

Potensial Limited

# Potensial Limited - 31 Balfour Road

## 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

Potential Limited - 31 is a residential care service that provides accommodation and support for a maximum of four adults living with a learning disability. It accommodates people across two floors.

The service has been developed and 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was based in a domestic style property. It was registered for the support of up to four people. At the time of our inspection, there were three people living at the service. This is in line with current best practice guidance. The building fitted into the residential area and other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People using this service benefitted from a caring and homely environment. We received positive feedback on how staff supported and cared for people.

People genuinely considered Potential as their own home and had complete autonomy over their own lives.

People and their relatives had confidence in the staff who took care of them. People received care from long standing members of staff who had developed genuine relationships with the people they supported.

Staff were caring and supportive but took care to encourage and maintain people's independence. Staff were familiar with the individual needs, routines and preferences of the people they supported.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported in a way that allowed them 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 home supported this practice.

People participated in activities and pastimes which were meaningful to them, both in the local and wider community. The service was situated in a location which meant people were able to easily access local facilities and public transport. Staff took the time to get to know what people enjoyed doing and supported them to engage in individualised activities and pastimes.

People were treated with the utmost dignity and respect. People's protected characteristics, such as gender, cultural and spiritual needs were both valued and respected.

Staff were supported in their role with appropriate training and supervision. Most staff had received additional training to meet the specific needs of the people they supported.

Regular checks and audits were carried out to determine the quality and safety of the environment. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom.

The acting manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). Feedback about the overall management of the service from people, their relatives and staff was positive. It was evident they promoted a person-centred and inclusive culture within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

At our last inspection, the service was rated "Good." (Report published May 2017).

#### Why we inspected

This was a planned inspection based on the rating of the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

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.

# Potensial Limited - 31 Balfour Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Potensial Limited - 31 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.

At the time of our inspection, the registered manager had recently left the service. 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 provider had appointed an acting manager to manage the service.

#### 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.

#### 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 three people who used the service about their experience of the care provided. We spoke with a senior support worker and a support worker.

We reviewed a range of records. This included three people's care records and their medication records.

We looked at three 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 spoke with a relative who regularly visited the service.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care and support at Potensial was safe. People told us, "Yes, it's safe" and "I feel safe." A relative commented, "It's a safe home environment."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Systems were in place for checking the safety of the environment and equipment.
- A fire risk assessment of the building was in place and fire safety checks were undertaken.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place that provided staff with guidance on how to mitigate any identified risks to people.

Staffing and recruitment

- There were enough numbers of staff to provide people with safe and, consistent care and support. People received support during some periods of the day on a one to one basis.
- People received care and support from staff who were familiar with their needs and routines. Most staff were long standing employees. Any absences were covered by permanent members of staff which helped to ensure continuity of care and support.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medicines were stored and managed safely. Medication was administered by staff who were trained and competent to do so. Daily counts of medication were undertaken which helped to reduce the risk of medication errors.
- Peoples independence to manage their own medicines was maintained if safe to do so.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- The service was clean, homely and well maintained.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the manager to identify any themes and trends and minimise

reoccurrence.

# 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 good. At this inspection 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

- People's needs and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Records were individualised and contained details of people's preferred routines and preferences for support. People were involved in setting their own goals and aspirations.
- Daily notes were recorded by staff which detailed any support and intervention carried out. People's care records were reviewed with the person, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. Staff were supported through inductions, supervisions and appraisals.
- Most staff had undergone additional training to help meet the specific needs of people.

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

- People were positive about the food and told us they had choice. Staff prepared food and drinks, but involved people in food shopping and preparation wherever possible. People planned the menu for the week ahead and so enjoyed nutritious foods which they preferred. One person told us, "I eat foods I like and sometimes help shop for it."
- Support plans contained information on how staff were to support people with any dietary needs and maintain a balanced diet.

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

- People received the care and support they needed and were referred to external healthcare professionals where appropriate. A relative told us, "Staff seek outside help appropriately and always keep me informed."
- People were weighed on a regular basis to help ensure they were not gaining or losing weight inappropriately.
- Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.
- Staff felt confident to support oral health care. Support plans recorded the assessment of oral health care and included guidance for staff to deliver as part of a person's care plan. Support plans followed best practice guidance.
- People had easy access to toothpaste, toothbrushes and access to routine and emergency dental care.

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

- Each person had their own room and were able to personalise their room to their own taste.

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.

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).

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were constantly involved in decisions about their care and support. We found recorded evidence of people's consent to support documented in their support files. Staff asked and explained to people before providing any care and support.

# 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 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

- Many staff were long standing employees of the service and knew people's needs and routines exceptionally well. It was evident that staff cared about the people they supported and had developed strong relationships both with them and their relatives. One member of staff told us, "It's like a home here and the people are like one family." A relative told us, "Staff are very kind and caring, they know [person] so well and support taking them out, they tell me they [staff] think the world of [person]."
- Our observations showed people displayed positive signs of contentment and well-being. People told us how they considered Potential as their home. One person told us, "Yes, I feel this is my home and I can do whatever I want to do."
- People told us they were satisfied with the support and care they received. One person told us, "Yes, the staff are kind, they are good." One relative had written, "I've continually found the staff to be friendly and exemplary in their care and work ethics."
- People's human rights were upheld. People's personal relationships, sexuality, cultural and spiritual needs were valued and respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Where assistance was required, staff were considerate and offered care and support in a dignified manner.
- People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained, and people were treated as individuals at all times.

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

- People's communication needs were recorded in their support plan.
- Staff took every opportunity to ensure people were supported to make decisions and choices about their care. There were no set routines. People were given the autonomy and independence to truly live their lives in the way they chose. People were completely involved in their care and support.
- People were given the opportunity to express their views and opinions through regular meetings. This meant people had control in the running of their home.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

# 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 good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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 encouraged and supported to engage in activities which were individualised and meaningful to them.
- People accessed community-based activities both independently and with support from staff. People engaged in activities which they had a genuine interest in. One person had enjoyed a holiday abroad with the support of a staff member. Other people regularly visited social clubs.

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

- People received care and support from staff who were familiar to them. This helped to ensure consistency and continuity wherever possible.
- Support plans contained information about people's preferences in relation to their support and treatment. Staff used this knowledge to care and support people in the way they preferred.
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for.
- People were fully involved in making decisions and choices and to have as much independence as possible.
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

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.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Information in people's records were provided to them in a way they could understand. Guidance on how best to communicate with the person was recorded in their care plan.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of our inspection the service had not received any complaints. The complaints process was presented to people in easy read format. People told us they knew how to raise any concerns if needed. One person told us, "I would speak to staff if I had a problem."
- The service also kept a record of compliments. One person had observed staff supporting people in the

community and had wrote, "I am pleased to witness the great interaction between staff and [people] every time. Staff are friendly and patient and this is lovely to witness."

#### End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care. However, it was evident from people's records that the service had explored people's preferences and choices in relation to end of life care. People's wishes were recorded in a dignified and sensitive way. Records were detailed and included preferences relating to people's protected characteristics, culture and spiritual needs.

# 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 good. At this inspection 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

- Although the service did not have a registered manager in post, an acting manager had been appointed who had worked at the service for a long time and had a good knowledge of the service, its staff and people.
- The manager promoted transparency in the running of the service and was well respected by people and staff alike.
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

- The culture of the service was supporting people to live the life they wanted to live. Support focused on ensuring people received person centred care that met both their needs and preferences and helped them to realise their full potential.
- The service had an effective system to monitor the safety and quality of the service. For example, any incidents were analysed to establish patterns.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

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

- People were encouraged to put their opinions and views forward. This included regular meetings and daily interaction with them to assess their well-being and ongoing support needs.
- In addition to an open-door policy, the manager also held regular resident and relative meetings as an additional way of obtaining people's feedback.
- The registered manager held regular staff meetings. Staff told us they felt comfortable to raise any issues or suggestions they had, not just at meetings but at any time.

Continuous learning and improving care

- The manager and provider team met regularly, to share learning and best practice guidance, which helped drive forward improvements in the quality of care.
- Measures were put into place through the supervision process to enable staff to further develop their skills.
- The manager was continually reviewing and learning where possible. Recent developments included the installation of an electronic care planning system which made it easier for people's support plans to be

reviewed and updated.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.

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 management team held regular meetings and discussed any accidents and incidents. This helped to further drive the quality of the service.
- The manager submitted any required notifications to CQC in a timely way.