

Potensial Limited

Potensial North East Supported Living - 6 High Street

Inspection report

6 High Street
Loftus
Cleveland
TS13 4HW

Tel: 01287201036

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23 March 2016

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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 23 March 2016 and was announced. This meant that the registered provider was provided with notice that we would be inspecting. This was due to the service being small and we wanted to make sure staff were available.

Potensial North East Supported Living - 6 High Street provide supported living and community based domiciliary services for 7 people with learning disabilities and mental health needs. The service supports people to live as independently as possible

There was a registered manager in place. 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 were safely supported to access their medicines. Records were kept of administration, and medicines were securely and safely stored. Daily records were kept of medication counts and we found these to be accurate. However we did find a discrepancy with one and the registered manager said they would investigate this.

Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

There were sufficient staff to meet the needs of people using the service. Support and care was provided at an individual level with personal support plan agreed following thorough assessment with the involvement of the individuals and professionals involved in their support.

Staff received training to ensure that they could appropriately support people. The registered provider followed safe recruitment practices.

Staff received support through regular supervisions and appraisals. Staff felt confident to raise any issues or support needs they had at these.

Staff understood and applied the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure that people's rights were protected. Care plans contained evidence of mental capacity assessments and best interest decisions.

People were supported to maintain a healthy diet. People who used the service took turns to cook the main meal for everyone using the service.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

People were treated with kindness, compassion and respect. We saw many positive interactions and people felt relaxed and enjoyed talking to the staff.

Procedures were in place to support people to access advocacy services should the need arise.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences, and people and their relatives said care reflected those preferences. Care plans were regularly reviewed to ensure they met people's current needs.

People had access to a wide range of activities, which they enjoyed either independently or during their one to one allocated hours. The registered manager and staff explored options for people who used the service.

The service had a clear complaints policy that was applied when issues arose. People knew how to raise any issues.

The registered manager was actively involved in monitoring standards and promoting good practice. Feedback was sought from people, external professionals and staff to do assist in this.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received suitable training and support to enable them to support people effectively.

Deprivation of Liberty Safeguards and the principles of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Staff obtained consent from people before providing support.
People had access to a choice of nutritious food and drink

Is the service caring?

Good ●

The service was caring.

People's needs, preferences and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

The service provided people with information on advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and reviewed on a regular basis with

them.
People were encouraged to partake in community activities either independently or via their one to one sessions.

The service had a clear complaints policy, and people and knew how to raise issues.

Is the service well-led?

Good ●

The service was well-led.
People were relaxed in the company of staff and told us staff were approachable.

Staff and people felt supported by the registered manager.

Care plans were regularly reviewed to ensure they met people's current needs.

The leadership and staff explored options for people who used the service.

Potensial North East Supported Living - 6 High Street

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.

This inspection took place on 23 March 2016 and was announced. This meant that the registered provider knew we would be visiting. At the time of our inspection 5 people were using the service.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete a provider information return (PIR). 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.

During the inspection we spoke with all five people who lived at the service. We looked at three care plans, and medicine administration records (MARs) and handover sheets. We spoke with 3 members of staff and the registered manager. We looked at three staff files, including recruitment records.

We also completed observations around the service.

Is the service safe?

Our findings

People said they felt safe at the service. One said, "Yes I am safe, when I am watching television in my own room, I know the doors are locked, I have a door key." Another person who used the service said, "I feel safe, we have fire drills, we need to go out the back or front door."

Staff we spoke with said, "The whole environment is very safe and keeps people safe from harm, any issues and we bring them up with the manager." Another member of staff said "People are very safe here."

Risks to people were assessed and plans put in place to minimise them. People were assessed in areas such as cooking, behaviours and finance. Where particular risks arose, these were also assessed. For example, one person was a heavy smoker and a risk assessment was in place for this. Risk assessments were reviewed every two months or more frequent if needed.

Risk assessments were also in place for the building and environment, such as the garden and the kitchen. One person who used the service helped with the general risk assessment for the kitchen. The registered manager said, "We discussed what could go wrong and they really enjoyed it."

The service had an up to date business continuity plan. The business continuity plan provided information on the continuity of care in emergency situations. This meant if an emergency was to happen the service was prepared.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment, Portable appliances (PAT) and electrical safety. Water temperature checks, emergency lighting and fire alarm test took place weekly. We saw evidence of fire drills and full evacuations taking place with staff and people who used the service. People were able to explain what they would do in emergency situations. One person said, "If we are trapped we have to put towels along the door."

The registered manager and staff completed a weekly electrical safety audit to make sure wires were checked, bins were not full of rubbish and sockets were not overloaded.

There were plans in place if an emergency, such as a fire, happened. We saw evidence of fire drills and full evacuations taking place with staff and people who used the service. People explained the process stating which door to go out and if trapped what they had to do. We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The service also had a fire grab pack, which was relevant paperwork to be used in the event of a fire. These were held in a blaze pack. A blaze pack protects items from fire damage.

The registered manager completed a monthly health and safety walkthrough audit. This audit checked

furniture and fittings, décor, disaster box contents and first aid box contents. Any concerns or issues were highlighted in an action plan. We saw in January's audit it had been highlighted that certain areas needed painting. The painting was taking place at the time of inspection.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection there had only been one or two very minor accidents such as a small cut to a finger, so no trends emerged. Each accident and incident was fully assessed with an action plan and a risk assessment put in place when required.

People were supported to access their medicines when they needed them. Medicines were stored securely and safely and each person had their own individual medicine cupboard. One person who used the service self-medicated. We saw the relevant risk assessment for this and they stored their own medicines in their own room. We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training.

Medicine administration records (MARs) were used to record the medicines a person had been prescribed and when they had been administered. These had been accurately completed by staff. Staff carried out daily counts of medicines stored in original packaging. One person's count of Paracetamol was incorrect. We asked the registered manager to investigate this.

Staff were able to identify the correct safeguarding and whistleblowing (telling someone) procedures and how to refer any concerns on to the local authority safeguarding team. Staff were able to explain what constituted abuse and how to report incidents should they occur. Staff we spoke with said, "I would feel confident to report abuse." Another staff member said, "We have a good bond between clients and staff, I could not go home if I knew something bad was happening." Staff said they received training in how to maintain the safety of people who spent time in the service. The training records confirmed that all staff had received safeguarding training.

Staffing levels were based upon people's one to one needs. If a person was funded to have three hours one to one through the day to access the community or do an activity of their choice, staff were employed for this. Each person who used the service had different one to one needs and times. During the day there were mainly three staff on duty until six pm then there would be one staff member who also did a sleep over.

The registered manager followed safe recruitment processes to help ensure staff were suitable to work with people living in the service. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Is the service effective?

Our findings

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer and it helped them understand people's needs better. Records confirmed that training took place. Some staff had completed training in particular topics such as autism, epilepsy and mental health awareness. They told us they had attended courses to ensure they knew about the specific needs of people in the home; such as autism spectrum and looking after people whose behaviour was challenging to others. This ensured the staff had the relevant training to meet people's specific needs. Staff spoke positively about the training they received. One staff member said, "We get all the training, I enjoy hands on training." Another staff member said, "We all have NVQ level two and three in medicines and we get competency checked." Staff received competency checks every six months in medicine administration.

Staff we spoke with said they had a comprehensive induction which covered shadowing, policies, training and observation. One staff member said they found the induction very useful and were fully supported.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Records confirmed this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records confirmed that supervisions and appraisals were used to discuss knowledge and training and any support needs the member of staff had. One member of staff told us, "I get the support I need, now when I look back at my supervisions and appraisals I realise how much I have grown in the role, I am much more confident." Another staff member said, "I find the supervisions very useful."

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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the service acted within the code of practice for MCA and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity. This ensured they received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection there was no one living at the service subject to a DoLS. Staff had received training in MCA and DoLS and demonstrated an understanding with comments such as "This is where we cannot make decisions for them if they have capacity." And "If we feel someone does not have capacity we would tell [registered manager's name] and other people will be involved."

People were supported to maintain a healthy diet. The people who used the service had a weekly meeting to discuss the following week's meals. Each person took a turn to cook a two course meal each night. One person who used the service said, "We have menu cards with pictures and we all choose what we would like to cook, if someone does not like what we decide to cook they can buy something different. It is my turn tonight and I am making mince and dumplings." People were very complimentary about each person's cooking. One person said, "The food is pretty good here, we buy our own food when we go shopping, it is my turn tomorrow night and I am making steak and kidney pie with vegetables and chips." Me and "[staff members name]" made a pie together, they are a very good cook, it was homemade corned beef and potato pie. "Another person said, "It was my turn on Monday, I made chicken casserole with vegetables."

At lunch time people either bought food to eat or made sandwiches. One person who used the service had made a chocolate cake the day before so everyone enjoyed a slice of that. We observed the evening meal and everyone who was eating sat at the dining table. One person was going out for a meal and another was eating later in the evening. One person was on a diet to lose weight. Staff were being very supportive of this. One staff member had made the person a file with all the 'free' foods they could eat.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the community nurse, dieticians and social workers. One person who used the service said, "My community nurse comes to see me for my mental health, they take me to my podiatrist as well."

Is the service caring?

Our findings

People who used the service were happy and said they felt well cared for. Comments included, "I am very happy, we have good staff." Another person said "I like it here, I like the company." And another person who used the service said, "I get looked after very well."

Staff we spoke with said, "They (the people who used the service) are like my second family." Another staff member said, "We know the people who live here really well, I know their ins and outs, likes and dislikes, what can upset them and what is important to them."

We asked staff about their understanding of equality and diversity. One staff member said, "Equality and diversity means we are all equal but different. You have to take into consideration age and religion etc., the things that make people what they are, you have to respect these."

Throughout the inspection we saw that staff treated people with respect and took steps to maintain their dignity. Staff explained how they promote people's privacy and dignity. Staff we spoke with said, "We always knock on people's doors before entering, it's their privacy, their room." Another staff member said, "I always knock and wait to hear come in." And "One person [who used the service] always shouts back 'doors open.'"

Staff encouraged people to maintain their independence. Staff we spoke with said, "I enjoy working here, you can see changes in people with them gradually getting more independent." Another staff member said, "If I know they can do something themselves I will let them, if they are struggling I will help but I am here to support." Another staff member said, "We just supervise and encourage them (people who used the service) to do things for themselves."

People who used the service said, "We do our own chores, hoovering, tidying, washing and ironing." Staff explained that one person needs more support with some chores due to failing eyesight.

Throughout the inspection we observed staff interacting with people with care and kindness. We observed people to be very comfortable around staff and enjoyed interacting with them. One person we spoke with said, "We all have our good and bad days and staff are good with this." And "We have good fun, some staff are very funny especially (staff members name), they make me laugh, they are fun and tell jokes."

Nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Staff were able to tell us how they would arrange an advocate should one be needed.

Plans were in place to record end of life care preferences for people at the service, details included what they [the person who used the service] would like, who they would want there and what they would like to happen.

Is the service responsive?

Our findings

Care planning was person centred and delivery responded to people's needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

People's care records began with what is important to them, how best to support them, what they enjoy doing now, as well as what could make a bad day. This contained information about the person's life history and things that were important to them, such as particular events or family information. This allowed staff to familiarise themselves with that person's personal preferences.

Each person then had a care plan in place for a number of different areas, including activities, anxieties, domestic skills, finance, healthcare, medicines, personal care, relationships and social networks. Care plans highlighted what staff would need to do if a person was becoming anxious or showing behaviours that challenge. For example, one care plan stated 'if I start to become angry staff need to remind me what to try such as listen to radio in room, look at photo albums or have a shower. Care plans were reviewed on a three monthly basis or more often if needed, to ensure they reflected people's current needs and preferences. Once a care plan was reviewed this was discussed at the weekly meetings to make sure everyone agreed with the change and was aware of it. Daily notes recorded how a person had been that day or night, any appointments they had or were to attend and any updates.

One person used social stories for support. A Social Story can be a written or visual guide describing various social interactions, situations, behaviours, skills or concepts. Social stories were developed in order to support individuals with autism to better cope with social situations. The registered manager asked the person if they were happy to show their social stories to us and they were. This person reads a different social story each morning and staff keep a record of this. If the person is having difficulty with a certain situation such as sleeping the social story about sleeping will be read every other day for a while. We spoke to the person and they said, "I enjoy my stories, they help me, I read sleeping this morning."

Each person had their own keyworker, who the person chose themselves. Key workers supported people to get involved with the community, made sure they had everything they needed such as clothes and toiletries and for ensuring that the person could give feedback on their care. People we spoke with were able to identify their key worker and spoke positively about them.

We asked staff how they provided people with choice. One staff member said, "We communicate with them (people who used the service) on a daily basis, if you are on a one to one with a person, they choose what they would like to do and we do it."

People accessed activities of their choice. One person enjoyed attending Building Bridges, this is a service that promotes independence and builds self-esteem. Different activities took place such as independent living and social skills, leisure and social events and hobbies and interests. Another person attended a weekly cookery course where they prepared and ate a two course meal. People also attended Earth Beat

which is a theatre company consisting of 84 adults, each of whom has a learning disability and they do drama or film making.

One person had been to a creative thinking workshop and showed us what they had made that day, which was two birthday cards and a little animal. The person said, "I love making things, and these cards are for [person's name] I think they will laugh at them."

Another person was employed by the local council. They said, "I love my job, I have also got certificates for training I have done in safeguarding, moving and handling, first aid and I have just done training on bullying." and "I also work at a farm, it is great I do lots of different things, mucking out and feeding the animals."

A staff member we spoke with told us how they had sourced work in a charity shop for one person, they said, "The person only works for an hour or so but they really enjoy it."

People also went on day trips to Scarborough or Whitby. One person had been to see Ken Dodd at Scarborough. People would plan what places they wanted to visit or what concert they wanted to see and then chose a staff member to attend with them.

One person who used the service explained how they liked anything to do with cars and attended as many car shows as possible, they said, "I have been to one in Goatland I keep a look out for anything local." A staff member said they were thinking of going to a pub for a drink and were planning it, "Just for an hour." The person said, "Yes we are going to the pub, I am going to have a martini like James Bond."

In house activities also took place, such as card games and darts.

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on external body's people could complain to if they were dissatisfied with the service's response. Whilst talking to a person who used the service and a member of staff, that person put in a complaint, stating a member of staff had not allowed them to buy a certain item at the shop. We were shown by the end of the day that the complaint had been taken seriously, and what their next steps would be.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since October 2013.

Audits were regularly undertaken to assess and monitor the quality of the service. We saw evidence of weekly and monthly audits carried out by both staff and the registered manager. For example, staff carried out a weekly medicines audit on stock levels. The registered manager also completed a series of audits once a month. These audits covered areas such the experience of the service user, care plans, medication, staff files, experience of staff, the environment and health and safety. The registered manager also carried out an audit to check if records were available and policies were in place. All audits produced an action plan with dates of when remedial action had to be completed by and who was responsible; these actions plans were checked before the start of the next month's audit. This meant that the registered provider was analysing information about the quality and safety of the service.

The registered provider was seeking and acting on feedback from people who used the service, staff and professionals. Surveys we saw were all complimentary. The registered manager also completed a quality assurance survey, looking at activities and furnishings at the service.

We asked staff if they felt supported by the registered manager. Staff we spoke with said, "[The registered manager] is very approachable, strict, firm but fair." Another staff member said, "You can go to [the registered manager] if you have any issues and they deal with it straight away." And another staff member said "[registered manager] is a really really good boss."

People who used the service were complimentary about the registered manager. One person said, "They are a very good manager for me, they helped me choose wallpaper and pin up posters." Another person said, "They are a 'top dog' manager."

We asked staff about the services visions and values, they said, "It is the vision to be very person centred, giving everyone the same chances as everyone else."

Staff we spoke with thought that the service had an open and honest culture. One staff member said, "Oh everything is open and honest, there are no secrets." A person who used the service said, "We are aware and consulted of changes."

We saw records to confirm that staff meetings had taken place every month. Topics discussed were any safeguarding, health and safety, infection control, support plans, any changes to support plans during review, records and ideas for community presence. One staff member we spoke with said, "We have a good turn out to our meetings, we all have a voice and a lot of input, [the registered manager] is very open to ideas."

People who used the service had weekly meetings and records confirmed this. Topics discussed were

menus for the following week, fire safety, activities, housekeeping, checks to see if people were happy and discussion any topic they would like to raise. One person had requested an extra light in their room and this was provided. Another person had requested a dart board, which resulted in a magnetic dart board being purchased.

We asked the registered manager what links the service had with the community. They said, "We access many local services including the local shops and local cafes as well as the day services such as Earthbeat." A staff member we spoke with said, "I am forever thinking of ways to involve people in the community, I have found a volunteer job for one person, in a charity shop, they are really enjoying it, it is just for small time frames such as an hour to keep it fun."

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation.