

Potensial Limited

Potensial Limited - 60 Park Road South

Inspection report

60 Park Road South

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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 

Overall summary

The inspection took place on 4 and 7 February 2016 and was unannounced on the first day. The service is a care home providing accommodation and personal care for up to ten people who have a learning disability and/or mental health needs. It is part of the range of services provided by the Wirral-based company Potensial Limited. At the time of our visit, six people were living at the home and all were accommodated in single bedrooms.

The home is required to have a registered manager. 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.

Summary of findings

At the time of our visit the service had a registered manager, a deputy manager, and 12 support staff.

We last inspected 60 Park Road South on 4 August 2014 when we found that the service was compliant in all of the areas we looked at.

There were enough qualified and experienced staff to meet people's needs and the staff we spoke with had good knowledge of the support needs of the people who lived at the home. All staff had received training about safeguarding and this was updated every year.

The home was clean and records we looked at showed that regular environmental health and safety checks were carried out. We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People had choices in all aspects of daily living. Menus were planned weekly to suit the individual choices of the people who lived at the home and alternatives were always available.

People were all registered with a local GP practice and had an annual health check. The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. A 'health action plan' was in place for each person and there was a record of medical appointments people had attended.

The home implemented various methods of monitoring the quality of the service including daily checks, monthly audits, and satisfaction surveys. A monthly key worker summary was written for each of the people who lived at the home and a monthly meeting was held for people who used the service.

Summary of findings

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 safe.

All staff had received training about safeguarding and this was updated annually.

The home was clean and records showed that environmental safety checks were carried out.

There were enough staff to support people and keep them safe. New staff had been recruited safely.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

The service was compliant with the Mental Capacity Act.

All members of the staff team had completed the Potensial mandatory training programme and they had regular supervision meetings with the manager.

Individual menus were planned weekly by the people who lived at the home and alternatives were always available.

People were all registered with a local GP practice and had an annual health check. People were supported to access community health services including dentist, chiropodist and optician.

Good



Is the service caring?

The service was caring.

The staff working at the home were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people who lived at the home.

People were funded for one to one support by a member of staff for a number of hours each week. These hours were used to support people to go out into the community.

Good



Is the service responsive?

The service was responsive.

People had choices in all aspects of daily living.

Each person had plans for their care and support. The care plans we looked at contained information about people's choices and preferences as well as their support needs.

The home had policies and procedures for handling complaints.

Good



Is the service well-led?

The service was well led.

The home had a manager who was registered with CQC. The registered manager and the deputy manager worked alongside the staff. They were supported by an area manager.

Good



Summary of findings

Regular audits were carried out to monitor the quality of the service and a monthly meeting was held for people who used the service.

Potensial Limited - 60 Park Road South

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.

The inspection took place on 4 and 7 February 2016 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and a specialist professional advisor (SPA). The SPA had experience in supporting people with learning disabilities and mental health conditions.

We spoke at length with one person who lived at the home and briefly to another person. Two people did not have verbal communication and one person did not wish to speak with us. The sixth person was out when we visited. We observed support provided to people in communal areas. During the inspection we spoke with five members of staff and after our visits we spoke by phone with the registered manager and the area manager. We looked all around the premises.

Before the inspection we looked at information CQC had received about the service since our last inspection and we contacted the quality monitoring officer at Wirral Borough Council. During our visit we looked at staff rotas, recruitment records for three new members of staff and staff training records. We looked at health and safety records and care records for four people. We looked at how medicines were managed and recorded.

Is the service safe?

Our findings

We asked a person who lived at the home if they felt safe there. They told us they felt safe and were treated with kindness and respect and were well looked after. The person said "Staff do a great job in looking after me and if I don't like what they are doing I will let them know." Records of monthly service user meetings showed that people were given opportunities to raise any concerns and were not afraid to do so.

One person we spoke with said there was a member of staff who they did not like and who had acted inappropriately. We discussed this with the deputy manager during the inspection, and later with the manager. We were reassured that appropriate actions were being taken.

There was plenty of information about safeguarding in the office but we did not see any information around the house, for example leaflets or posters, to give people who lived at the home or visitors contact details for reporting any concerns. All members of the staff team had annual training about safeguarding. Records showed that safeguarding referrals had been made to the local authority as needed but were not always notified to CQC. Following our inspection we discussed this with the area manager and clarified what should be reported to CQC.

One person who was particularly vulnerable had a safeguarding plan in place. The staff were observant of this and were vigilant in observing for signs that the person may put themselves at risk.

People had small amounts of money in safekeeping at the home. We saw that there was an up to date finance plan for each person which detailed their individual arrangements. There was a daily check of people's money and a full audit weekly. Three people had family members who were involved in managing their finances.

We asked two members of the support staff if they felt safe and if there were enough staff. They both told us they felt safe and that there was enough staff to provide the care needed for each person. One member of staff said "Everyone gets along and helps each other." A member of staff said they felt safe in the house as they knew all of the clients and could understand their behaviours. Staff had all

received training in the management of actual or potential aggression. They also told us that personal alarms were available for staff and had been used when supporting a person who had challenging behaviour.

The service employed a manager, a deputy manager and 12 support staff. We looked at staff rotas which were based around supporting individuals who lived at the home. A number of people were funded for one to one hours, including one person who had 22 hours per day personal support. Three people were usually out of the house on weekdays either at college or daytime services. One person was mainly independent and required minimal support from staff. Staff rotas showed that there were usually three staff on duty in the morning, four in the afternoon and evening, and two at night. This was flexible to meet individual requirements. One member of staff had a national vocational qualification (NVQ) level 4, two had NVQ level 3 and five had NVQ level 2. The other staff were all working towards a qualification.

We looked at the personnel files for three members of staff who had been employed since our last inspection. The files were well presented which meant that it was easy to find the information we needed. Records showed that candidates had completed application forms giving details of their employment history. Interview notes were retained. Two valid references and a Disclosure and Barring Service check were on file for each person. In one person's file we saw clear records of disciplinary meetings and reviews.

We looked at a file which contained general and premises risk assessments. These were all up to date and had been signed by members of staff in 2015 to confirm that they had read them. There was an emergency plan and an evacuation plan which confirmed arrangements for relocating people to a close by service under the same ownership. There was a personal emergency evacuation plan for each person. Lone worker risk assessments were recorded for each member of staff. An electronic system was in place for reporting accidents and untoward incidents.

We saw risk assessments in people's care files and these were in good detail around all risks identified. In one of the files we looked at there was a lone working risk assessment which gave detail about how staff should support the person, the risks that could happen, and what they should do.

Is the service safe?

The house was clean and daily cleaning schedules were completed. Infection control audits were recorded, the most recent being on 23 December 2015. A member of staff told us that there were issues occasionally with a person who lived at the home and equipment was available for cleaning body fluids.

We saw records of daily checks of fire exits and the fire panel; fridge and freezer temperatures; medicine counts; medicines storage temperatures; and soap and towel supplies. There was a weekly test of the external chair lift. Maintenance tasks were carried out by request by a company maintenance team. Records showed that equipment and services were tested regularly as required by external contractors and certificates were all up to date.

We looked at how people's medication was stored and administered. The clinic room was clean and had hand

sanitizer. We checked how controlled drugs were stored and checked them against the controlled drugs book. These were all in order. Medicines were dispensed in a 'pod' system which contained all of the items due at each time of day. Medication administration record sheets were clearly set out and had a picture and description of each tablet. In each person's medication file there was a description of all the tablets that that person was taking and a description of what the medication was for and any possible side effects.

We were told that every staff member had medication training. If a staff member made a medication error they were not allowed to administer medication until they had taken another medication course and then they had to be shadowed to confirm competence.

Is the service effective?

Our findings

The training records we looked at showed that all of the staff team had completed the Potensial mandatory training programme. This included safeguarding vulnerable adults, medicines, moving and handling, first aid, fire awareness, food safety, infection control, health and safety, mental capacity and deprivation of liberty safeguards, and diet and nutrition. Some of these were refreshed annually, some every two years, and some every three years. Most members of staff had also done additional training. We also saw evidence that new staff completed induction training.

Staff we spoke with said that some training was electronic and there were also 'face to face' training events at the organisation's training premises. We saw evidence of some of these training courses booked for nominated members of staff during first quarter of the year. Topics were risk, dignity, medicines, food safety, personality disorder, fire safety, person centred planning, epilepsy, self-harm, and recording.

A member of staff told us that they all had regular individual supervision meetings with the manager. These were usually every eight to ten weeks as agreed between the manager and the member of staff, however we saw evidence that supervision meetings were more frequent for new staff. Staff also had an annual appraisal and performance review. We also saw a record of a night-time visit by the manager in January 2016. This detailed discussion with the night staff to confirm that they were familiar with on-call arrangements and fire procedures.

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 are called the Deprivation of Liberty Safeguards (DoLS).

Training records showed that the staff working at the home had attended training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), however two members of staff who we spoke with did not have a good understanding of either the Mental Capacity Act or DoLS.

Three people who lived at the home had a DoLS in place. Two people had full capacity and had their own front door key. The other person did not go out on their own due to safety concerns, however a DoLS application had been refused by the local authority. Staff told us that this person was happy to be accompanied by a member of staff when going out. There were no restrictions on people's movements around the house.

In the care files we looked at there were consent forms for staff administration of their medicines; safekeeping of their money; emergency first aid and treatment; consent for staff to accompany them to appointments; sharing of confidential information with professionals. All of these had been updated in January 2016. One person had a 'do not resuscitate' order in place by their own request as they had multiple health issues.

People who lived at the home were registered with a local health centre and had an annual health check and other visits as and when needed. A member of staff told us health checks had been carried out in December 2015. Staff told us that one person went independently to visit their GP and to an NHS walk in centre. One person had multiple health issues and had weekly blood tests taken by district nurses and a diary detailing medical appointments. We saw that people had a 'Hospital Passport' in place which gave information about their particular needs, and a 'Health Action Plan' that was up to date and detailed visits to doctors and dentists etc. One person had some mobility difficulties and was supported to attend an orthopaedic clinic on the first day we visited.

Five people had their own menus that were shown in the kitchen. The other person was independent for their meals and received a weekly allowance to do their own food shopping. A member of staff told us that they monitored what this person had to eat and tried to encourage them to have a healthy diet. All except one person were able to make their own drinks and snacks with some support from staff. Staff we spoke with said there were no current concerns about people's nutrition but a malnutrition screening tool was available to use if there were any concerns.

Is the service effective?

One person told us that the staff would tell her what they were making for the evening meal and if she didn't want it they would make something of her choosing. She said that the meals were very good and she enjoyed her food. People were independent for eating and drinking. Food and drinks were available 24 hours a day.

Most people were fully mobile and did not require any aids or adaptations to the property. One person used a walking aid and another person used a wheelchair for going out. An external wheelchair lift was fitted to the front entrance of the property.

One person told us that because of their complex illness, their bathroom had been converted to a shower room and they had a chair to sit on due to them getting dizzy if standing for too long. This person also had bedrails fitted and told us that the staff put them up if they had a seizure to prevent them from falling out of bed.

Is the service caring?

Our findings

One person we spoke with said “I feel very comfortable with the other clients and get on with all of them. We have a laugh.”

The second day of our visit was at the weekend when people were at home. We observed that four of the people who lived at the home and two staff members were in the lounge. A member of staff said it was “chill out time” as during the week three people attended day services or college and so at the weekend they all congregated in the lounge and had a laugh and did activities and chatted. We saw that people were interacting with each other and there were plenty of books and toys for them to use for sensory purposes. We saw that everyone was made a fuss of by either staff or other service users, for example one person sat on the arm of another person’s chair and was doing her hair.

The SPA commented ‘I saw that the staff gave the clients a lot of attention and I could see that they are cared for and treated with respect and dignity.’

Some people had limited, or no verbal communication, however the staff who worked at the home were able to understand people’s needs and choices. Staff were able to describe the different ways they communicated with people and detailed communication plans were included in people’s care files.

Some people had regular contact with their families by phone or by visits to the home. Two people sometimes went out with their families.

Staff had attended equality and diversity training and each person had a keyworker. We observed that staff were caring, kind and good-humoured. They made sure people had enough time to make decisions for themselves and treated them with respect. We spoke with five members of staff during our visits and they showed good knowledge of the support needs of the people living at the home, including the emotional support that people required. We saw that people’s bedrooms were furnished and decorated to their taste and people’s bedrooms had personal belongings including keepsakes, pictures, DVDs and CDs.

A service users’ meeting was held monthly and the minutes showed that everyone was encouraged to be involved.

Staff told us that some people required support to meet their personal care needs and others received some help or prompting to maintain good personal hygiene and appearance. This was done discreetly and took into account the person’s needs and preferences, for example whether they had a bath or shower.

Information about two advocacy services was displayed on a noticeboard in the entrance hall. There was also information about the service, some of which was presented in pictorial form. We saw that all written information concerning people who used the service was kept confidentially in the office.

Is the service responsive?

Our findings

One of the people we spoke with said they had full involvement in their support plans. They told us that when the staff had finished writing the plans, the person and the staff sat together and went through them to make sure that everything was to the person's liking. If something was not correct, they asked for it to be removed.

A member of staff told us that each of the people who lived at the home had their own different needs. She told us that each person had their own specific support plans and had full input into how they should be treated and supported. She told us that she regularly looked at the support files to take note if anything had changed and to understand what each person liked and disliked and how they liked to be talked to and treated. She told us that she also knew about people's health needs, and gave an example of one person whose moods and anxieties could rise and fall with her illness. She told us that she would report any concerns about the person to the manager.

Another support worker told us they had no input into writing the support plans, but at every team meeting all the staff discussed each client and brought up what they believed should be put in or taken out of the plans. This member of staff also said they read the support plans "all the time".

We looked at a sample of care records for two people. The records contained historic and current information and were very lengthy, however there was a 'one page profile' which listed in brief the person's likes and dislikes and how they wanted staff to support them. It also showed staff when the person would be happy or sad, what they enjoyed, and how best to support them. The 'Service User Plans' were written in great detail about the person's whole life and how staff should support them to do things in the

way the person liked. The 'Client Care Plan' was also in great detail and included sections on how staff should communicate with the person, what the person's daily living skills were and how staff should work with them around these.

A monthly key worker report reviewed every aspect of the person's support and this included any medical visits, accidents or incidents, use of 'as required' medicines, review of the support plans, and review of how the person's one to one support time had been used.

We looked at records for a person who went to live at the service most recently. These showed evidence of hospital discharge planning and communication between hospital and the home's staff, and specific training for the home's staff before the person moved to live at 60 Park Road South.

We saw that people were encouraged and supported to participate in work and leisure activities. People were able to decide their own daily routines and this was recorded in their support plans. Most people had time allocated each week for one to one support. Two people attended day centres and one went to college. One person was mainly independent and went out daily on their own. We asked one of the other people what activities they did. They said they went swimming once a week with staff and really loved being able to walk in the water. They said they also went out shopping with staff. This person also enjoyed craftwork and had plenty to occupy them within the home. A car was available to take people out and a larger vehicle could be borrowed from a close by service under the same ownership.

Corporate complaints policies and procedures were in place but no complaints had been recorded since our last inspection.

Is the service well-led?

Our findings

The home is one of a range of services provided by the Wirral-based company Potensial Limited. The home had a registered manager and a deputy manager. The home's staff were supported by an area manager and by office based senior management. A member of staff told us "We are a good strong staff team."

During our visit we observed that there was an open culture within the service where people were encouraged and supported to express their views. We looked at the minutes of monthly service user meetings. The discussions included what people would like to do, what activities they would like to attend, what food they would like, and any complaints or concerns. The minutes of the meetings showed that people who were not able to verbalise were encouraged to contribute by gesture, for example 'thumbs up', actions representing swimming. Actions were identified at the end of the meetings.

Monthly staff meetings were held and recorded issues that needed to be addressed, for example medication errors. We also saw records of debriefs that had been held when the service was supporting a person who was physically challenging. Staff we spoke with said they were consulted and listened to. We saw records of staff handover meetings and specific duties allocated to members of staff. These included delegated responsibilities for health and safety, outings, fire safety, water safety, medication, wheelchairs, and first aid.

The manager carried out monthly audits that included medicines, service users' money and care plans. There was also a six-monthly infection control audit. The area manager visited at least once a month and carried out audits that included care plans, medicines, money, training, health and safety, complaints, safeguarding and notifications. The monthly health and safety audit had last been completed on 21 January 2016 and recorded a very detailed audit of the premises. A monthly key worker summary was written for each of the people who lived at the home. An annual property audit by the area manager had been done on 22 October 2015 and identified work needed, for example some re-decoration, new electrical equipment, furniture and furnishings.

Satisfaction questionnaires were available for people who lived at the home, families, visitors and staff. We looked at recently completed feedback forms which included a comment that the service was 'a lot more homely'. A visiting relative had provided very positive responses in all areas. A visiting professional had written 'Always a pleasure to visit. Lovely atmosphere, happy service users.' Another professional had commented on the support provided to a person who used the service 'It's a long time since I have seen her so happy.' The service provider had visited on 13 January 2016 and left positive comments about the home.