Max Potential UK Ltd

Max Potential

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

Overall summary

We carried out this unannounced inspection on 10 December 2014. This was the first inspection for this service.

Max Potential provides respite care for up to four adults with learning and/or physical disabilities, people with mental health issues and older people who require support with personal care needs. The owner of the home also manages the day to day services.

The property is located in a primarily Asian community, serving a predominantly, though not exclusively Asian client group. It is in a residential area close to amenities, such as shops, a mosque and a library. Public transport links to Bolton town centre are close by. The property has been adapted to cater for those with restricted mobility, and includes wide corridors, spacious rooms and a walk in shower.

There was a registered manager at the home. 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.

Summary of findings

We were not able to speak with people who currently used the service, due to the nature of their disabilities, but we spoke with two relatives. They felt their loved ones were safe and well looked after.

The premises were adapted for and accessible to people with restricted mobility. Appropriate fire equipment and posters were in place around the home the building was warm and clean.

We saw that the home had appropriate safeguarding policies and procedures and these were followed when required. Staff had received training and were aware of the policies and procedures and confident they would be able to recognise and report any abuse or poor practice they may witness.

Systems were in place for the safe ordering, administration, storage and disposal of medication. Staff had received adequate training in medication.

Staffing levels were sufficient to meet the needs of the people who used the service and staff were recruited safely and robust recruitment and induction procedures were followed for new staff.

Food was cooked on the premises and people's individual nutritional needs were catered for. Dietary and cultural requirements were respected with regard to meals.

Care plans included a range of health and personal information and were regularly reviewed and updated. There was evidence that people were involved in their support plans and reviews as per current National Institute for Health and Care Excellence (NICE) quality standards guidance. Care plans were person centred and individual, including people's wishes and preferences.

Staff were seen to treat people with kindness and patience throughout the day. Dignity and privacy was observed to be respected by staff. Staff training was undertaken in all relevant areas and was comprehensive and on-going. The records showed that staff worked within the legal requirements of the Mental Capacity Act (2005) MCA, which sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times.

The registered manager had a thorough knowledge of Deprivation of Liberty Safeguards (DoLS), which are used when a person needs to be deprived of their liberty in their own best interests. This can be due to a lack of insight into their condition or the risks involved in the event of the individual leaving the home alone. The staff were to undertake training in DoLS via the local authority as soon as it was available.

Staff were supported through staff meetings and supervision. Staff were encouraged to put forward suggestions and voice concerns via team meetings, supervision and staff surveys.

The service sought feedback and suggestions from people who used the service and their relatives via questionnaires and more informally through regular conversations with relatives. There was evidence that they took on board any suggestions or concerns.

The complaints procedure was displayed in the home and complaints were responded to in a timely and appropriate way.

The registered manager was described as approachable by people who used the service, staff and relatives.

A number of audits and checks were carried out regularly to monitor the quality of the service. These included health and safety checks, fire drills and equipment audits, accident and incident audits and medication audits.

Summary of findings

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 was safe. Relatives said they felt their loved ones were safe within the service. Safeguarding policies and procedures were in place and staff had received training, were aware of the policies and procedures and were confident to follow them.

The service had a number of measures in place to ensure people were not discriminated against, such as multi-lingual staff, support to follow religious beliefs and culturally appropriate food.

Health and safety guidelines were followed and the premises and equipment were maintained regularly.

Staffing levels were sufficient to meet the needs of the people who used the service. There was a robust recruitment process for new staff.

Medication training was undertaken by staff and there were robust systems for the ordering, administering, storing and disposal of medication.

Is the service effective?

Good

The service was effective.

There was a good range of good quality home cooked food on offer and people's individual needs with regard to nutrition were recorded and adhered to.

Care plans included a range of health and personal information and were regularly reviewed and updated. Consent was sought, where necessary, usually from relatives, though people who used the service were involved in all decisions as far as they were able.

Staff had a good understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and formal training was to be accessed as soon as it was available via the local authority.

Staff had undertaken a significant amount of training in all relevant areas and this was on-going.

Is the service caring?

Good

The service was caring. People we spoke with felt their relatives were well looked after.

We observed staff treating people with kindness and patience throughout the day. People were supported to pursue their interests and hobbies whilst accessing a period of respite care.

We looked at care records and saw that people's care needs and abilities and strengths were documented. Efforts were made by the service to produce information in a way that people who used the service could access and understand.

Staff were aware of their roles and responsibilities and were able to give examples of how dignity and privacy were respected.

Is the service responsive?

Good

The service was responsive. People's individual needs and wishes were recorded and responded to by the service.

Summary of findings

People were encouraged to access activities within the local community and were facilitated to follow their religious and cultural beliefs.

Feedback was sought, in formal and informal ways, and people's suggestions and comments listened to and responded to.

The complaints procedure was displayed in the home and complaints were responded to in a timely and appropriate way.

Is the service well-led?

Good 

The service was well led. The registered manager of the service was accessible and approachable.

There were a number of regular audits and checks carried out, concerns and issues identified and addressed. This helped ensure the quality and continual improvement of the service.

Staff were supported with regular meetings and supervision sessions and their suggestions and comments were encouraged.

Regular surveys and questionnaires were sent to relatives of people who used the service to ascertain their level of satisfaction with the service and inform improvements.

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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 10 December 2014 and was unannounced. The inspection was undertaken by an Adult Social Care Inspector from the Care Quality Commission.

Max Potential provides a respite/short break service for people with learning and/or physical disabilities, older people and people with mental health issues.

We did not ask the service to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, prior to the inspection. We reviewed information we held about the home in the form of notifications received from the service.

During the inspection we contacted health and social care professionals who provide care and support to people who use the service. We spoke with a speech and language therapist and an occupational health therapist. We also contacted the local authority commissioning service.

We did not speak with people who currently used the service as they were unable to express their views due to the nature of their disabilities. We spoke with two relatives of people who used the service, one member of staff and the registered manager. We looked at records held by the service including two care plans, two staff files and the service's training matrix. We observed care within the home throughout the day.

Good

Is the service safe?

Our findings

We did not speak with any of the people who currently used the service, as they were unable to express their views due to the nature of their disabilities. However, we spoke with two relatives of people who regularly used the service. Both told us they felt their relatives were safe within the service and they had peace of mind when their loved ones were at the home. They felt there were always sufficient staff to meet the needs of the people who used the service. One person told us their relative needed two to one support and that this was always available for them.

The home accommodated people with a range of different religious and cultural beliefs and practices and we saw from the records we looked at that these were facilitated in a range of ways by the service. We saw evidence that some people were supported to visit their local place of worship, others, who wished to pray privately were supported to do this within the home. We were shown menus and the range of food available to people and saw that the home ensured food was culturally appropriate for the people who used the service at any given time. Their preferences and cultural needs were recorded in the care plans. We observed how staff spoke with people, one stayed within the home during the day and another two went out to their day facilities, so were observed for a short time only. However, we saw staff treat people with courtesy and respect. The registered manager told us the staff were multi-lingual and could communicate with all people who used the service. The rotas demonstrated that staff who could communicate in a particular language were on shift when required so that communication with people who used the service was appropriate. All these measures helped ensure people were not discriminated against.

Fire safety equipment and notices were in place and emergency evacuation plans were displayed. We saw that fire equipment testing was carried out regularly and fire drills undertaken, though the records for these were a little out of date. The registered manager agreed to ensure that records were completed in future. Fire and health and safety risk assessments were in place. We saw records confirming that equipment, such as hoists, were regularly maintained to help ensure people's safety.

We reviewed the information we held prior to the inspection and saw that the home sent in statutory notifications as required. We saw there were whistle blowing and safeguarding policies and processes in place. We spoke with a member of staff who demonstrated a good knowledge of safeguarding and whistle blowing procedures and was confident to report any concerns. Training records evidenced that staff had undertaken training in safeguarding vulnerable adults. We saw the home were cooperating with and assisting the safeguarding team with regard to an on-going potential safeguarding issue, which had occurred within the person's own home. Records showed that the registered manager and staff were working closely with social care professionals with regard to this matter.

Most of the people who used the service were out of the home for a large part of the day, pursuing their interests and hobbies with support from the home staff. Therefore we did not witness medication being administered. However, we spoke with the registered manager about how the medication was administered to each individual. The registered manager was able to talk us through the systems for booking medication in and out and safe administration of medication for the period of time people were accessing the service. This was done on an individual basis, due to the nature of the service, but checks were in place to help ensure medication was dealt with in a safe manner. Staff had received appropriate medication training, which was evidenced within the training matrix for the service. We also spoke with a member of staff, who demonstrated knowledge of the medication policy and procedure and had undertaken the relevant training.

We looked at rotas and saw that staffing was flexible, due to the varying needs of the people who used the service and the fluctuating numbers of people using the service at any time. The rotas showed that there were more staff on shift in the evenings, when people who used the service returned from activities they accessed during the day. We observed on the day of the inspection that there were sufficient staff to meet the needs of the people who used the service, both to support people out in the community when pursuing their interests, and within the home.

We looked at two staff files and saw there was a robust recruitment process. Proof of identity, references and Disclosure and Barring Service (DBS) checks were included in the files. A DBS check helps a service to ensure people's suitability to work with vulnerable people. Mandatory induction training was undertaken prior to commencing

Good

Is the service safe?

employment. We spoke with a member of staff who was able to explain about their induction process and said they felt they were well trained and supported in their induction period.

We looked at two care plans for people who used the service. These included up to date risk assessments around areas such as falls, continence, nutrition and mobility, to help ensure care was safe. We saw that the service ensured risk assessments were checked and updated each time a person used the service. Accidents and incidents were recorded and followed up appropriately.

Good

Is the service effective?

Our findings

We spoke with two professional people who were regularly involved with the service. One person told us, "They (the service) supply good quality, home cooked food". We spoke with the registered manager about the food offered. This was mainly Asian food, due to the people who used the service being predominantly of Asian origin. However, the registered manager talked us through the choices of meals offered to all those who used the service. We saw within people's care plans, that the service ensured people's individual choices were catered for as well as any particular dietary needs. People's nutritional needs were monitored, where appropriate, to help ensure their health and well-being.

We looked around the premises, which were spacious and had been adapted for use by people with restricted mobility. The building was in good repair and was clean, warm and clutter free, which helped people who used the service move freely around the home.

We looked at the staff training records and saw that a comprehensive range of training was accessed, mostly through the local authority. Staff had undertaken training in areas such as food hygiene, first aid, hoist awareness, safe use of equipment, health and safety, infection control, medication, safeguarding and percutaneous endoscopic gastrostomy (PEG) feeding, which involves people being fed via a tube. Other training, such as mental health, dealing with behaviour that challenges and safe swallowing had been arranged for the near future. We spoke with a member of staff who told us the registered manager was always open to requests for extra training courses.

We looked at two staff files and saw evidence of a thorough induction programme. The files also contained individual certificates for on-going training undertaken. We saw that staff meetings were held regularly and staff were supervised on an on-going basis.

We spoke with the registered manager about the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. There is also direction on how to assist someone in the decision making process. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager told us they had been involved in discussions with the local authority lead and would access formal training for all staff as soon as this was available. The registered manager and the staff member we spoke with had a good understanding of the issues involved with MCA and DoLS. There were currently no people who used the service who were subject to a DoLS authorisation, but the registered manager was aware of what would constitute a need to apply to the local authority for an authorisation should the need occur.

MCA was relevant to all people who used the service and it was clear, from the records we looked at and the staff member we spoke with, that staff were aware of the legal requirements of the Act. We saw evidence that staff endeavoured to make each decision understandable to the person who used the service and ensured they were involved as far as possible in the decisions.

We looked at care plans for two people. These contained a significant amount of health and personal information, including support needs, risk assessments, professional guidance around particular issues, and personal preferences. We saw that the plans were reviewed regularly and action plans produced when changes were required. We saw evidence that the service worked in partnership with other agencies, making referrals to specialist services, such as dieticians, opticians and occupational therapists, appropriately.

There were consent forms held within the care plans relating to areas such as medication administration and agreement to trips out or holidays. Most people who used the service were unable to sign a consent form, due to the nature of their disabilities. We spoke with the registered manager about this and she explained that consent was discussed and agreed with the person who used the service and their relatives. Where the person who used the service was able to sign they would do so. If they could understand and consent verbally, but not produce a signature this was recorded and a signature obtained from their relative. If the person was unable to understand or consent, their relative would sign the consent form on their behalf. We saw evidence within the care records that the

Good

Is the service effective?

people who used the service were included in discussions about all aspects of their care. We observed verbal or implied consent, via body language, being sought when staff were offering care to people who used the service.

Good

Is the service caring?

Our findings

The people who used the service who were at the home when we visited were unable to speak with us due to their physical and learning disabilities. We spoke with two relatives of people who used the service. One person said, "X is doing really well, more than she has ever done. She loves going there and loves the staff". The other person told us "They are following X's needs, eating, sleeping and watching. I'm much happier than I was". They went on to say they had, "No concerns at all".

We spoke with two professional visitors to the service, one occupational therapist and one speech and language therapist. They told us they had no concerns about the service and felt the staff were caring and professional in their approach. They reported a good level of communication between themselves and the service and felt their advice was taken on board by the staff and guidance given to staff was followed appropriately.

We observed the staff on duty on the day of the visit. They spoke with people who used the service in a kind and considerate way and were patient and polite when dealing with their needs. We saw that people were asked about their wishes when interventions were offered.

There was a service user guide produced by the service. This included information about the services provided, policies and procedures, safeguarding, support offered around cultural and religious requirements and catering.

We looked at two care plans which were written jointly with staff and people who used the service and their relatives.

These reflected people's preferences and choices and evidenced that staff adhered to these preferences when delivering care. We saw evidence of discussions with people who used the service and their relatives with regard to all aspects of their care delivery, choices and wishes. The service had produced some easy read documents, such as care plans, review and reassessment documents, to ensure that people who used the service were fully involved with the process in accordance with current National Institute for Health and Care Excellence (NICE) quality standards guidance.

The service made every effort to ensure that people were supported to continue to access their usual daily activities when they were having a period of respite at the home. This helped offer continuity and stability to people who used the service. We saw within the records that people's independence and individual skills and abilities were promoted at all times.

We saw that people's privacy and dignity were respected at all times, staff asked people whether they required assistance and offered help in a sensitive way. People who used the service could access private space if they wished to, in their bedrooms or within the rest of the home.

We spoke with a member of staff on the day of the visit. They were aware of their role and responsibilities and were able to describe the needs of each individual who used the service. They demonstrated a knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes.

Good

Is the service responsive?

Our findings

We were unable to speak with people who currently used the service due the nature of their physical and learning disabilities. We spoke with two relatives of people who used the service. One person told us, "They let us know anything that is happening. They inform us of every little thing". When asked if concerns were dealt with appropriately, both said they had no concerns, but felt they would be listened to if they brought any issues to the attention of the registered manager.

We spoke with two professional visitors to the service. One said, "The staff are always responsive and follow guidelines. They refer appropriately and follow advice given". The other commented, "They (the service) definitely aim to do activities. They are very involved in the community. Some people (who use the service) have poor concentration, but they still try to engage them in activities".

We saw within the two care plans we looked at that these were individual and person centred in accordance with current best practice guidance. There were particular care plans relating to issues unique to each person, such as one person having twenty minute observations throughout the night due to their epilepsy.

The staff were multi lingual and were aware of religious needs and preferences. Religious practices were supported by staff by supporting people to access places of worship or facilitating individual worship within the home. Staff used a range of methods to communicate with people who used the service, including looking at body language and non-verbal communication as well as using easy read and pictorial formats for documents. Evidence of the use of these methods was observed and was seen within care records.

Some staff members had accessed training in behaviour that challenges and others were to undertake the training when available. This enabled staff to use a range of methods, such as distraction techniques to help them deal with difficult situations and minimise distress for people who used the service.

We saw evidence of arrangements made with other agencies to facilitate people's pastimes and activities outside the home. Some people were supported to attend college; others attended day centres or accessed community facilities. There were also a range of activities undertaken within the home, according to the needs and wishes of the people who used the service as recorded in their care plans. We saw that staff could access bespoke training to help them support individuals with particular needs.

People's particular support needs were recorded, as well as how this support should be offered. Their likes and dislikes were noted and there were easy read summaries of some of the documents so that the people who used the service could access these. We saw that reviews included a section on what worked well and what did not. An action plan was produced from this to ensure people's support remained relevant. The records demonstrated that people had been involved to whatever extent they were able in discussions around their support needs, activities, health and reviews in accordance with current National Institute for Health and Care Excellence (NICE) quality standards guidance.

Some of the people who used the service had recently been on a holiday arranged by the home. The registered manager and staff who had accompanied people on the holiday had ascertained from people's particular methods of communication, the level of enjoyment felt by those who had participated. We saw that the registered manager had also sought feedback from relatives about how they felt their loved ones had enjoyed the holiday, in order to help make improvements when offering any further trips. Comments made within the feedback from relatives included, "Good holiday where independence was promoted as well as interaction". Suggestions included that there be more staff in the future and the holiday to be taken at a different time of year. These suggestions had been taken on board by the registered manager.

The registered manager told us they sought feedback from people who used the service and their relatives following every period of respite. She gave examples of things that had been changed, for example bedroom set up following this feedback. Informal feedback was also encouraged at any time as staff regularly spoke with people who used the service, if they were able, and their relatives to ascertain their views.

We saw that the home had their complaints procedure displayed prominently within the home. We looked at the complaints log and saw there had been two complaints made. Both of these had been responded to in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

We were unable to ascertain the views of the people who currently used the service due the nature of their physical and learning disabilities. We spoke with two relatives who felt the registered manager and staff were approachable. The two health professionals we spoke with also said communication was good between themselves and the registered manager and staff of the home.

The registered manager was present in the home throughout the week and was often there at weekends and in the evenings, according to staff rotas. The member of staff we spoke with confirmed this and said the registered manager was always contactable and was approachable.

The home sought feedback via formal and informal routes. There were regular informal discussions with relatives as well as more formal questionnaires and surveys sent out on a regular basis. We saw evidence that feedback received was responded to, for example, with changes to the set-up of one of the bedrooms to make it more acceptable to the person who used it. We saw the results of a recent questionnaire where most of the comments about the service were positive. Suggestions for improvements to the service had been sought.

Staff questionnaires were also distributed regularly to help ensure staff were content. Staff meetings were held on a regular basis and there was evidence that staff were encouraged to be involved in the development and improvement of the service within the meeting agendas and minutes. For example, there were plans in place to purchase another building and expand the service and we saw evidence of discussions with staff about this expansion, with requests for their suggestions. The registered manager told us about some suggestions, such as how the new service should be staffed, had been taken on board.

The home worked well in partnership with other services and agencies. This was confirmed via records within the care plans and through discussions with professional visitors to the service. The visitors reported a very good working relationship with the home and described the service and the staff as caring and professional. They also told us that the home had strong links with the local community and encouraged and supported people who used the service to access activities and pursue interests outside the home.

We saw that accidents and incidents were recorded appropriately. These were monitored and analysed for patterns or trends, such as particular times of day, parts of the building and people involved. Actions were taken where necessary.

There were a number of audits and checks carried out within the service. We saw evidence of equipment and building maintenance checks, health and safety checks and medication audits, all carried out on a monthly basis. Any issues or concerns were noted and addressed as required.