

Potensial Limited

# Potensial Limited - 2 Belgrave Terrace

## Inspection report

2 Belgrave Terrace  
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Date of inspection visit:  
09 May 2017  
16 May 2017

Date of publication:  
21 June 2017

## 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

This inspection took place on 9 May 2017 and was unannounced. This meant the provider did not know we would be visiting. The registered manager was not available on day one of the inspection so we completed a second day of inspection on 16 May 2017 when they were available. This day was announced. We last inspected the service on 24 March 2015 and found the provider was rated 'Good.' They were meeting all the fundamental standards we inspected against.

Potensial Limited – 2 Belgrave Terrace is based in South Shields in a Victorian terraced house close to the town centre and local amenities. The service can accommodate up to eight people with learning disabilities. At the time of the inspection seven people lived at the home.

There was an established registered manager in post at the time of the inspection. 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 administration of routine medicines was managed safely. It was identified that detailed protocols were needed for 'as and when required' medicines.

People's support hours had been individually commissioned and staff rotas reflected this. The staff team was well-established and there had been no recruitment since the last inspection. A procedure for safe recruitment was in place.

Risk assessments were in place which mitigated risk, and staff understood how to safeguard people from abuse. Care plans were person centred, and detailed. We found one care plan for one person which lacked detail but staff had the necessary knowledge to ensure the person was safe.

Staff training was up to date, and they had completed training in relation to the specific needs of the people they support, including autism, diabetes and behaviours that challenge.

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 support this practice.

Health action plans were in place and there was evidence that people were supported to access relevant healthcare professionals.

People were involved in meal planning and were encouraged and supported to choose a healthy, well balanced diet.

We observed warm and caring relationships between people and staff. There was a welcoming atmosphere, and lots of laughter and fun was shared between people and staff. Staff were respectful when speaking with people and engaged them in day to day activity.

Some people attended day services for some of their week, whilst another person had a voluntary job. Other people were actively choosing how they spent their time.

Complaints were recorded and investigated.

A range of quality audits were completed by the registered manager who had assessed areas such as support plans, risk assessments and behaviour management plans as being excellent. The regional director completed a monthly quality audit which the registered manager used to produce a service action plan. There was also a 'North East Quality Action Plan.' This was an organisational plan aimed at improving quality and consistency across all services in the North East.

## 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.

# Potensial Limited - 2 Belgrave Terrace

## **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 9 and 16 May 2017 and was unannounced. This meant the provider did not know we would be visiting.

The inspection team included one adult social care inspector.

Before the inspection, we asked the provider to complete 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.

We also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

During the inspection we met and spoke with all seven people who lived at the service and one relative. We spoke with the deputy manager and three support workers. The registered manager was not available on day one of the inspection so we completed a second day of inspection in order to speak with them. We also contacted the local authority safeguarding team and commissioners of the service.

We looked at three peoples care records and four peoples' medicine records. We also looked at supervision and training logs as well as records relating to the management of the service, including quality assurance and governance procedures.

We looked around the building and spent time with people over lunch and in the communal areas.

## Is the service safe?

### Our findings

We checked to see if people's medicines were managed safely. Medicines were stored appropriately in a fridge or medicines cupboard which was checked daily to ensure appropriate temperature controls. This meant medicine were being stored at the correct temperature.

The administration of routine medicines was individual to the person and care plans and risk assessments were in place. Medicine administration records were completed following administration of medicines and there were no gaps noted. When 'as and when required' medicines were administered for one person a document titled 'prn protocol' was used to record the administration of the medicine, as well as the MAR chart. The administration plan for this medicine lacked some detail in relation to timing between administrations and strategies to use before administering the medicines. The need for 'as and when required' medicine protocols was identified within the service action plan. We spoke with the registered manager about this who stated they would write a detailed plan that day.

Risk assessments were in place for areas such as accessing the community, medicines, behaviour of concern, pressure area care, dehydration, malnutrition and falls. Risk assessments were being reviewed however there was no detail recorded in relation to the review; it was a date and signature to state a review had taken place. We mentioned this to the registered manager who said, "With the new electronic system we have to record a detailed review otherwise the system won't let us move on to the next step."

People and one relative told us they felt safe. One person said, "Yes, I'm safe." A relative said, "Oh yes, [family member] is safe." Staff continued to understand the principles of safeguarding. The deputy manager said, "It's No Secrets. If there was a safeguarding issue I would go to [registered manager] or even social services. If there was an allegation made, I would speak to the person, and contact the police, social services and the manager." There had been no safeguarding concerns raised since the last inspection.

We asked the deputy manager what would happen if the fire alarms sounded. They said, "There are three people who need support to evacuate, if [person] is in their room they are protected by three fire doors. So we would evacuate, and ring 999. We do have an emergency bag with blankets and things in but we would go to our sister home." Each person had a current personal emergency evacuation plan (PEEP) which detailed the action to take, and the support needed in the event of an evacuation.

A contingency plan was also in place for events such as a flooded basement. This was particularly relevant as two people's rooms were situated in the refurbished basement area of the house. Business continuity testing was completed. This involved holding a staff meeting to discuss, and record what action should be taken in a specific scenario such as a major fire and a missing person's incident.

Relevant premises checks were completed such as gas safety, electrical installation condition report, legionella checks, portable appliance testing and a fire risk assessment. Routine health and safety checks were also completed and recorded as having no action needed.

Accidents and incidents were recorded on the provider's electronic system known as Caresys. This included detail of the incident or accident and an analysis of trends.

We looked at staffing levels within the service. The registered manager explained that each person had individually commissioned support hours. This meant there were at least two care staff on shift during the day, plus an additional staff member when there were activities and appointments. In addition there was also the registered manager or deputy manager. One staff member completed a 'sleep-in' at the service each night. We saw rotas reflected this level of staffing. One staff member said, "We have one (staff member) on maternity leave, so other staff are having to cover, but it provides consistency for people." Another said, "It's not too bad, we are picking up shifts but it's working well. Someone else is hopefully starting shortly; I think the manager is interviewing them this week."

There had been no recruitment since the last inspection. Appropriate recruitment procedures were followed including, an application form, interview, references and Disclosure and Barring Service checks. DBS checks help employers make safer decisions to prevent unsuitable people working with vulnerable adults. The deputy manager told us, "If we were recruiting they would meet the residents first and we would ask for their views." They added, "If they were successful they would shadow for at least six weeks." The registered manager said, "DBS checks are renewed every three years." We found this had been completed.



## Is the service effective?

### Our findings

Care staff spoke with us about the management of behaviour they found challenging. One staff member said, "Everyone is involved, the behaviour team and everyone but behaviour escalates every now and again. We do ABC charts but we don't always go through them in the team." ABC charts are used to record information about a specific behaviour. The aim is to better understand what the behaviour is communicating. The 'A' refers to the antecedent or the event that occurred before the behaviour was exhibited. 'B' refers to the behaviour itself and 'C' to consequence of the behaviour, i.e. what happened immediately after the behaviour.

There were mixed views from staff about the support they received, specifically in relation to challenging behaviour. One staff member said, "We get to off load. We discuss it amongst ourselves, and if we do raise it we just get asked if we can't cope." Another staff member said, "Yes we are involved. I'm comfortable to raise any issues and discuss them."

We spoke with the deputy manager about this. They said, "Behaviour charts are completed daily and the community nurse reviews them." They added, "Staff get support by telling me, we talk about it but it isn't recorded." The registered manager said, "All the staff were involved in developing the behaviour support plan with the local authority. Staff meetings were attended and we discussed triggers and strategies, everyone was involved. They also attended training." We asked specifically about staff debriefs, they said, "We do talk about it but we need it to be documented." They added, "ABC charts are reviewed by [consultant] and the community nurse analyses them, probably once a week. The staff are involved."

Team meeting minutes included discussions around positive behaviour support, and the management of behaviours which may challenge staff. They also included training, health and safety and safeguarding. Team meetings were held on a monthly basis.

One staff member said, "[Registered manager] is supportive, we have regular supervision and an annual appraisal." We found supervision contracts were in place which stated meetings were to be held every two months. The supervision schedules evidenced some staff supervisions had been missed during 2016 and so far during 2017 staff had attended supervision meetings on a quarterly basis. This had been identified as an area for improvement on the service action plan.

Training was up to date and staff had completed eLearning, i.e., computer based, training in safeguarding, administration of medicines, first aid, fire awareness, equality and diversity, health action plans, person centred planning, mental capacity and DoLS. Medicine competency assessments were completed to ensure staff had the necessary skill and knowledge to manage medicines. Staff had also completed an eLearning course in moving and handling. The registered manager confirmed that all the people living at 2 Belgrave Terrace were independently mobile but should they need support with mobility in the future a practical training session would be held.

Staff spoke with us about their training. One staff member said, "We've just done level two in autism, that

was really good, and we are doing level two in learning disability at the minute." Another staff member said, "We've done diabetes and oral hygiene." Another spoke to us about MAPA training (Management of Actual and Potential Aggression). They explained this course was about behaviours which challenge. They explained it included a day of theory as well as a day looking at non-abusive physical interventions. We found physical interventions were not used.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (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.

Some people had authorised DoLS in place. One person was able to explain that this meant they needed to go out with two staff when they were in the community to keep them safe. The deputy manager spoke with us about mental capacity. They said, "It's about people being able to make decisions for themselves in some cases. The level of understanding is dependent on the person and your knowledge of the person. Some people may have capacity to make decisions around clothing, food and outings, but may lack capacity in relation to emotions and finances. The level of vulnerability and risk isn't necessarily understood." The registered manager was knowledgeable about DoLS. They had specific knowledge in relation to Article 8 European Court for Human Rights (ECHR). This states, 'respect for private and family life, one's home and correspondence, is a right guaranteed by Article 8 ECHR. Where the decisions do interfere with Article 8, they can only be justified if they are necessary and proportionate and addressed to the individual's specific situation rather than – for instance – to assist the easier management of the placement.'

We saw DoLS screening tools were in place to assess capacity; however these had not been routinely reviewed. For one person this was dated July 2013. Capacity to consent forms were also used, but again these had not been reviewed on an annual basis, or in relation to any change in cognitive functioning. We discussed this with the registered manager who told us they would ensure this was completed.

A relative said, "I know there's a DoLS in place, I'm aware of that. The staff told me all about it."

We observed staff asked people for their consent before engaging in any support. People were involved in decisions about what they ate and drank and arrangements were in place for people who needed specific monitoring and dietary management. We observed people being asked what they would like to eat. One relative said, "I'm happy with [family members] diet, he likes his food, he gets a choice and is always asked what he wants." For one person whose diet was monitored due to their health needs, we observed they were involved in the decision making and explanations were offered to the person if they needed to modify their diet slightly.

A relative said, "I know [family member] sees the chiropodist, well-being is really good." Each person had a health care plan, and hospital passport. The aim of a hospital passport is to support people with communication needs to provide hospital staff with important information about them and their health

when they are admitted to hospital. It was recorded that one GP had mentioned that the 'hospital passports were excellent and all homes should have them.' Records were maintained of involvement from healthcare professionals such as community nurses, consultants, specialist nurses, chiropody, dentists and opticians.

# Is the service caring?

## Our findings

During our last inspection in March 2015 we rated the service as good. During this inspection we found this had been maintained.

One person said, "I know the staff look after me well." Other people made comments like, "It's good here, I like it," and, "She (staff) is lovely she is."

A relative said, "I know [family member] is well looked after, if I'm not here I know they are okay." They added, "I am happy with the staff approach, there's good communication and they keep me up to date." They also said, "The staff think a lot of [family member]. They tease him a bit and play along with him; he has a good sense of humour. They are caring which is what I want for [family member.] There's a genuine caring atmosphere. He seems happy and content."

One staff member said, "I am still enjoying it, things are just the same." Another staff member said, "There's no problems with the job, I get on well with all the residents, I love it here."

Staff continued to involve people and had a good level of understanding of people's communication needs and communication plans were in place for each person. One relative said, "I'm really happy with his language use, he is talking a lot more since coming here."

One person had an advocate, and a relative said, "The staff are really strong advocates for people." An advocate's role is to support people to make informed choices, speaks up on their behalf and listens to their needs.

Residents meetings continued to be held on a monthly basis and were led by the people using the service. Everyone attended each meeting and discussed their likes, things they were looking forward to and things they would like to do in the future.

Information such as the complaints policy, service user guide, dignity and equality and information on keeping safe were available in pictorial format for people.

We observed warm, caring and dignified relationships between people and staff. People had strong relationships with staff and were comfortable initiating jokes and engaging with staff in a humorous manner. We observed lots of fun and laughter between people and staff. Staff were supportive and encouraging in their approach and were very aware of people's needs and how they needed, and liked, to be supported.

## Is the service responsive?

### Our findings

We found care plans were personalised and detailed. They had been signed by the person and were reviewed regularly. We asked how people were included in their care plans. The registered manager said, "People tell us how they want things done or how they don't want to have it done. Two people don't want to have a person centred plan." A support worker confirmed this and said, "People very clearly tell us if we aren't doing something how they want it to be done." Person centred documentation such as 'This is me' and one page profiles were completed. These provided a summary of the person's life history and what was important to them and how best to support them. We asked a relative if they were involved in care planning or writing documents such as 'This is Me'. They said, "No, I wasn't involved but I would be interested to be included." This was shared with the registered manager.

A wide range of care plans were in place, including areas such as communication, health and wellbeing, personal hygiene, food and drink, continence, behaviours, sexuality, social and spiritual needs, mobility and community participation. One staff member said, "The care plans are easy to follow, risk assessments are completed, they don't contain jargon and are straightforward. We find the daily notes can be repetitive but [registered manager] is hot on documentation and says if it isn't recorded it didn't happen." Care plans contained detail information on what people would like help with, who they would like to help them, when they would like help and how they would like to be assisted. This provided staff with detailed information on how people should be supported.

One person, who had a specific health care need, had a care plan which did not detail the potential impact of their diagnosis. A second file, which contained health information, did have a plan in relation to this but the detail was limited and the plan was undated. Staff were knowledgeable about this persons condition and knew the action they needed to take in any given situation. We spoke with the registered manager about this. They said, "I will get it done today." They explained they were in the process of changing all the care plans, as per company policy, so they were condensed but detailed.

One person's care records had been fully rewritten following the provider's new procedure and system. They were completed on the electronic system Caresys so head office staff could access information at any given time. The registered manager said, "We are printing them off as well so we can work from them, and for if the computer goes down." These care records described the person's current situation, the expected outcome and the actions staff needed to take to support the person appropriately. These care plans were personal, detailed and easy to follow.

The registered manager explained that the Caresys system alerted staff if reviews and evaluations were needed. We saw there was space for a detailed review to be recorded. The registered manager said, "Oh yes, it won't let you move on until there's information in the box so it'll mean all reviews are detailed."

People had some access to day service facilities, but when they were at home people continued to choose their own activities. For example, we observed people, deciding to go to the gym or for a walk, whilst other people went with staff to do some shopping. One person spoke with us about their voluntary job and

showed us the awards they had won. Another person talked to us about going to a friendship group each month. They said, "We do singing and dancing, I enjoy it."

Concerns and complaints continued to be recorded and investigated. A relative said, "I don't know about the complaints procedure but if I was unhappy I would speak to [registered manager.]"

## Is the service well-led?

### Our findings

We spoke with one relative who said, "I think it's managed well. I'm happy with everything." A staff member said, "The service is well-led and well-managed, I would say so. [Registered manager] is a good manager. They are fair and pretty prompt in responding to any resident's needs." They went on to say, "They are always available, you can always phone her."

We looked at the management of records and found care plan files contained some duplicated and archived information. We spoke with the deputy manager about this who said, "The file contains archiving, there is a lot of duplication but the company are changing things to a one page care plan." The registered manager said, "You will have found lots of documents in the paper files. That's because we are in a transition period of transferring information over to the new Caresys system and I don't want any information to be lost." This concern had been noted in the service action plan. This stated, 'There is a significant amount of documents in support plans [often duplicated] and staff appear to be completing documentation at least twice. Once training complete, a systematic plan to move all plans to Caresys is needed.'

The registered manager went on to say that some people's information was already on the system but it needed to be completed and reviewed. They had a target date of September 2017 to complete the transition to the new system but had asked the provider for additional resources so this could be completed in a timelier manner. Staff offered assurances that they knew which the current documents were and which plans they were following. They were also able to show us the information that had already been recorded on the CareSys system.

All the staff we spoke with told us there was too much paperwork. One staff member said, "There's repetition of things, sometimes three times over. Temperatures are recorded multiple times. The registered manager explained that this was company policy, however it was referenced in the service action plan that there was duplication of records.

Care staff also told us, "One to ones (daily notes) are on the computer but the computer doesn't always work." The provider had a computerised system for the recording of daily notes and keyworker summary reports. On day one of inspection the system was not accessible. Care staff told us, "You can never get on it. We have to wait until we can get access and update things then. This means you can't always remember everything." The registered manager said, "There is a contingency as staff can handwrite records if they can't get on the computer and update it later." We observed one support mentioning that the registered manager had updated the system from paper records.

A range of quality assurance and governance systems were in place. Infection control and health and safety audits were completed regularly. An evidence checklist for the service was completed monthly and the registered manager had assessed all areas as being excellent. This included complaints, accidents, involvement and policies and procedures.

Medicine audits were completed monthly. The registered manager had not identified any actions as being

needed. Service user file audits were completed, however there was no indication on the audit of which file this related to. The registered manager said it was one person's records per month and they usually noted whose file it was on the audit. They had assessed support plans, risk assessments, behaviour management plans, medicines and so forth as being a four; this meant the area had been scored as 'excellent.'

Monthly quality audits were completed by the regional director. The actions from this were used by the registered manager to complete a service action plan which was used to drive improvement. This identified the issue, the actions required, who was responsible, the completion date and a review date. Actions included the use of Caresys; medication prn protocols being required and the frequency of staff supervisions.

Management meetings were held regularly and a recent meeting focused on the production and implementation of a 'North East Quality Action Plan.' The registered manager explained this detailed the quality standard that was expected across all services, including support plans, risk assessments, positive behaviour support plans, consent and safeguarding.