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Potens Domiciliary Care Agency

Inspection report

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Date of inspection visit:
17 December 2018

Date of publication:
23 January 2019

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

We carried out this inspection on 17 December 2018. The inspection was unannounced.

This service was last inspected in April 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Potens Domiciliary Care Agency provides 24-hour support to people who have learning disabilities and or mental health needs. This service provides care and support to people living in five supported living settings, this type of support enables people in their own homes to be as independent 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. This service also provides an outreach service and provides support to 14 people living in their own homes within the community.

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

Support plans were detailed and person centred. Risks to people's safety and well-being had been identified and plans put in place to minimise any identified risk. Medicines were managed safely and staff had the appropriate training to support people effectively.

Staff were recruited safely and then supported in their roles with induction, training, supervision and appraisal. Ongoing competency checks were also completed. There were adequate staff on duty to safely support the people receiving the service. Each supported living home had their own on call system in case of emergencies, this included the outreach service.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing.

Support plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

People who used the service that we spoke with all gave positive feedback about the support received. The service had a relaxed feel and people could move freely around their own homes as they chose. People were able to have control over their lives and participate in activities they enjoyed.

Policies and procedures were in place and updated, such as infection control, safeguarding, complaints,

medication and other health and safety topics. The service had quality assurance processes in place including audits, staff meetings and quality questionnaires. The people and the relatives we spoke with had no complaints about the service.

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 Domiciliary Care Agency

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 inspection took place on 17 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service within supported living houses and we needed to be sure that someone would be available at the services head office.

The inspection was carried out by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people who use the service and their relatives on 14 and 17 December 2018. We were also able to visit two of the supported living homes.

We looked at all of the information that Care Quality Commission had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

The registered manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we were able to speak to the registered manager, five staff, nine people using the service and six relatives. We also contacted other professionals for feedback about the service including the local authority.

We reviewed a range of documentation including six care plans, risk assessments, medication records,

records for six staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the service is managed.

Is the service safe?

Our findings

We asked people who used the service if they felt safe receiving support from Potens Domiciliary Care Agency and we were told "yes". Comments included, "I am actually safe here, yes." "The staff are always around when you need them. I think there are enough staff." and "I'm extremely safe here. The staff are great. I've no issues at all." We also received similar comments from people's relatives. We were told "[Person] is very safe there. I can honestly say that she's a different person now that she's at [home]. She's lively and much happier." and "[Person] is quite happy. I've no concerns about how they treat her. They're a good staff team."

We were able to visit two supported living services and saw that people were comfortable in the presence of the staff. Staff were knowledgeable about what to do to if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. The staff we spoke with had received safeguarding training and were aware of safeguarding policies and whistleblowing. Records showed that any safeguarding concerns were recorded and reported to the local authority and Care Quality Commission (CQC) when necessary.

We looked at incident and accident records at the office and also looked at these records in the community. Records we looked at showed how the provider had acted immediately following an incident to ensure the safety of people and staff.

The service made sure there were enough staff to support people in the community and within the supported living houses. This was supported by what people and their relatives told us. Comments included, "There are always enough staff.", "There are enough staff through the day and there are also two night staff", and "There is always staff around to help me if I need it."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. We saw that there was a disciplinary process in place if needed.

We were able to see a robust training process prior to any staff member being able to administer medication. This was supported in discussions with staff. Medications were managed safely in the services we visited and the processes were mirrored in each of the supported living houses. People we spoke with told us they received their medications on time. One person said, "They give me my medication. There's never been any problems and they're all professional."

Staff we spoke with was aware of their role and responsibilities with infection control and hygiene and the importance of best practice. One relative told us, "It's always spotlessly clean when we visit which is regularly."

People's risk assessments were personalised and robust and we saw evidence of this on the inspection. We

saw specific plans surrounding behavioural risks, use of vehicles, malnutrition and self-care. Their risk plan gave specific guidance on how to minimise the risk and contingency plans were in place.

Is the service effective?

Our findings

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people were supported to make their own decisions and their choices were respected. We saw evidence of best interest meetings and decisions being carried out appropriately.

We saw evidence in people's support plans that support had been agreed and consented to by either the people receiving the service or if appropriate their representative. Everyone we spoke with told us their choices were respected. One person told us, "They take me shopping and I then cook it and eat. I feel that my skills are improving all the time due to their support."

We saw that staff had attended training on how to ensure they were recording outcome focussed daily notes, this meant that people's agreed goals and aims were being closely monitored by staff. We were able to see how people were supported when transitioning into the service. We were able to see how people's needs were delivered in line with current legislation, standards and evidence based guidance to achieve effective outcomes.

We looked at six staff files and the training records for the whole staff group. These showed each staff member had attended and successfully completed the provider's induction schedule that also included the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector.

Staff had training in all of the required areas the provider deemed was necessary and in additional areas to meet the needs of the people whom they supported. This included positive behaviour support and epilepsy. Training delivered was a mixture of face to face sessions and e-learning. Training was monitored by the co-ordinator of each of the houses and it was expected that 100% would be completed by the end of the year. Staff were held accountable if training had not been completed.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs.

We saw that people had good information in their files surrounding their nutritional needs and support. An example of this included people's allergies, likes and dislikes and monitoring of their diets which was all up to date. No one we spoke with had any issues with the support they received with accessing food and drink. We saw how people chose their own food, menus and when possible was supported to do their own food shopping. One person told us, "I make my own meals mainly but there's support if I need it." and a relative said, "[Person] has a weight issue, they have addressed that. They have to follow the guidelines to the rights of the person which can make their job harder. They have done their best and made things so that they suit him better. I do believe that they do offer person centred care. I've no issues with him being fed properly. [Person] has been diagnosed with diabetes so the staff are now adapting to that and being trained too."

We saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as social workers, GPs, and district nurses subject to individual need.

Is the service caring?

Our findings

Everybody we spoke with commented on the caring and respectful attitude of care staff; people also said they found office staff to be equally friendly and kind. Comments included, "The staff are very caring and they communicate well with me", "I've been here for just over three years. I've never felt so happy. I love it here and hope to spend many more happy years here" and "I think that they care very much. They check on me and pop in to see that I'm okay. They're there for me and they do knock before coming in."

We also spoke with relatives who were all very positive about the support people received. Feedback included "They are very caring and I can't speak highly enough about the staff. They do listen to us and act on the things that we say. If we suggest taking her somewhere new, they always give it a go" and "They are very caring and very approachable about anything. We can air our opinions knowing that they will be listened to. The staff work with us on improving his standard of living."

We observed the staff interacting with the people who lived in two of the houses and it was obvious that the staff knew the people well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to respond to people accordingly. Staff and people living in the houses laughed and joked together meaning the atmosphere in the persons home was happy and relaxed.

We saw how people were supported to become independent. Care plans stated goals where the aim was for people to become less reliant on staff for their daily living tasks such as cooking, shopping and laundry. One person told us, "The staff assist me to use the microwave. I do a lot of my own cooking but they're there if I need them and they aren't pushy."

Confidential information was kept secure so that people's right to confidentiality was protected. This meant that people's dignity was respected. We also saw how the staff had received training in General Data Protection Regulation (GDPR), this is a regulation on data protection and privacy. We observed that people's privacy and dignity were respected at all times.

Each house held service user meetings. This meant that people had access to information about the service and were able to make their views known to staff. There was also pictorial information for people who needed it to help with communication. One person told us "They tell me things in a way that I understand." This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Relatives we spoke with also told us that communication with the service was very good. We were told "I've no qualms that we can phone them anytime and ask them anything. There is good communication all round." Another relative told us "If I have any questions they answer them. They are open and they'll explain things and they do seem to care a lot."

Where appropriate, people using the service had an advocate to support them. An advocate is someone who can help people to access information and services, explore choices and options, promote rights and speak about issues that matter to the individual.

Is the service responsive?

Our findings

There was evidence of well-structured and person centred plans that had been developed by staff and management with the person who used the service and if appropriate their representative. This was achieved by understanding the person's individual needs and being responsive to this person's choices. Comments included "I go shopping or for a walk to my brothers. The staff do support me. I have a care plan that I'm fully involved with", "If I change my mind about things, it isn't a problem", "I get the support I need" and "The staff are very good. They come swimming with me." Detailed activity plans were in people's care plans that specified what people wanted to do and how to support them to achieve their plans.

Relatives we spoke with agreed, comments included, "[Person] goes to church which he enjoys and the staff encourage him and support him to go. We are kept up to date with his care plan and we can ask and they will have a meeting with us." and "[Person] goes to the shops daily. If they go for a meal or Christmas shopping then he is always asked, I'm more than happy that they do their best with him." Another relative was able to tell us, "They're really good. They've supported him when he's had troubles."

We looked at the support and care files for six people, comprehensive records were in place for all of the people using the supported living and outreach service. The files contained assessments of people's support needs and any risks to their health, safety and well-being.

No complaints were reported to us during the inspection and people told us the procedure for making a complaint would be to go direct to their support staff or to the management. People told us, "I've not had to complain in the two years that I've been here" and "I've no complaints whatsoever." A relative told us, "If there have been hiccups, it's been addressed and training has been given to the staff where necessary."

Any issues were resolved quickly to the person's satisfaction where possible. We saw that any complaints received by the registered manager were recorded and responded to. Information about complaints was stored securely in the head office. We also saw logged responses to complaints. We saw that an investigation took place and the service looked at what changes can be made to prevent this from happening again. This showed an open, learning culture at the service.

No one was receiving end of life care at the time of inspection, however the registered manager told us that they would work with individuals and their families to establish people's wishes on death and dying. They would also ensure relevant health and social care professionals would be involved to ensure they met people's needs and wishes at the end of their life. We also saw how the people living together in one house had been supported through the loss of one of their house mates. The approach to how the people were to be supported was individual to the person.

Is the service well-led?

Our findings

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. Potens Domiciliary Care Agency had a manager in place who was in the process of re-registering as the manager; this was due to a change of the provider's name. The manager had been in post since 2011. The manager was supported by co-ordinators who managed the individual supported living houses and outreach service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance of the head office.

The manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff, health and safety, medication and support plans were completed regularly. The provider had managers from other areas cross audit Potens Domiciliary Care Agency on the Wirral. This ensured that an independent person was able to check the quality of the service being delivered.

We looked at the quality assurance records in the houses we visited. Records were completed by support staff, senior staff and managers. Each service carried out a 'daily walk around' to ensure the environment was safe and met people's needs. Staff and resident meetings were carried out regularly. Records seen included checks on people's finances, medication, environment, health and safety checks including fire alarm checks. We also looked at the resident's meetings and staff meeting records.

The registered manager was open to all feedback during the inspection and acted on all recommendations immediately. Evidence of this was sent through to us following the inspection. This showed there was a responsive and open culture within the service.

The manager worked with other organisations to make sure they were following current best practice, providing a quality service and the people that they supported were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians. We saw from the documentation in the support plans and other records that there was good communication with other professionals and the feedback we received from health and social care professionals was all positive.

Policies and procedures were in place and these had been regularly updated, such as safeguarding, complaints, medication, infection control and other health and safety topics.

We asked people what they thought of the service and everyone we spoke with was positive. Comments included, "I feel it's well run and its very quiet round here, it's nice." and "The best thing about being here is that I've got my own space."

Relatives also commented, "I'm on good speaking terms with all the staff. I can phone anytime and they go right into detail as well and keep good notes. It's a nice little area and the house is suitable for his needs." and "The staff are very good. As a family, we are very impressed with them. It's so much better than the last place he was at. They get in touch quickly if they need to and it's a very good service." People and their relatives were able to tell us who the co-ordinator was for their particular service and who the registered manager was.