

Potensial Limited

Cornish Close

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Cornish Close is a service registered to provide accommodation, care and support for up to six people accessing care and support on a respite basis, sometimes in the event of an emergency. There are also five bungalows on the same site and people with their own tenancies receive personal care and support from staff at the service. People receiving a service have a learning disability; some people have other additional complex needs.

At the time of this inspection there were three people accessing the respite unit, some on a longer-term basis until a more suitable placement could be sourced. Thirteen people were being supported in five bungalows. A bungalow empty at the last inspection was now refurbished. Two people previously living in the respite unit had moved into this bungalow as planned.

The service has been designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service did not always consistently apply these principles and values. Staffing levels meant people could not always participate in activities they enjoyed doing on occasions.

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

Premises checks were in place to ensure that all the accommodation was safely maintained, although not all aspects of electrical installation had been completed to ensure compliance. All necessary work was completed shortly after this inspection. There were sufficient numbers of staff providing support to people. In times of emergency staff from the respite unit had supported people living in the bungalows. This had impacted on people's support. Recruitment processes helped ensure staff employed were suitable for their job role. People were offered and received their medicines as prescribed; staff had been trained and had their competency checked to administer medicines safely. The service had learned lessons following the outcome from a safeguarding investigation and delivered additional medicines training to night staff. Systems were in place to help ensure people were protected from the risks of abuse and avoidable harm.

Staff had received training in aspects of care relevant to people's needs and now received regular supervision. People received sufficient nutrition and fluids, including any modified or specific diets. People accessed appropriate healthcare services when required and were able to live healthier lives. 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. Where the provider deemed the service no longer best met people's increased needs, referrals for reassessments were sent to the local authority.

Steps had been taken to ensure people's rights were understood and respected. People were assured they would receive care that was not discriminatory. Staff respected people's privacy and dignity and

encouraged people to be as independent as possible. People's views and preferences were reflected in their support plans. People were cared for by friendly staff.

People received personalised and responsive care. People were supported to achieve their goals and pursue activities that supported their independence. The registered manager was aiming to encourage people to try new things and use local public transport more. Communication needs were assessed, although specific communication needs were not always fully supported. We have made a recommendation about addressing this. Processes were in place and followed to ensure any complaints received were investigated and resolved.

The systems the provider had introduced since our last inspection had helped to shape and improve the service, but these were not fully effective and needed to be properly embedded by the registered manager. The registered manager was supported by a wider management team. Staff felt supported and considered the service had improved. The service worked in partnership with numerous external stakeholders, and shared information appropriately where required.

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

The provider completed an action plan after the last inspection to show what they would do and by when to improve and we identified one breach in regulation. At this inspection we found the service had improved and the provider was no longer in breach of regulations.

The last rating for this service was requires improvement (published 20 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections whilst managed by this provider.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Cornish Close

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Cornish Close is a service providing both accommodation and nursing or personal care for people living in the respite unit. This is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Thirteen people living in five bungalows on the same site had their own tenancies. Staff provide personal care so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; for people living in this setting we only looked at personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We reviewed information we had received about the service since the last 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, area manager, support workers and a member of agency staff.

We reviewed a range of records on the unit and in the bungalows. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, supervision matrix and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Premises checks for the respite unit were in place to ensure that this accommodation was safely maintained, although not all aspects of the electrical installation had been completed to ensure compliance. We queried this with the registered manager. They could evidence they had also followed this up with the housing provider. The necessary work was completed shortly after this inspection.
- Potential risks were assessed to ensure there was suitable guidance in place for staff to be able to support people safely. For example, staff in the respite service kept a kitchen knife locked away when not in use to reduce the risk of potential injury to people.
- Equipment was serviced in line with manufacturer guidelines or according to legislation. Contractors ensured the service was low risk for legionella, carrying out temperature monitoring of outlet pipes and chlorination of shower heads. Staff performed other weekly tasks to ensure the risk remained low, for example flushing of little used toilets and running sink taps in empty rooms.
- The registered manager and other senior staff had gone to great lengths to try to resolve historical financial issues, inherited from the previous provider. Household accounts and the use of cash record sheets meant that people were better protected from any potential financial abuse.

Systems and processes to safeguard people from the risk of abuse

- There were mechanisms in place to risk assess and formally document any mitigating factors for employing staff with previous convictions. Management assured themselves that people employed at the service were suitable to work with vulnerable people.
- Staff understood their responsibilities in relation to safeguarding.
- Staff knew how to report an incident, or an accident and records confirmed this. Steps had been taken to learn lessons when things had gone wrong, for example following the outcome of a safeguarding investigation.

Staffing and recruitment

- Staff were sometimes deployed from the respite unit to support people living in the bungalows. One person told us they had missed their favourite activity twice, as there had been insufficient staff available to support them. The registered manager explained this was due to emergencies that had occurred. They agreed to review their staffing arrangements to ensure people in the respite unit were supported to participate in activities they enjoyed. We will review this at our next inspection.
- The registered manager informed us of the measures being taken to recruit additional staff. The service

continued to use agency and bank staff to cover vacancies and absences, but this had reduced. We were reassured that regular agency staff familiar to people were being used.

- Staff were subject to adequate recruitment checks to assess their suitability for the role. This included employment references, employment history and a DBS check.
- Improved ways of working were communicated to new staff. New staff were informed of their care and support responsibilities.

Using medicines safely

- Policies and procedures were in place for the safe storage, management and administration of medicines. Specific guidelines to help ensure consistent care for medicines that were offered 'as and when required' (PRN) were in place, including emergency rescue medication.
- Staff received training in medicines administration. Competencies of staff in relation to the administration and management of medicines management were completed and management carried out regular spot checks.
- Where errors had occurred, for example gaps on medication administration records, appropriate action was taken with permanent and agency staff. Additional training was delivered to staff when necessary.
- Where people had given their consent to receive support with medicines from staff, signed forms were on care plans to this effect.

Preventing and controlling infection

- Staff had completed training in infection control and had access to protective personal equipment, such as gloves to help prevent and control infection.
- Staff told us how they encouraged and supported people with cleaning to help prevent and control infection.
- Cleaning schedules were in place. Audits were carried out by senior staff to ensure environments remained clean. The home and bungalows remained free from odour at the time of our inspection.

Learning lessons when things go wrong

- A recent safeguarding incident had identified the need for additional medicines administration training. Night staff had completed epilepsy with rescue medicines training.
- Daily checks were in place to help identify any errors staff made when administering medicines. This was so advice from the GP or pharmacy could be sought quickly and to determine any training staff might need.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure staff received appropriate supervision, in line with company policy. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

Staff support: induction, training, skills and experience

- Staff were supported through regular one to one supervision, this provided them with the opportunity to discuss their progress in their roles. Supervision records showed us staff were comfortable in raising any personal issues they might have, for example if they felt unwell.
- Staff received training in areas relevant to people's needs; for example, epilepsy, rescue medicines, moving and handling and challenging behaviour.
- Staff skills and knowledge were developed further by involving other health professionals in a multidisciplinary way. For example, a physiotherapist would deliver training to staff about using a specific piece of equipment recommended for an individual.
- Aspects of training were covered during the induction and in the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were not always met.

- Where people potentially needed to be deprived of their liberty, applications were made to the local authority in a timely manner.

- Capacity assessments were on file, however, some care plans contained conflicting information. For example, one support plan contained signed consent both from the individual and from relatives.
- It wasn't always clear if relatives had the relevant authority in place to make decisions on behalf of a person who lacked capacity, for example a lasting power of authority. The registered manager later provided evidence of these and examples of best interest decisions.
- Staff understood the importance of respecting people's choices. Staff demonstrated an understanding of capacity and consent. Staff were able to give examples of when they had provided care and support in a person's best interests, when the person lacked capacity.

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

- People were consulted, and their needs were assessed prior to them using this service. Support plans often included input from other health and social care professionals, who had knowledge of the person's needs. This helped to ensure their care was effective.
 - Assessments were completed in line with best practice. For example, the use of the Malnutrition Universal Screening Tool (MUST) to assess potential nutritional risks; care plans and guidance were in place when using specialist equipment.
 - People's gender, culture and religion were considered as part of the assessment process.
- Supporting people to eat and drink enough to maintain a balanced diet
- Staff we spoke with were knowledgeable about people's dietary needs and requirements. People with specific requirements were catered for, for example, diabetics and soft diets.
 - People who had preferences for meals that reflected their culture were provided for. There was a wide range of choices available to people and the service had been awarded a five-star food rating certificate, from the Food Standards Agency.
 - Two people sharing support in one bungalow received different meals, as per their choices.

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

- People were supported to access other healthcare professionals. This included speech and language district nurses, physiotherapists, podiatrists and dentists.
- A communication book was kept by people unable to communicate their needs verbally. This went with them when they attended other services, for example the day centre.
- Communication books ensured people received joined up care. They contained relevant information for all staff providing care and support to an individual; for example, about daily routines or if any additional 'as required' medicines had been administered.
- Records showed people's health conditions were regularly monitored by staff and they were prompt to contact the appropriate healthcare agencies.

Adapting service, design, decoration to meet people's needs

- The unit and bungalow accommodation contained the equipment required to appropriately meet people's complex mobility needs, for example tracking hoists and rise and fall baths.
- Following care plan reviews and increased needs the service considered the bungalow environment no longer best suited some people living there.
- Referrals and reminders had been sent to the local authority for reassessment of need, however there had been delays with these.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were supported by caring and thoughtful staff. One member of staff supporting two people was making different meals. They told us, "I promised [person's name] a spaghetti bolognese." The other person told us, "I don't like spag bol. I'm having stew with homemade dumplings."
- Steps had been taken to ensure people's rights, including those relating to their cultural preferences were understood and respected. Halal meat for a culturally specific diet was labelled up and stored appropriately in a separate drawer in the freezer. People were assured they would receive care that was not discriminatory.
- Staff provided examples of how they provided a caring service. One staff member placed someone returning from the community in the lounge so they could look out of the window. They told us, "It's their favourite spot."

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

- People were consulted on their care needs. People's choices and care preferences informed care plans.
- During this inspection one person we spoke with told us, "The night staff showered me this morning. I like being up early." Their support plan reflected this preference.
- People were dressed smartly in clothes and accessories of their choosing. One person told us, "I've had a bath. I've chosen my clothes for tomorrow."
- On the respite unit staff consulted with people about the daily menu. Staff asked one person having lunch in the home if the planned meal was still their preferred choice and offered alternatives.

Respecting and promoting people's privacy, dignity and independence

- Management were actively promoting privacy, dignity and respect and discussing professional boundaries in staff meetings. Staff were reminded to knock on bungalow doors, even when supporting people who lived there, and we saw this in action during the inspection.
- People were supported to be independent where they were able to be. One person applied their own prescribed cream in the privacy of their bedroom. Staff prompted the person to wear gloves to do this.
- Care records reflected people's abilities and staff recognised and encouraged these. Care plans contained people's preferences and routines for personal care. One person was able to self-transfer from a wheelchair, after being manoeuvred into place and having staff help with the equipment.
- On our first day of inspection we noted there were no curtains up in the communal lounge of the respite unit. This potentially impacted on people's privacy. We brought this to the registered manager's attention. We returned for a second day of inspection and saw curtains had been hung in the lounge.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person was registered blind. Information was communicated verbally by staff to the person when providing support or discussing their support plan, however there was no information about the service produced in a format the person might understand, such as braille.
- Accessible communication sheets were located in a person's medicine file, but not all of these were completed for people living in the respite unit.

We recommend the registered manager consults national guidelines and best practice guidance to fully meet the Accessible Information Standard.

- Support plans reflected people's communication abilities, and whether they had any sensory impairments. Further information was recorded on how any impairments affected people and whether staff needed to offer additional support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were enabled to have choice and control over their day to day support needs, but support plans did not always reflect current care requirements. It wasn't clear which piece of specialised equipment had been recommended for one person to use. The deputy manager sought clarity from the physiotherapist and made all staff aware.
- Support plans included 'this is me' profiles for each person. These provided staff with an overview of people's backgrounds and life history so they could better support people and understand their preferences.

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 well supported through a range of activities. People told us of the network of friends they had made attending groups and events held in the community.
- Activities and outings were tailored to individuals based on their preferences and hobbies. One person went to a karate club and had been awarded a trophy.

- Some people were supported with employment, on a voluntary basis. Another person was looking forward to booking a holiday away in the summer. They had visited the travel agents with assistance from a support worker. The person told us, "I fancy Wales or Blackpool."
- The registered manager was keen to encourage people to try new activities and venture further afield using public transport links, for example the tram.

Improving care quality in response to complaints or concerns

- People we spoke with told us they felt confident to raise any concerns they had. Two people told us they would speak to staff and the registered manager if they had a problem.
- One person expressed concern about the time it was taking to receive a new electric wheelchair. This was having a negative effect on their quality of life. Staff were trying to help with this, making regular enquiries with relevant external services.
- The service had policies and procedures in place setting out ways people could make a complaint.

End of life care and support

- Support plans did not contain records of end of life discussions with people; it was not clear what their wishes and preferences were.
- The service would support people with end of life care when necessary, with assistance from external health professionals. This would ensure people received good care at the end of their lives.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance systems had improved, however they had not always identified the issues we found, or issues had not fully been addressed, such as the electrical work and the specialist equipment.
- Recruitment and retention of staff was an on-going issue that the registered manager was trying to address. Management recognised the benefits of a positive staff culture and were sharing company expectations with staff; these improvements need to be fully embedded into practice. We will check on this at our next inspection.
- Audits were in place to help the registered manager maintain oversight of the whole service and identify improvements when required. Examples included audits of infection control processes, medicines, building environments and checks on people's vehicles.
- Management were working with senior staff to ensure they were equipped and competent to undertake the role required of them. Senior care workers were responsible for either the respite unit or one of the bungalows; the role involved audits of medicines, finances and management of support staff.
- The registered manager was supported by other key personnel employed by the provider, including an area director, a regional manager and a quality assurance manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were more positive at this inspection about the management of the service. They considered the management team were approachable and helpful.
- Management were working to promote a positive staff culture. They had introduced a "Challenge Charter" which staff were signed up to.
- The "Challenge Charter" encouraged staff to question and challenge the poor practice of others in an open and transparent way. The aim was for all staff to learn from any mistakes or poor practice.

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

- The provider understood the importance of acknowledging any errors, investigating incidents and ensuring apologies were made where necessary.
- The registered manager notified the CQC and safeguarding teams of any accidents and incidents as

appropriate.

- The provider had policies in place on the duty of candour. This helped to ensure any improvements could be identified when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were invited to give their views of the service. Staff and senior management chatted informally to people living in the bungalows. A company-wide questionnaire had been issued to people in November 2019, and people we spoke with confirmed this. The results of this survey were not on display and had not been shared with people.
- Staff were invited to share their views through regular team meetings and supervision. Staff we spoke with were more confident in the new management and considered the service had improved.
- Management listened to staff; they had been informed via a supervision session about the unacceptable conduct of an agency member of staff. Management reported this feedback to the agency and did not re-employ the agency member of staff.

Continuous learning and improving care

- The registered manager reviewed all accidents and incidents in the service and checked that actions had been taken to reduce the risk of a re-occurrence.
- Systems were reviewed and improved to reduce the likelihood of errors, for example documentation to check medication administration.
- The provider worked alongside other agencies to ensure continuity of care for people.

Working in partnership with others

- Senior managers had met with a local bank manager to help resolve historical financial issues, inherited from the previous provider.
- The service engaged with local authority commissioners. An action plan in place indicated where improvements in the quality of the service had been made.
- The service worked with medical professionals, community services and local authority social workers to ensure people were appropriately supported.
- Information was shared appropriately where required.