

Potensial Limited

# Potens Torbay Domiciliary Care Services

## 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

Potens Torbay Domiciliary Care Services provides a supported living service to people with a learning disability or mental health needs. A supported living service is where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection, not everyone using the service received personal care. CQC only inspects the service being received by people provided with personal care. The service provided support to seven people; four people lived in Conifer Lodge and the other three people lived in their own homes in the community. Two of these people were receiving personal care. We visited the supported living setting at Conifer Lodge. People had their own rooms and shared other parts of the house including the lounge, kitchen, and dining room.

This announced inspection took place on 10 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and people are often out during the day; we needed to be sure that someone would be in. One social care inspector carried out this inspection.

At the last inspection, the service was rated Good overall. At this inspection, we found the service remained Good.

Why the service is rated good:

People received a safe service. One person said "I have no worries at all." Everyone looked very comfortable and relaxed with the staff who supported them. People told us there were enough staff to meet their needs and to spend time socialising with them. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks. One person's relative raised concerns about medicines in July 2017. We found new systems had been put in place. People were protected from the risks associated with unsafe medicine administration because medicines were managed safely.

People received effective care because staff had the skills and knowledge required to support them. Staff monitored people's healthcare needs and advice and support was sought from healthcare professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff provided a caring service to people. People told us, and we observed, that staff were kind, caring, and patient. Comments included "I'm very happy, it's a brilliant home" and "You ought to move in, it's lovely". People were involved in decisions about the care and support they received.

Staff were responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People were aware of how to make a complaint and felt able to raise concerns if something was not right.

The service was well led. People and staff told us the management team were open and approachable. The manager and provider sought people's views, listened to them and used suggestions to make improvements. One person said "The manager is great." Staff told us improvements had been made in the past couple of months. The manager and provider had monitoring systems which enabled them to identify good practice and areas of improvement.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Potens Torbay Domiciliary Care Services

## **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 checked 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 announced inspection took place on 10 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and people are often out during the day; we needed to be sure that someone would be in. One social care inspector carried out this inspection.

Prior to the inspection, we reviewed the information held about the service. This included previous inspection reports and statutory notifications we had received. A statutory notification is information about important events, which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service for instance, what the service does well, as well as any improvements they plan to make.

At the time of the inspection, two people were receiving personal care from the service. We used a range of different methods to help us understand people's experience. We looked at care records for the two people who received personal care to check their care was delivered as planned. We looked at how the service managed people's medicines, the quality of care provided, as well as records relating to the management of the service. These included three staff personnel files, staff training records, duty rotas, and quality assurance audits. We spoke with the two people who received personal care from the service and three people who received support, two staff, the manager, and the positive behaviour facilitator. We received feedback from one healthcare professional.

# Is the service safe?

## Our findings

The service continued to provide safe care. One person said "I feel safe, I have no worries at all." Everyone looked very comfortable and relaxed with the staff who supported them.

People told us they were supported by regular staff who knew them well. Staff told us they had enough time to ensure they delivered care and support safely. There was an on call system for staff and people in the event of an emergency outside of office hours. Staff told us this system worked well. One staff member told us if they left a message, they got a response straight away and there was always a senior member of staff available to provide support and advice.

People were protected from the risks of abuse because staff received training on how to recognise and report any suspicions of abuse. Staff told us they felt able to report any concerns and were confident that if they raised concerns, action would be taken to make sure people were safe. There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with the people who used the service. Staff did not start work until satisfactory checks and employment references had been obtained.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. One person had been assessed as being at high risk of falls and we saw equipment had been provided to enable them to remain independent. Advice had been sought from an occupational therapist who had recently carried out a review. We observed staff were available to support this person when needed. Staff carried out regular welfare checks, which had been agreed with the person, to make sure they were safe. This minimised the risk of further falls and possible injury.

One person's relative raised concerns about unsafe storage and access to medicines in July 2017. We found new systems had been put in place. People received their medicines safely. Medicines were stored securely. Records showed people had received their medicines as prescribed by their doctor to promote good health. There were systems in place to audit medication practices on a daily, weekly, and monthly basis. The manager was working with the pharmacy to make improvements to the records for each person's medicines. Staff told us they had received training in the safe administration of medicines. Records showed their competency was assessed regularly.

The premises and equipment were well maintained. For example, checks had been carried out in relation to fire and equipment had been serviced. We saw redecoration and refurbishment had taken place. Arrangements were in place to deal with building maintenance issues. Staff supported people to contact the landlord with any issues.

Each person had a detailed personal emergency evacuation plan so they knew what action to take in the event of a fire. Fire drills were carried out so staff knew how to safely assist people.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. People were supported by staff who knew them well and had the skills to meet their needs. A healthcare professional told us "Staff are very knowledgeable about people's needs."

Staff had the skills and knowledge required to support people. New staff completed the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Experienced staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Staff were encouraged to work towards diplomas in health and social care. These are work based qualifications which are achieved through assessment and training. Training that related to people's specific needs had also been completed. For example, the provider employed a Positive Behaviour Facilitator. They had provided training for staff in mental health, autism, and active support. Two people who used the service attended the training and shared their experience of how autism felt for them. Staff told us the training had been really enjoyable, had improved their knowledge and supported them in their role. Staff told us they felt well supported by the management team. Staff had regular one to one meetings with their line manager to discuss their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. At the time of this inspection, no one was having their freedom of movement restricted or were being deprived of their liberty.

Staff had received training in the Mental Capacity Act 2005 (MCA). Staff understood people had the right to make their own decisions. People using the service had capacity to make their own decisions on a day to day basis. One person had appointed their solicitor to be power of attorney for their finances. This meant the solicitor supported them to make decisions.

People told us they were supported to see a range of health care professionals and were supported to access healthcare services when needed. One person said "They're spot on with that". Staff identified when people were unwell and contacted people's GP's and other health and social care professionals when required. We saw staff worked with professionals such as GP's, Occupational Therapists, Social Workers, Dentists and Mental Health professionals to ensure people's needs were met. Staff provided practical support and assistance for people to attend healthcare appointments.

People were supported to maintain a balanced diet. Staff were aware of the importance of people having enough to eat and drink. People's support plans contained detailed guidance on people's preferences. People planned their meals and went food shopping. People had access to kitchen areas on each floor so

they could make snacks and drinks. People chose when they ate so they could plan their day as they wished. Staff told us if they had any concerns in relation to a person's weight they would encourage and support them to seek advice from relevant professionals.



## Is the service caring?

### Our findings

The service continued to provide caring support to people. People who used the service told us the staff were kind, friendly, and supportive. One person said "I'm very happy with my support". People were keen to share with us their positive experience of living at the service. A healthcare professional told us that the interactions they had observed between people and staff were very positive.

Most people had lived in Conifer Lodge for a number of years and had built relationships with each other. There was a happy and relaxed atmosphere and people were comfortable in each other's company.

We observed kind and friendly interactions between people and staff throughout the inspection. Staff knew people well and were familiar with their needs and preferences. There were lots of discussions and laughter. People clearly enjoyed spending time with staff. Staff spoke in a friendly manner and took time to listen to people and respond to them. Staff showed patience and supported people at their own pace.

Each person had their own bedroom which they had personalised to reflect their tastes and personalities. People had unrestricted access to their rooms and were able to choose to spend time alone. Staff respected people's need for privacy. One person proudly showed us their room and told us they had moved things around to give them more space.

People were involved in the assessment of their needs and preferences. The provider information return stated "Tenants are supported to be involved as an equal partner in the writing of their support plans." People told us they were involved in making decisions about their support and planning their care. People made choices about their care and support, what they wanted to do each day, and how they spent their time.

People were supported to be as independent as possible. Staff encouraged people to decide what they would like to do and supported them to carry out their own personal care and daily routines. We found several people had gained more independence since the last inspection, and as a result didn't need support with their personal care anymore.

Staff encouraged people to use independent advocates. An advocate is a person who speaks up on people's behalf. We saw one person had been offered access to an advocate but had declined this.

## Is the service responsive?

### Our findings

The service continued to be responsive. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives.

Each person had a detailed assessment of their needs before they moved to the home. This helped to ensure the service was able to meet their needs and expectations. This information was used to develop a support plan to help enable people to live as independently as possible. The provider information return stated "Individuals are encouraged to recognise that it is their life and their choice." People told us they were happy that they were involved in developing and reviewing their care needs.

We looked at the care and support plans for two people. People's support plans were personalised and provided staff with very detailed information. Each plan contained a one page profile which gave a summary about the person. This included what was important to them, how best to support them, what they enjoy, and what makes them happy. Plans gave staff information on people's likes, dislikes and personal preferences as well as their personal care needs and medical history. The plan described what the person could do independently as well as the support needed from staff.

Staff knew people well and told us they had read each person's care and support plan to ensure they were fully aware of each person's needs. Regular meetings were held to discuss people's care and support. We found staff knew people very well and provided personalised care in a way, which met people's individual preferences and care needs. One member of staff said "We do what (person's name) wants when they want to do it".

People's support plans were regularly reviewed and updated to ensure they reflected the person's current care needs. When a person's needs had changed, we saw this had been recorded and additional guidance provided for staff.

People went out in the local community independently or were supported by staff. During the inspection, several people went out into the town centre. One person went out for tea. We spoke with people about how they liked to spend their time. One person had enjoyed a trip to the zoo. Another person had chosen to use some of their support hours flexibly so they could go on a shopping trip to a city. Some people had raised in a 'tenants meeting' they would like to go on holiday. Staff were supporting them to get more information and prices. People were supported to maintain their relationships with their family. One person's relative visited on the day of our inspection. People were encouraged to take part in daily living tasks in the service. For example, we saw one person doing their washing and another person cleaning.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. Complaints slips were available to people. The provider information return said "All tenants are encouraged to feedback and are given a copy of the complaints procedure in an accessible format." People told us "I can't fault it" and "I don't have any problems."

## Is the service well-led?

### Our findings

The service continued to be well led. People and staff spoke positively about the leadership of the service and told us the service was well managed.

The service did not have a registered manager in post. 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 previous registered manager left the service in July 2017. An experienced manager from another service was working at the service. The provider organisation was advertising the post at the beginning of November 2017.

People and staff told us the management was open and approachable. The provider information return said "The manager operates an open door policy." One person said "The manager is great." Staff said "If I phone (name of manager), they get straight back to me" and "They're all approachable in Potens."

The service had a positive culture that was person-centred, open, and inclusive. Staff and the management team told us their vision for the service was to promote people's independence, empower them to make choices and have control of their lives. The provider had introduced a 'Challenge Charter'. The purpose of the charter was to encourage staff to promote the vision and values of the organisation and challenge their own practice or and that of others when they identified these weren't being followed.

People were involved in the running of the service and encouraged to share their views. People took an active role in interviews for new staff. Regular discussions and meetings took place with people and questionnaires were given out annually so they could give feedback. The 2017 survey was positive and confirmed people were happy.

Staff and managers shared information in a variety of ways, such as face to face and more formally through team meetings. At a recent team meeting staff had the opportunity to discuss people's care and support needs, share information, and identify any training needs. Staff told us the service had improved over the last few months. For example, one staff member told us paperwork was more organised and they were able to find what they needed.

We looked at the quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided. We found there was an effective quality assurance system in place. A manager of another service visited the home to carry out a monthly quality audit which included speaking with people and staff. They then provided feedback to the manager. As a result of the last audit, the manager had made further improvements to medicine and records.

The manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.