

Potensial Limited

# Potens Dorset Domiciliary Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Potens Dorset Domiciliary Care Agency provides personal care to three people in a supported living setting so that they can live in their own home as independently as possible. At the time of our inspection there were three people using the service. All three people were receiving a regulated activity of personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People were supported by staff to pursue their interests. Staff enabled people to access specialist health and social care support in the community when required.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative to keep them and others safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse.

The service had enough appropriately skilled and knowledgeable staff to meet people's needs and keep them safe.

Staff, people and their relatives worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture

People and those important to them were involved in planning their care.

Staff knew and understood people well and were responsive. This supported people's aspirations to live a quality life of their choosing.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

The last rating for this service was good (published 13 February 2018).

#### Why we inspected

We undertook a focused inspection to check improvements had been made to people's care plans and the complaints procedure had been shared with people in a format they could understand. We also wanted to assure ourselves about the management structure and oversight of the service given there is no registered manager. We reviewed the key questions of safe, responsive and well-led only.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Potens Dorset Domiciliary Care Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Potens Dorset Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It is registered to provide personal care to people living in their own houses and flats and specialist housing. The service currently provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had submitted an application to register with us. We are currently assessing this application.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 14 November 2022 and ended on 25 November 2022. We visited the location's office/service on 14 November and 18 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met three people who use the service and spoke with three relatives about their experience of the care provided. One person chose not to speak with us. We spent time observing people including their interactions with staff.

We spoke with and received feedback from eight members of staff including the service manager, area manager, director, support workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from health and social care professionals who work with the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for 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 were supported by staff who understood the signs and symptoms that could indicate a person was experiencing harm or abuse.
- The people we met with said they felt safe. Relatives all felt their family members were safe. Relative comments included: "I feel [name] is safe. We see [name] once a week. All staff put [name's] needs first. [Name] is always happy", "I feel [name] is safe. I definitely think [name] is happy there" and, "I'd say [name] is safe there."
- Staff said they would whistle blow on colleagues if they observed or heard about harmful and abusive practice. For example, one staff member said, "If I have concerns about someone I support, I feel I can report this to my management team. I feel confident that these issues would be dealt with."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had individual risk assessments specific to their needs and staff were aware of how to work alongside them and relevant health and social care professionals to manage these risks without being restrictive. Risk assessments covered areas of people's lives including dietary intake, going out, COVID-19, continence and emotional wellbeing.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- After staff used restrictive practice, they took part in post incident reviews and considered what could be done to avoid the need for its use in similar circumstances
- The service recorded accidents and incidents as appropriate. These were reviewed and signed off by management staff. There was evidence of post incident learning shared with staff and changes to procedures to help prevent a re-occurrence.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- Due to national staffing challenges in health and social care the service were using some agency staff to supplement permanent staff. They used one agency for consistency and to ensure people were supported by people familiar to them. A staff member confirmed, "There are always enough staff. Agency is booked if not covered by [permanent staff]."
- There was a robust recruitment process. Checks had taken place to ensure staff were suitable to support people with care needs. This included checks with the Disclosure and Barring Service (DBS) which provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
- People received their medicines on time from staff with the relevant training and ongoing competency checks.□
- Medicines administration records were complete and contained the information required for staff to support people safely with this aspect of their care.
- Where people were prescribed medicines they only needed to take occasionally, for example pain relief, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Where people required their medicines covertly there was health professional's authorisation for this. These records were held by the service.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People had about me profiles. These included what made people happy, what made them upset, what people admired about them, and their aspirations. At the previous inspection these were not up to date. At this inspection each person's profile was at the front of their files, up to date and detailed.
- People had been consulted in the planning and review of their care and support packages which meant their care plans fully reflected their current preferences, goals, interests and aspirations. Plans were reviewed by staff who knew the people well. A staff member told us, "As a keyworker we ensure that [people] are involved with their personal plans." A relative said, "[Name's] care plan is personalised, and I have been involved in that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had support plans detailing their communication needs and how to best support them with this and the requirements they need to be able to access information. This included personalised communication systems.
- Staff ensured people had access to information in formats they could understand, for example social stories to communicate upcoming events and health appointments, safeguarding information and who to contact, CQC Right Support, Care, Right Culture, how to make a complaint and a recent guide to staying safe in a heatwave.
- People had individual communication plans/passports that detailed effective and preferred methods of communication, including the approach to use for different situations. These were reviewed by staff most familiar with the person's needs at set intervals or if there were any changes.

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 supported to stay in contact with relatives and friends. We observed people talking to staff about recent visits from and to their relatives.
- People were supported to take part in activities of their choice and that they enjoyed. Photos and daily records evidenced people took part in regular and varied activities according to their preferences. This

included colouring, day centres, trampolining, visits to football matches and BBQs.

- Staff provided person-centred support with self-care and everyday living skills to people. A staff member commented, "We support them to have a sense of purpose and for the goal of them transitioning to live independently. We do this by encouraging them to do as much as they can themselves and building their personal independent skills."

Improving care quality in response to complaints or concerns

- At the previous inspection people had not received copies of the complaints procedure. Easy Read versions had now been produced and were available to people.
- Relatives said they knew how to complain and felt they would be listened to.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with staff and the wider service.

End of life care and support

- The service was not supporting people with end of life care. We were told that in any situation preferences and choices would be reflected in plans and that family and friends would be involved in planning and decisions.
- Staff, and the service as a whole, respected and understood when people and their relatives were not ready to discuss such a sensitive topic.

# 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 our last inspection we rated this key question good. The rating for 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.

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

- Since the last inspection the service had experienced a number of changes to management. A relative expressed, "There has been a number of managers over the last 3 years. Sometimes I haven't known who's in charge on a day to day basis." We spoke to the provider about this. A registered manager from another Potens service had applied to add the service to their registration. We are assessing their application. The applicant was a recent finalist in the National Learning Disabilities and Autism Awards.
- Relatives spoke about the improvements in management when telling us, "Now [name of manager] has started I feel it's better managed. [Name of manager] listens and sorts out our queries. [Name of manager's] pro-active" and "The service is well organised and has improved."
- Day to day oversight of the supported living service was provided by a service manager with support from the manager, area manager and director. Staff told us, "The new management are very easy to talk to and passionate about the service. They are a great support", "I am supported by my management team to do my job well and I feel that I can consult them with any concerns that I have" and, "Our current management of the service is a strong team. I feel that they work together well."
- Management and staff put people's needs and wishes at the heart of everything they did. Records and our observations confirmed this.
- Staff spoke positively about the culture of the service. They told us, "The culture is hardworking, caring, teamwork and like family", "I believe the culture is hardworking and supportive", and, "I believe the staff and clients have a great relationship and it does make it feel like a homely service."
- Staff told us they felt proud to work for the service. Their comments included: "Yes I do, I believe we provide great care and the clients always come first", "I feel very proud of working for Potens as the management and team work together well to ensure that we provide the best care for our individuals" and, "I do feel proud to work for Potens because I feel that I make a difference to my clients' lives on a daily basis."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, one relative confirmed, "They showed me a feedback form recently. I have fed back to them before when they have sought it."
- Staff were given opportunities to feedback and influence the direction of the service. A recent survey had resulted in negative feedback related to the previous changes in managers. An action plan had been created

to resolve identified issues with staff input encouraged and seen as integral to this change programme.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/oversight of the services they managed. For example, the manager said the role included, auditing of care plans, health and safety, compliance and notifications.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Records and staff feedback confirmed this.
- The service had notified CQC of significant events such as serious injury, safeguarding and police involvement. This is a legal requirement.
- Most staff told us they felt recognised and praised for their work. Their comments included: "I feel appreciated by the management team", "Appreciation is shared in supervisions, appraisals and the staff recognition scheme" and, "I feel valued and praised and through supervisions and appraisals and as well as the Potens recognition scheme."
- The manager demonstrated a good understanding of the duty of candour telling us, "When we make a mistake it needs to be reported. We need to be open and transparent. We need to explain what has happened and put an action plan together around the lessons learned. We also need to ensure we have apologised. We try to nip things in the bud, so it does not come to this."

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Management staff were enrolled on the provider's management development programme which included competency building and regulatory compliance.
- The manager was keen to keep their skills and knowledge up to date. They joined local provider forums, were signed up to attend their first Dorset Health and Care Partnership meeting and received weekly and monthly CQC bulletins which they shared with staff.
- The service liaised with a variety of agencies and health and social care professionals to provide support to people. Although the COVID-19 pandemic had created restrictions on people's ability to be part of the community, now that the restrictions were lifted people were being actively encouraged and supported to re-establish these links and opportunities.
- Staff were encouraged to get involved and share good practice with others during the national safeguarding adults week.