

Potensial Limited

Potens Dorset Domiciliary Care Agency

Inspection report

Office 11H, Peartree Business Centre
Cobham Road, Ferndown Industrial Estate
Wimborne
Dorset
BH21 7PT

Tel: 01202875404

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19 December 2017

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 18 December and was announced. The inspection continued on 19 December 2017 and was again announced.

Potens Dorset Domiciliary Care Agency provide a range of care and support services to adults, young people and children with learning disabilities, autism, mental health, physical disabilities and associated problems. They support individuals in their homes, on a one to one basis, either for a short period of time, such as getting ready for school, college or for longer sessions completing specific activities such as community support, attending clubs or day to day living.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger disabled adults and children. At the time of inspection the service was supporting 24 children and four young adults.

This service also provides care and support to a person living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Potens Dorset Domiciliary Care Agency receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had not had a registered manager in place for 73 days. The manager was a registered manager for another Potens service and was in the process of adding Potens Dorset Domiciliary Care Agency to their registration. The application had been received by our registration team. 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 had not received copies of the complaints procedure and verbal concerns were not being recorded. There was a system in place to record complaints which captured steps taken and outcomes. Verbal complaints were recorded and reflective learning took place.

Young adults had not recently been involved in the review or planning of their care and support. People's current interests and aspirations were not reflected in their plans or reviewed regularly by staff in key worker meetings.

Children's all about me profiles were not up to date. These were pictorial and recorded what the children liked to be called, where they liked going, their favourite toys, what they liked to do, their special interests,

favourite foods and any dislikes they had.

Parents had recently been involved in the review of their children's short break care plans. These plans reflected current needs and were updated as and when needs changed.

People were supported to access the community and take part in activities that they had social and cultural interests in. We read that people were supported to access clubs, swimming, parks and go on holidays.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, relatives and staff felt that the service was well led. The management team encouraged an open working environment. People and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive. The management had good relationships with people and delivered support hours to them.

The service was aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They also understood their reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team and quarterly audits were completed by the area manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was not always responsive.

Young adults care files and children's all about me profiles were not up to date.

People did not have a copy of the complaints procedure and verbal concerns were not recorded in line with organisational policy.

People were supported by staff that recognised and responded to and understood their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests and hobbies.

Information was provided to people in line with the Accessible Information Standard.

People did not receive end of life care. Systems would be put in place to make sure that people's preferences, beliefs and choices were respected when necessary.

Requires Improvement ●

Is the service well-led?

The service was mostly well led. The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The management were flexible and delivered support hours as and when necessary.

Regular quality audits and support visits were carried out to make sure the service was safe and delivered high quality care and support to people. Concerns identified during the inspection had already been identified by management.

The management team were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour and demonstrated an open, honest approach.

Good ●

People, staff and relatives felt involved in developing the service and spoke highly of the management.

The service worked in partnership with other agencies in ways which benefitted people using the service.

Potens Dorset Domiciliary Care Agency

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.

We carried out an announced comprehensive inspection of this service on 20 and 21 July 2017. After that inspection we received concerns in relation to complaints that had not been shared with us during the inspection and changes in the management structure and governance of the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Potens Dorset Domiciliary Care Agency on our website at www.cqc.org.uk.

Inspection site visit activity started on 18 December and ended on 19 December 2017. It included visits to one location and the central office. We visited the office location all day on 18 December and half the day on 19 December to see the manager and office staff; and to review care records, policies and procedures.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider was given 24 hours' notice. This was so that we could be sure the manager or senior person in charge was available when we visited. The inspection was carried out by a single inspector on day one and day two.

Before the inspection we reviewed all the information we held about the service. This included notifications

the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not requested a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We collected this information as part of the inspection.

We spoke with one person who used the service and two staff. We had telephone conversations with five relatives.

We spoke with the service manager and area manager. We reviewed six people's care files, policies, quality audits and the 2017 quality survey results. We looked at complaints, learning and staff meeting records.

We visited one supported living location and observed care being delivered to a person.

Is the service responsive?

Our findings

We carried out an announced comprehensive inspection of this service on 20 and 21 July 2017. After that inspection we received concerns in relation to complaints that the service had received but not shared with us during the inspection. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Potens Dorset Domiciliary Care Agency on our website at www.cqc.org.uk.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contact details of both internal and external agencies including the local authority, CQC and the ombudsman. However, we were told by the manager that people had not received copies of the complaints procedure. A person said, "I haven't seen the complaints procedure but would talk to staff if I had a concern". During the inspection the manager printed copies of the procedure for everyone using Potens Domiciliary Care Dorset.

Verbal concerns were not being recorded in the complaints system as per their local policy required. We read in a recent manager visit to a person's flat that concerns had been raised by a neighbour regarding noise levels. It had been identified that noise was due to laminate flooring throughout the flat. Measures had been taken to reduce noise and these included, rugs and staff being more mindful. These measures had worked and the neighbour had said they were happy. The manager recorded this in the system and told us that verbal and written complaints and or concerns will all now be logged and recorded.

Written complaints were being recorded and managed in line with the organisational policy and procedure. Following an internal review and investigations of recent complaints we found that the service had sat down with senior managers and completed a reflective learning session. This had enabled the management team to identify learning points to share with staff and actions to complete to ensure similar situations do not reoccur. Actions included; staff training, review of people's care and support files and learning sets around complaints, care planning, health action plans, record keeping and data protection. A relative told us, "If I have any concerns they listen and act on them. I have never had to raise a complaint". Another relative said, "The service are responsive to ideas and suggestions. I have not had to raise any concerns but would go to the manager with any issues". Other relatives told us that they had not had to raise concerns and felt the management would listen and act promptly. The manager said, "Complaints are important to me because we can learn from mistakes and improve our service".

Young adults had not recently been consulted in the planning and review of their care and support packages which meant that their care plans did not fully reflect their current preferences, goals, interests or aspirations. One person told us, "I hope to work towards independent living, I would like a job one day and I'd like to have a girlfriend". These were not reflected in the persons care file. Keyworker meetings took place monthly with the last one dated 23/11/2017. These meetings had a set agenda and areas for discussion

which included daily living skills, finance, activities, likes, goals and aspirations. The goals and aspirations section had not been completed which meant that the person's quality of life was not fully taken into account. The person said, "I'd like to review my goals and set new outcomes". The manager acknowledged this and told us that a review meeting would be planned for January 2018.

Children had an all about me profile. These were pictorial and recorded what the children liked to be called, where they liked going, their favourite toys, what they liked to do, their special interests, favourite foods and any dislikes they had. These were important reference tools for staff which would help them understand and build relationships with children they were supporting. We read that one person did not like having their hair brushed or to eat dry food. We read that another child liked going on buses and their favourite toy was their car. These profiles were in the back of the children's files and had not been updated as part of the short break care plan reviews in November 2017. This meant that the service and staff could not be sure if children's likes, preferences and wishes had changed. The manager told us that these would be reviewed with parents, placed in the front of files and shared with staff as a matter of priority.

Parents of children receiving support at holiday club had been involved in the planning and review of their children's care plans. We noted that plans had last been reviewed in November 2017. These plans were called short break care plans and covered arrangements to meet personal and social needs. Areas covered included sensory, feeding, communication and behaviour. We read that one person did not like loud noises and another person's preferred method of communication was through the use of picture exchange communications (PECs) and pointing. Children's routines were clearly explained for staff to follow thus ensuring a consistent approach was used. Health needs were clearly identified and medical history recorded. One child had epilepsy. There were clear guidelines for staff to follow including the use of emergency medicine. A relative told us, "They involve me in my loved ones care. We meet with staff and go over (names) needs. For example (name) was recently on anti-biotics. We discussed this and added it to (names) plan". The parent went on to say, "(name) goes through phases of liking different things. We discuss this and they know". Another relative said, "I'm involved. They are guided by what I say and what (name) wants to do".

People were supported to access the community and take part in activities that they had social and cultural interests in. Care plans reflected people's likes, hobbies and interests. We read that people were supported to access clubs, swimming, parks and go on holidays. A relative told us, "The service sends us a list of things (name) can do at holiday club and we pick and choose things that best suit them. We drop (name) off and they are happy and comes back talking about their day". Another relative told us, "(name) takes part in swimming, parks, and walks. They have a mini bus and they take him out in that. They have been to the seaside, Devon. They really believe in giving people full and inclusive lives". A person said, "I am supported to go on holidays. My choices are listened to. I am also being supported to save for a big holiday".

A staff member told us that they had been working with one person on traveling independently to college. The staff explained that they used a gradual withdraw approach and now they support them to the bus stop where the person gets on and travels to college on their own. Staff then wait at the bus stop for his return in the afternoon. The person said, "I feel confident traveling now. Staff work with me and know my needs".

People's equality, diversity and human rights (EDHR) were respected and reflected in their care plans. We read that two people had different religious beliefs; Church of England and Quaker. Plans reflected how staff were to support the people with this. A relative told us, "The service really understands (names) needs, beliefs and respect their rights. They are very observant and make sure staff are aware too".

Families and friends were able to visit and call at whatever times they wished. People were supported to

spend time with family. Staff had a good knowledge of family and friends that were important to people.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available in easy read formats which included photos with supporting text. The area manager told us that they are currently not supporting any British Sign Language (BSL) or Braille users at the moment but would provide information in these formats should they need to. People had clear communication passports in place which captured the persons preferred methods of communication and how best to communicate with them. These were shared with health professionals during hospital admissions and appointments and other services during transition with consent from people and or relatives.

Quality surveys were submitted to stakeholders, people and families in 2017 however there was a 0% response rate. The area manager told us that the organisation were looking at a review of the system. We were informed that there was a senior management meeting the week before the inspection where surveys were discussed. New ideas included requesting stakeholders and family to complete them during visits or at review meetings. Surveys for people could be more service and person specific as apposed to organisational.

The service was not supporting people with end of life care. We were told that in any situation preferences and choices would be reflected in plans and that family and friends would be involved in planning and decisions. The manager said that people's culture and beliefs would always be respected and form part of plans.

Is the service well-led?

Our findings

We carried out an announced comprehensive inspection of this service on 20 and 21 July 2017. After that inspection we received concerns in relation to changes in the management structure and governance of the service. As a result we undertook a focused inspection to look into those concerns. This report covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Potens Dorset Domiciliary Care Agency on our website at www.cqc.org.uk.

Following the last inspection the previous registered manager handed in their notice and left the service within one week. A registered manager from another Potens service was in the process of adding Potens Dorset Domiciliary Care Agency to their registration. The application had been received by our registration team. 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 area manager was currently overseeing the management of the service.

The new manager explained how they had been promoting an open and inclusive environment for people and staff. The manager said, "I meet with staff. I work alongside people and am open with my views. I make sure I am contactable. Staff are always welcome to come to the office and we have regular staff meetings and supervisions". The manager went on to say; "I work on shift to get better knowledge of what staff do and how people wish to be supported. This gives me better understanding of the people using our services". The manager told us that they were currently based three days a week at Potens Dorset Domiciliary Care Agency and two days at their other service. Another service manager was supporting them and covering the services during the other days. This ensured that there was appropriate management support available.

Equality and inclusion formed part of the provider's values which were; Trust – Ensuring that all communications are truthful, understandable to those it affects and maintains the relationship of reliability. Positive regard – recognising and respecting the differences that every individual brings, both good and bad, and making necessary adjustments to assist individuals to positively grow. Shared learning – Sharing knowledge, skills, attitudes, and understanding whilst ensuring that any activity is done to the best of our collective abilities. Equality – Treating everyone differently in order to afford them the same opportunities. Staff were aware of these and demonstrated them in observations we made.

The manager had achieved management qualifications and been in health and social care for the past 21 years and had been a registered manager for the past 12. The manager told us, "The last two months have been busy getting to know the staff, people, systems and processes. I have identified areas of improvement and completed audits of files within the office. This has helped me get to know people and start to put solid structure in place with more robust systems". We saw that the manager had already identified the concerns we found regarding people's care files being out of date and in need of review. The manager said that they encourage staff through recognising their experience, skills and knowledge. They told us, "I involve staff in developing the service by using their feedback through supervisions and meetings". A staff member said, "The manager is supportive of new ideas and is proactive".

Staff, people and relatives spoke highly of the management. A person said, "The manager is nice. They listen to me. They said it's your flat and your life and we will support you with your wishes". A staff member told us, "The new manager is nice, straight forward and it's easy to address any issues. I feel valued as a staff member and love my job". Another staff member said, "The manager is transparent and identifies areas of improvement. They are passionate and caring". A relative told us, "The management are amazing. They make you feel easy and comfortable, it's run fantastically". Another relative said, "I'm very happy with the management. (Name) is there for us, will listen and help when needed".

Potens Dorset Domiciliary Care Agency were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The manager told us, "It is important we are transparent and inform relatives and people when things go wrong. Following incidents and accidents the manager completes a reflective account to look at lessons learnt which will then reduce the risk of future event occurring. We also carry out debriefs with staff following incidents which is another way of offering support and reflectively learning. All learning is then shared in meetings".

Governance frameworks were in place and robust across the organisation, the management understood their responsibilities and felt supported by senior management. Staff told us that they felt supported and had a clear understanding of their roles and responsibilities. We saw that the service carried out quality monitoring regularly. These audits covered areas such as medicines, environment, documents and finance. In addition to these the manager completed support visits where they observed staff competency, audited incidents/accidents, daily notes and records and sought feedback from people. We reviewed the last support visit to one person's flat. This took place on 20/10/2017. The person had fed back that their tablet device was not working and during our visit we found that it had been fixed. We found that records had been reviewed and actions set to update them. We noted that actions from previous visits were not recorded as being reviewed or completed in subsequent visits. The manager told us that they would add this to the template for future support visits.

The area manager completed monthly quality audits. The last one was completed on 29 November 2017. Areas covered included; actions from previous visits, experiences from people and staff, sample of people's files, capacity and consent, emergency plans, legal documentation, finance, medicine and personalisation. We noted that care file reviews had been identified as an action following this audit.

The manager told us that they were looking at ways to introduce themselves to and work effectively with local key organisations linked to the service which included; the local authorities, safeguarding, learning disability teams and commissioners. The manager said, "We are open to building on relationships which may have broken down following past complaints. We will build positive relationships and be visible, active and present. We will do this through review and professional meetings". Existing staff told us that they had good relationships and worked in partnership with professionals such as GP's and local learning disability teams.