and re-applied for within required time frames.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with real kindness, respect, and humanity.
- People benefited from staff who knew them well. This meant people's individual characteristics, likes, dislikes and personal preferences were recognised and respected by staff.
- The registered manager promoted equality and diversity. Staff had received training in equality and diversity and were able to explain what this meant for people.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and make decisions about their support using their preferred method of communication.
- People were given time to listen, process information and respond to staff and other professionals.
- People and their relatives were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support.
- Relatives told us people were involved in decisions about their lives. One relative said, "I am always impressed with the way staff support [my relative]. I can't praise the whole staff team enough, they are wonderful. [My relative] has their world how they want it, and staff offer support (to family) where they can."

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards which ensured people received privacy, dignity, choice, and independence.
- The registered manager ensured people had the opportunity to try new experiences, develop new skills, and gain independence.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The provider had processes in place to support people with end-of-life decisions. However, these decisions were not always effectively recorded.
- After the inspection the registered manager ensured arrangements were in place to update people's support plans to include their end-of-life wishes. We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on supporting people with recording their end-of-life wishes and take action to update their recording processes accordingly.

- Staff knew how to care for and support people, and how to access the appropriate healthcare professionals to ensure end-of-life needs were met. The registered manager informed us that all staff would be re-trained in end-of-life awareness after the inspection as part of the providers review of end-of-life support.
- At the time of our inspection there were no people receiving care and support who were at the end of their life

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- The provider enabled people through personalised, proactive, and co-ordinated support in line with their communication plans, sensory assessments, and support plans.
- The registered manager focused support on people's quality of life outcomes, which were regularly monitored and adapted as a person went through their life.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured people had access to information in formats they could understand.
- People had individual communication plans detailing effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in contact with family and friends by the registered manager. Relatives told us they could visit at any time and were always made to feel welcome.
- Staff provided people with person-centred support when helping with everyday living skills, hobbies, and meaningful activities. Staff ensured adjustments were made so people could participate in the activities they wanted to.
- The registered manager helped people to have freedom of choice and control over what they did and were respectful of people's choices.
- Staff recognised potential anxiety triggers and knew how people communicated discomfort, pain, and sadness. Staff were able to offer emotional support in a respectful way whilst maintaining people's dignity and privacy.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Overall, the provider ensured the safety and quality of the service was effectively assessed. However, there were areas which needed further development. For example, the inspection highlighted areas of medicines management, and the recording of people's end-of-life wishes where actions needed to be taken by the registered manager.
- The provider and registered manager were responsive to concerns raised at the time of the inspection. They made some immediate improvements and had detailed plans in place for further improvements.
- Managerial lines of accountability were clear, and staff understood their roles and responsibilities.
- Staff worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- The provider and registered manager worked hard to instil a culture of care and support in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- Staff worked closely with people, and where appropriate their relatives, to understand their cultural beliefs and backgrounds.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibilities to be open and transparent and had had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- The provider and manager notified relevant agencies, including the CQC, in a timely manner of incidents when they occurred.
- Staff and managers apologised to people, and those important to them, when things went wrong.

- The provider had clear plans for the future of the service and used lessons learned to inform service improvement decisions.