

Black Swan International Limited

Potton View

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

About the service

Potton View is a residential care home providing accommodation and personal care to 10 older people at the time of the inspection. The service can support up to 31 people in one adapted building all on one level.

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

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.

People felt safe because of the care and support provided by staff at the service. Risk assessments were in place to identify possible risks to people's health and well-being. These assessments formed guidance for staff on how to reduce these risks. Staff worked in conjunction with guidance from external health to help promote people's well-being.

Staffing levels were looked at to make sure they were satisfactory to meet the needs of the people living at the service. Medicines were safely managed. Lessons were learnt within the service and the organisation. Actions were taken to reduce the risk of recurrence when things went wrong or there was a near miss.

Staff knew the people they supported very well and how the person wished to be cared for. To develop their skills and knowledge staff received training, competency checks, supervisions and appraisals. People were encouraged to maintain their independence wherever possible. Staff assisted people with their food and drink intake.

Staff promoted and maintained people's privacy and dignity. People had developed good relationships with staff who understood their individual preferences and care needs. When people approached the end of their life, the registered manager and staff would work with external health professionals. This was so people experienced as dignified a death as possible.

The building had adaptations in place to help assist people who required wheelchair access or had mobility needs. Signage about the service was clear to enable people's orientation.

People and their relatives told us staff were kind and caring. People's personal information was kept confidential. People and their relatives were involved in discussions and agreements about their care. People's relatives told us when they had to raise any suggestions they were listened to. Information on how to raise a complaint was on display for people and their visitors to refer to. Compliments about the service had been received.

People and staff told us the service was well managed. People were asked to feedback on the quality of the service. Staff felt well-supported. Audits including organisational reviews were carried out to monitor the service and address any improvements required. The registered manager notified the CQC of incidents that

they were legally obliged to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC on 30 August 2018.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring 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 ●

Potton View

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an 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.

Service and service type

Potton View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return on 23 March 2019. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the regional manager, the registered manager, two care workers and the cook.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew how to recognise signs of harm. Staff were confident to raise concerns and whistle blow to the management team, any allegations of harm and poor care. A staff member told us, "I would be happy and confident whistleblowing if needs be."
- People and their relatives said they, their family member, felt safe living at Potton View. This was because of the care and support they received from staff. A person told us, "Oh yes, [I'm] quite safe. There's no crime here." A relative said, "When I go out of that door I know [family member] is safe. I can miss a day coming in and not worry."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place for their assessed risks such as being at a higher risk of falling. These assessments acted as guidance for staff on how to monitor people's risks and were updated to make sure they met the person's current needs.
- Personal emergency evacuation procedures were in place. These guided staff on how to assist people to evacuate the building in the event of an emergency such as a fire. Staff told us, and training records showed they had been trained in fire safety. A person said, "They're always testing the fire alarms."
- Equipment and technology, such as call bells and specialist wheelchairs were used to increase people's independence and support people's well-being.

Staffing and recruitment

- Potential new staff had checks carried out on them to make sure they were suitable to work with the people they supported. These included references from previous employers and a criminal records check.
- A dependency tool was used and reviewed monthly to determine the safe number of staff needed on each shift, to meet people's care needs. People and their relatives had no concerns about staffing levels within the service. A person told us, "If you ring for [staff] they're here in seconds really, including at night." Another person said, "Well. I used it [the care call bell] once and they came in about 5 minutes. I only needed to ask them something."

Using medicines safely

- People were risk assessed to identify if they could self-medicate or needed support from staff to manage their medicines. This included any 'as and when required' medicines such as pain relief.
- Staff were trained to administer people's prescribed medicines by an external pharmacy. Their competency to do so was also checked by senior staff.
- People's medicines were administered, stored and disposed of safely. Monthly management audits were

undertaken to make sure that people's medicines were being managed safely.

- Administration records that recorded when a person's medicine had been given were completed accurately with no gaps in the recording.
- A relative told us, "[Family member] has all [their] marbles and would say if [their] tablets were not right."

Preventing and controlling infection

- The rooms within the service looked clean and tidy with no malodours. A person said, "The place is being kept in tip top condition. Look how clean it is here."
- Staff told us they had training in food hygiene and infection control to prevent the risk of cross contamination.
- Staff confirmed, and we saw that Personal Protective Equipment (PPE) such as aprons and gloves were used. A staff member said, "The training here is very good. Hand washing constantly, three minutes on each arm up to the elbow, gloves and aprons changed after each room. I take a bag with me to dispose safely of the apron and gloves before I come out [of a person's room]."

Learning lessons when things go wrong

- The registered manager told us of a recent incident and subsequent learning that followed. This was where staff had reconfirmed to them their duty to report any concerns. The learning was that if concerns were not reported, they could not be resolved.
- This resulted in a staff member reporting a concern they had. The staff member said, "[The management] are very good, they will listen to anything you have to say."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service an assessment was undertaken to make sure that staff had the necessary skills to be able to provide effective care and support.
- Staff had access to guidance to promote people's physical and mental well-being. The regional manager told us how they used learning throughout their organisation to support staff in all their services. For example, as a response to the hot weather there had been a focus on information such as 'beat the heat poster' from Public Health England and 'tackling dehydration' from the Infection Prevention Society available to staff. As such, ice lollies were provided to people to help increase the amount of fluids they had.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included training and shadowing another staff member until confident and competent to deliver care. Staff were also required to complete the Care Certificate. This is a nationally recognised induction training programme.
- Agency staff when used by the service to cover shortfalls in staffing were also expected to complete a one-day induction before they could support people.
- Staffs knowledge to deliver effective care was developed through a training programme, competency checks, and supervisions and appraisals. A staff member said about supervisions, "Supervision is a two-way conversation, I feel very supported."
- Staff told us they were supported to progress their skills and knowledge through further training. A staff member said, "If I have any concerns or want to learn something new I bring it up with [the registered manager]."

Supporting people to eat and drink enough to maintain a balanced diet

- At the service people were encouraged to eat lunch at a time they wished. This was seen during this inspection.
- People had a choice of menu options and could choose something like a snack rather than a hot meal if they preferred. The cook was aware of people's food and drink likes and dislikes. They were also aware if people had any food allergies. For people who required softer food options due to problems with chewing this was also catered for.
- People had positive opinions about the food. One person said, "[Staff are] very good. They come and ask every day what I want for lunch and if I want something different they will do it. The food's okay, they have nice home-made cakes. I'm a bit of a fussy eater. I wonder if they might get fed up with me, but they don't show it. I've always got drinks available; afternoon tea etc."
- Where people needed additional support with their meals, staff supported people in a patient manner. For

people who were sensory impaired we saw different coloured plates were used to help them to see more clearly what they were eating.

- People's rooms had jugs of cold juice for them to help themselves to. When we first arrived, there was lack of drinks available to people in the communal areas of the service. This was corrected with immediate effect.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to health professionals when needed.
- A person confirmed to us, "I shall have the optician to come and see me. I make my own appointment. I've got to go to the doctor and my [family member] will take me. If I was ill [staff] would call a doctor for me. The chiropodist comes every six weeks."

Adapting service, design, decoration to meet people's needs

- The service was all on one level to help support people with mobility issues and for easy wheelchair access.
- There was clear 'easy read' signage throughout the service to support people with their orientation around the building.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager told us that no one using the service lacked mental capacity to make decisions.
- Observations showed that people were given choices and that staff listened to and respected these choices. A person confirmed, "Staff respect my choices, yes."
- Staff had training on MCA and DoLS and one staff member told us, "You have to give people choice but work with them if they need the support."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives had positive comments about the care and support provided by staff. A person confirmed, "The staff are all lovely. The night staff are lovely, and they help me to the toilet. They bath me, I can have a bath or shower any time. I like to have a bath at [named time] and then go straight to bed."
- Staff supported and engaged with people in a kind and compassionate manner. Staff knew the people they were supporting and their likes, dislikes and wishes. A relative told us, "[Staff are] always kind and caring, there's never anything unkind. I'm quite outspoken, if something wasn't right I'd raise it."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us that they were encouraged to express their views and be involved in decisions around their care. A person said, "They did ask me a few questions ...the Manager came to see me at home, then I had two weeks respite here and decided to stay. [The registered manager] asked me a lot of questions. They've got a care plan for me; all the things I've had wrong with me and my medications." Another person told us, "Yes, there's a care book. They come every so often and put another paper in, check it all again. It's here somewhere. [The registered manager] comes, perhaps once a month."
- We saw that staff knew people well and their choices were respected. Staff had positive relationships with the people they supported.
- Advocacy information was available for people who wished for this type of support. Advocates are independent of the service and support people with their decision making, if needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected and promoted their privacy and dignity. A person said that staff before entering their room, "They [staff] always knock and wait, every time."
- People were asked if they had a preference of their personal care being given by either a male or female member of staff and this be respected. A person confirmed, "You can refuse to have a [named gender] staff and I have."
- Staff encouraged people to do as much as they could for themselves, so they could maintain and develop their independence.
- During our inspection we saw that people were encouraged to have visitors and that staff made visitors to the service welcome.
- People`s personal information was kept confidential.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff sought information on people's likes and dislikes and their care need prior to the person coming to live at the service. This meant staff had information on how people wished to be and needed to be cared for.
- People told us that the registered manager got to know from them how they wanted to be supported. Some people also confirmed that they encouraged family members to be involved. One person said, "My nieces [support me]," and another person told us, "My daughter," was involved in helping them make decisions about their care and preferences.
- Technology such as care call bells were in place in people's rooms for them to summon staff when needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us of the different ways they supported people with a sensory impairment to have access to information including their care plans. This included large print documents.

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

- Care staff supported people with different activities during the day. External trips out to the seaside took place and external entertainers such as singers also entertained people at the service.
- A person told us, "They invite me to all sorts of things; flower arranging, music and entertainment, they took people to the coast one day, there was a quiz, several little things. I like crime novels, my [family member] has a good supply, and crosswords." A relative confirmed, "I think as they get more residents there'll be more going on. There are quite a few musical things, and coffee mornings. I bring a dog in every week and they don't mind."

Improving care quality in response to complaints or concerns

- Compliments about the service provided had been received.
- People were given clear information on how to raise a concern should they wish to do so. The registered manager told us that no complaints had been received by the service yet.
- People and their relatives told us that when they had raised a suggestion they had been listened to. A person said, "[Regional Manager] comes in every so often and asks if there's anything wrong. I've never had

anything to complain about. My dinner was cold one day and my [family member] took it back and they warmed it up in the microwave. If I do say anything, I tell my [family member] and she goes to them and they do listen."

End of life care and support

- There was nobody who was approaching the end of their life residing at the service during this inspection.
- People who had wished to discuss their end of life wishes had information in place as guidance for staff to follow. This included future wishes [end of life] and a wish to not be resuscitated.
- The registered manager told us that they would work with external health professionals to support a person who was end of life, to remain at the service and have a dignified a death as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had a good relationship with the registered manager and staff team. One person said, "I don't know [the registered managers] name but he frequents these rooms, he's quite approachable. I think he's quite good. It's well managed." Another person told us, "[Registered manager] comes to see us every day and asks are you happy?"
- The registered manager encouraged feedback and acted on it to improve the service, for example by undertaking regular chats with people and completing reviews with people about their care and support needs.
- Staff said they felt supported and listened to by the registered manager and regional manager. A staff member told us, "Both [the registered manager] and [regional manager] are very approachable and fair with staff. [The registered managers] door is always open, and he is always happy to listen to you and what you have to say, we don't need to wait until supervision or team meetings."
- The registered manager and staff worked on building links with the local community to promote people's social inclusion. For example, there were links with local religious services and a local sports club.
- There was a clear expectation for staff to deliver a high standard of care to people. A person said, "I'm quite happy as it is. Nothing really [to change]. Yes, I would recommend the home." A relative told us, "Would I recommend the home? I have done, yesterday."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care

- There was organisational oversight of the service. The registered manager told us about the regional manager visits to support the service development.
- Any improvements required during the quality monitoring of the service were documented, acted upon or on-going. This included reviews and actions needed of any key trends [patterns emerging] such as incidents that occurred or people falling.
- The registered manager undertook daily walk around of the service to make sure they had oversight of

what was happening.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GP's to provide joined-up care and support.