

Potensial Limited

185 Watling St 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

185 Watling Street Road 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.

The care home accommodates up to nine people in one adapted building. There were six people living in the home when we inspected.

This was an unannounced inspection that took place on 10 January 2019. The service was last inspected on 26 April 2016 when there were no breaches in regulation seen and the home was rated as 'Good'. At this inspection we found the service remained 'Good' overall and 'Good' in all areas inspected.

There was no evidence or information from our inspection or on-going monitoring that demonstrated serious risks or concerns. The service met all relevant fundamental standards. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of this inspection a registered manager was 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 service has continued to sustain a good standard of care and support for those who lived at the home. The provider, the management and staff team were constantly striving to improve the service and this is demonstrated by their commitment towards those who live at 185 Watling Street Road.

People were able to live as they chose and this philosophy was clearly embedded within the visions and values of the service. Staff had a good understanding of people's needs and were able to provide person centred care in a compassionate and dignified way, which enabled people to receive the support they needed in the way they preferred.

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.

There was clear evidence of a solid management structure and a dedicated team approach, which continued to drive the service forward, in order to provide a good standard of care and support. Staff who had shown particular interests in specific areas, such as safeguarding, dignity, health and well-being and Dialectical Behaviour Therapy (DBT) were designated 'Champions'. These champions continued to play an essential role in developing best practice, sharing learning and acting as role models for other staff.

People who lived at 185 Watling Street Road told us they felt safe living at the home. Medicines were being appropriately managed and we found the environment to be clean, well maintained and safe for people to live in. Risk assessments had been conducted where necessary and staff we spoke with were confident to report any concerns about people's safety to the appropriate authorities.

Recruitment practices were robust and new staff were guided through an induction programme, followed by regular mandatory training modules throughout their employment.

There were sufficient staff on duty, who were kind and caring and had developed good relationships with people who used the service. We saw that people looked comfortable in the presence of staff members and seemed relaxed within their environment.

People were assisted in a gentle and supportive way. We noted that a homely and peaceful environment had been created for people to live in. Staff we spoke with all told us they were happy working at the home.

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.

# 185 Watling St Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive unannounced inspection was carried out on 10 January 2019 by two adult social care inspectors from the Care Quality Commission and an expert by experience. An expert by experience is a person who has experience of the type of service being inspected. This expert had experience of being involved with mental health services.

At the time of our inspection there were six people who lived at 185 Watling Street Road. We were able to speak with all of them in order to obtain their views about the services and facilities provided.

We also spoke with two members of staff and the registered manager of the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the personnel records of two staff members.

We looked at the care records of two people who lived at the home. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from 18 community professionals, such as social workers, consultants and community nurses.

We used a planning tool to collate all this evidence and information prior to visiting the home.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe living at the home. We found the service continued to be safe for people to live in. This was supported by the policies, practices and way of life adopted by 185 Watling Street Road. One person told us, "Safe? This place couldn't be any safer!"

Comments we received from people who lived at the home around medicines included; "I know what meds (medicines) I'm taking. They come from The Guild"; "I'd speak to the [registered] manager about anything with my meds. She takes time to get to know us"; "I do know what meds I take. I'd speak to (name -manager) first if I wanted to make any changes and then the CPN" and "I know what I take (medicines). I do my own meds. I got a certificate and it felt good. I didn't know until I got my certificate, but that was nice."

The management of medicines was satisfactory. People were being supported, when able to self-medicate in a graded and structured way. This promoted responsibility and independence. A wide range of risk assessments and audits had been conducted, which identified any shortfalls or potential safety risks. Records we saw highlighted work which needed to be done as a result of the findings. This helped to ensure appropriate action was taken and therefore peoples' health and safety was promoted.

Records showed that accidents and incidents had been managed well. Policies were in place around safeguarding vulnerable people and any safeguarding incidents had been reported to the relevant authorities. Evidence was available to show the home worked with external agencies in order to protect those who lived at 185 Watling Street Road, Adaptations were made, which helped to ensure people were appropriately safeguarded. Records were seen of actions taken and lessons learned had been clearly documented. This helped to promote peoples' safety and to protect people from abusive situations and therefore promote good safeguarding practices.

Systems and equipment had been appropriately checked and serviced in accordance with manufacturers recommendations. The premises were clean, well maintained and nicely decorated throughout. This helped to promote good infection control practices and to provide a safe and pleasant environment for people to live in. However, we noted from the home's records that there had been sightings of vermin. We checked this with the registered manager and found appropriate action had been taken.

Individual crisis, emergency contingency plans and detailed Personal Emergency Evacuation Plans (PEEPs) were in place at the home. This helped to ensure people would be evacuated from the building in the most appropriate manner, should an emergency situation arise. Those who lived at the home had been fully involved in the development of these documents and an emergency disaster box was available.

Missing persons profiles were on each care file we saw. Care records showed people's human rights were being respected and that anti-discriminatory practices were promoted, which was supported by the policies and procedures of the service.

We noted that positive risk taking was consistently at the forefront of the care provided. However, any

conditional restrictions and treatment orders had been carefully considered. Where people asked to take certain risks, which were outside their restrictions, then individual staged plans had been developed with multi-disciplinary teams, which were regularly monitored and assessed to ensure risks were well managed.

The staff personnel records we saw demonstrated that robust recruitment practices had been developed by the home, with all relevant checks being in place before new staff commenced their employment. This helped to ensure all employees were fit to work with this vulnerable client group. Those who lived at the home were actively involved in the recruitment process. This helped to ensure people were comfortable with the staff appointed.

At the time of our inspection the staffing levels were found to be satisfactory. People told us; "Staff are available at all times. If you need anything at night you just give them a knock, then you can take as much time as you need"; "If I needed them (staff) at night I would just knock on the door" and "I know I can just knock on the door, or get the one who's awake. They (staff) do a wake and a sleep in."

## Is the service effective?

### Our findings

Comments we received from those who lived at the home in relation to meal planning included; "I can make my own meals whenever I want. You put your name on the board before 12 if you don't want what's being made"; "When I first started shopping they [staff] used to support me with planning meals and making a list. That's what I still do now, but I do it on my own" and "In a couple of weeks I'll be cooking for myself. Name (staff) is helping me to do recipes, so I know what I need to buy when I go shopping."

On the day of our inspection one person was attending the diabetic clinic for routine eye screening. This person was also being well supported and encouraged by the staff team to eat healthily and to reduce their intake of high calorie foods, in order to lose weight. This was supported by visual aids, exercise, slimming world and the introduction of their own recipe book. This has had a very positive impact on the individual's health, as their use of pain relieving medications had been reduced and diabetes symptoms were improving.

People were encouraged to select healthy menu choices, complete food shopping and budgeting and were supported with meal preparation. One inspector sampled the food at lunch time and found it to be nutritious and tasty. People who lived at the home had completed basic food hygiene certification and plans were in place for some to progress to level two, which may support applications for future employment.

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We established that all those who lived at the home at the time of our inspection were able to make decisions and were not being deprived of their liberty. Therefore, DoLS applications were not required at this time. However, formal consent had been obtained from people, to ensure they were in agreement with the care and support they received.

We found the home to be warm and comfortable throughout. It was pleasantly decorated and furnishings were of a good quality. A friendly atmosphere was evident. We noted that people were able to come and go as they pleased throughout the day, which promoted their independence and increased their confidence.



Staff we spoke with evidently knew people very well and we observed excellent communication skills and lovely interactions taking place throughout the day. This resulted in effective outcomes being delivered for those who lived at 185 Watling Street Road.

Systems were in place which promoted good communication between the staff team. A file was also available, which contained photographs of the staff team and a brief description of individual staff members, their interests and preferences. These were taken into consideration when matching people with their keyworkers.

Records we saw showed that detailed induction programmes were provided for new starters. These covered a wide range of topics, which helped to support new staff during the initial probationary period. Following this, additional ongoing support was available for staff through regular supervision sessions and annual appraisals.

The training matrix demonstrated that staff received a wide range of mandatory learning modules, as well as additional training courses specific to those who lived at the home. This helped to ensure the staff team were well trained and able to provide appropriate care and support. We saw that staff had received baseline physical observation training, which had led staff to recognise one person had an elevated heart rate and were then able to seek medical advice, which had resulted in hospitalisation for treatment.

As the majority of people had been referred through forensic services and had experienced psychology sessions, which involved mindfulness; the home had sourced bespoke training for those who lived there and the staff team about mindfulness. A weekly mindfulness walk had subsequently been introduced. Mindfulness helps people to reconnect with their bodies and the sensations they experience. It also helps to develop an awareness of thoughts and feelings as they happen.

We found good evidence to show people were supported to access relevant health and social care professionals. This helped to ensure people's assessed needs were being fully met, in accordance with their plans of care.

## Is the service caring?

### Our findings

Comments we received from those who lived at the home included; "The staff do treat me with dignity and respect" and "Staff knock on my door and see if I answer. Then they come in my room."

We noted that people's needs were being met by a kind, caring and compassionate staff team. We observed some lovely interactions throughout the day and a friendly family atmosphere prevailed. We saw staff approaching people in a supportive manner, taking time assisting them without rushing. Those who lived at the home looked happy and comfortable in the presence of staff members. We observed staff dining with people at lunch time, chatting about general everyday things.

Records we saw and our observations demonstrated that dignity and respect was a high priority for the service, with a wide range of choices being offered and diverse needs being consistently met. We observed people were being treated with respect and that both staff and those who lived at the home were respectful towards each other.

People who lived at the home asked us regularly if we would like tea, coffee or something to eat. On the day of our inspection one person had made some cakes and he was eager for us to test his baking skills. The results were delicious.

One community professional wrote on their feedback, 'My experience of 185 Watling Street Road has always been positive. The staff are welcoming and are willing to discuss any concerns that I may have. It is clear that the staff are motivated to offer the best care possible for the residents and to make the house a home as much as possible. In addition, the staff offer the clients [people who used the service] support and guidance to ensure that any problems a person may have in their life can be resolved as soon as possible.' Another told us, 'I work closely with 185 Watling Street Road. I find the quality of service to be excellent and the communication is excellent. Everyone who moves there really enjoys the service they offer and have quoted the friendly staff, comfortable surroundings and the professionalism of their staff.'

Information was readily available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests.

## Is the service responsive?

### Our findings

People who lived at the home told us; "I've got a meeting in Feb about my care. I go to the meeting as well. My doctors, CPN [Community Psychiatrist Nurse] and staff from here go as well"; "We have a meeting once a month to plan things" and "I've been included in decisions. I see the CPN every other Wednesday and a social worker."

Detailed pre-admission assessments had been conducted and well written plans of care had been developed before people moved into the home. These were supported by robust risk assessments. Gradual introduction to the service was evident, which helped to achieve a smooth transition and which supported people to settle into their new surroundings. The home had introduced the 'recovery star' in order to measure progress and development. The recovery star is a recognised tool which enables people to measure their own recovery progress, with the help of support workers. Four people had agreed to participate in this programme and these were progressing well towards recovery by stepping up to independent living within the home. People were learning new skills which they enjoyed, such as cooking and photography. People were fully involved in the care and support they received and were supported to make decisions. This helped those who lived at the home to experience a good quality of life.

One community professional wrote on their feedback, "I was very impressed, particularly with the 'feel' of the home; the friendly and professional staff and the prompt communication from staff members to our forensic service whenever any issues arose. Staff were also proactive with regard to social inclusion and the transitional work after lengthy hospital admissions. This was excellent."

On admission to the home people were usually fully dependent on staff support to help them through each day. With the help of the dedicated staff team they were supported, in their own time to develop a meaningful lifestyle and eventually engage in voluntary or paid work. The goal for those who lived at the home was to recover sufficiently to eventually live independently in the community, initially with minimal support from the care staff, until they felt able to gradually withdraw the support permanently. We noted people enjoying community life on a daily basis. They were able to come and go as they pleased and were involved in a wide variety of community activities of their choice. Some had voluntary or paid work, others were enrolled on courses at the local college or involved in community groups and some were involved in providing support for those who were experiencing difficult times in the community. During leisure time people attended the gym, went swimming, met up with friends for coffee, visited relatives and attended discos. People's cultural needs were taken into consideration and specific arrangements were made before people with these requirements moved into the home.

Complaints were being well managed and people provided us with positive feedback, as highlighted in the surveys seen. People we spoke with were consistently complimentary about the staff team and the facilities available, as well as life in general at 185 Watling Street Road. Comments we received from those who lived at the home included, "I'd speak to the [registered] manager if I had any problems"; "If I was unhappy with anything I'd speak to staff first. I'd speak to the [registered] manager if not resolved" and "I'd talk to staff here, they hand everything over."

We noted good use of technology. People who lived at the home had access to Laptops, wi-fi and hand held digital devices. Some computerised systems had been established in relation to the operation of the home, such as maintaining care files, recording incidents, monitoring staff training and e-learning for personal development. Those who were progressing to self-medication had downloaded an app on their mobile devices, which enabled them to order their own repeat prescriptions. We were told this had been a huge success and empowers people to manage their own medication.

## Is the service well-led?

### Our findings

Comments we received from those who lived at the home included; "I wouldn't change a thing"; "I couldn't have asked for a better place. The staff are amazing. You can talk to them about anything" and "Everything here is about service user's [people who used the service] care and recovery."

At the time of our inspection the registered manager was on duty. She and her staff team were very cooperative and helpful throughout the inspection process. The registered manager demonstrated sound leadership and in-depth knowledge of people's individual needs and the systems in place at the home. We received very positive comments from everyone we spoke with about the registered manager of the home.

At the time of our inspection we found the leadership and management of the service was effective. It was clear that the registered manager and her team promoted an open and transparent approach for everyone with an interest in the home. Solid community links had been developed, which promoted the ethos of 185 Watling Street Road and practices adopted by the home demonstrated good governance.

There was a lot of detailed information displayed within the home and the visions and values were included in the statement of purpose. These were clearly embedded in the day to day practices adopted by 185 Watling Street Road. A wide range of policies and procedures were in place and all the records we saw were organised, current and well maintained.

Excellent systems were in place to ensure the quality of service was regularly assessed and monitored. These included a wide range of effective audits and a variety of meetings and feedback from those who lived at the home and their relatives.

Regular empowerment meetings had been established, which were led by those who lived at the home. Minutes of these meetings were available and any suggestions or concerns raised were escalated to the management team for action. This enabled people to be fully involved in the operation of the home and to have a say about daily life at 185 Watling Street Road.

A key worker system had been implemented, which allowed those who lived at the home to have a point of contact and to develop trusting relationships with members of staff. However, during our observations it became quite clear that those who lived at 185 Watling Street Road had established healthy friendships with all members of staff.

Staff meetings had been held on a regular basis. This enabled any relevant information to be disseminated amongst the staff team, so they were kept abreast of current legislation and good practice guidance, as well as any changes affecting the service.

A team recognition jar had been introduced, which promoted positive attitudes amongst the staff team. When a staff member wished to compliment a colleague about something they had done then it was written down and placed in the jar. The compliments were read out at team meetings, in order to increase self-

belief and confidence.

We received consistently positive feedback about all aspects of the service, including the management of the home. The service users' guide included important information for this client group, such as local takeaways, taxi numbers and leisure centres. It also provided its readers with details about GP surgeries, the house rules, staying safe, empowerment meetings, catering, complaints and compliments and the fire procedure.

The ratings from the previous inspection were clearly displayed within the home and also on the provider's website. This enabled any interested parties to ascertain the level of care and support provided by the home.

The registered manager had submitted statutory notifications to the Care Quality Commission, as is required by law, which inform us of certain incidents that occur in the home, such as unexpected deaths, safeguarding concerns and events that may stop the service.

An 'inspiring lives' book had been created, which showed the home to be committed to an excellent quality of service. Recognition of achievements inspired improvement and promoted a holistic approach to care. The explanation at the front of the book read, 'This book aims to give its readers a small insight into our family here at 185 WSR (Watling street road) and what kind of achievements have been made.'

The home had received a star performance award from an external organisation in recognition of outstanding commitment, professionalism and passion for care. The company had introduced a management and leadership competency framework, which covered eight areas of competency for managers. This helped to support the managers in their role.

Staff members we observed appeared to enjoy their work. One told us, "I am happy working here. The work I can do with the service users, giving them the tools and empowering them to move forward and to see them flourish is really amazing. Some service users are in the home voluntarily, but some have licenses or treatment orders for care." Another commented, "The [registered] manager is fantastic and approachable. I feel like I can raise any issues with her. I would be able to go to her with new ideas and she will listen."