

Potensial Limited

Potensial Limited - 2 Belgrave Terrace

Inspection report

2 Belgrave Terrace
South Shields
Tyne and Wear
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Date of inspection visit:
26 November 2019

Date of publication:
20 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Potensial-2, Belgrave Terrace provides accommodation and personal care to adults with learning disabilities in one building. At the time of inspection six people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered to accommodate up to eight people, in a large domestic style property. This is larger than current best practice guidance. However, the size of the service was not having a negative impact on people as the building design fitting fitted into the residential area which had other large domestic homes. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The home was a large, three storey building. Areas of the building were showing signs of wear and tear internally and externally. Most risks to people's safety including any environmental risks were well-managed. Where improvements to manage any risk were identified at inspection, the provider sent an action plan immediately after the inspection with planned dates for action.

Arrangements for managing people's medicines were safe. People enjoyed their meals and their dietary needs had been catered for. There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community and to go on holiday.

Information was accessible to involve people in decision making about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received training and knew the people they were supporting well. Care plans detailed how people

wished to be supported. Staff had developed good relationships with people, were caring in their approach and treated people with respect. People and relatives were kept informed and involved in decision making about people's care.

The registered manager monitored the quality of the service through complaints, feedback received from people, their relatives, staff and external agencies. Audits also took place and these were mostly effective apart from the areas that were identified and put right during and immediately after the inspection.

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

Rating at last inspection The last rating for this service was good (published 9 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

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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 was carried out by one inspector.

Service and service type

Potensial Limited-2, Belgrave Terrace 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 the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We used all of this information to

plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the area manager, the registered manager and three support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- Risks were managed and risk assessments were in place. Risk assessments included any risks related to people's health and support needs. However, some improvements were needed to further mitigate risk and ensure people's safety.
- Risk assessments were reviewed to ensure they reflected people's changing needs. However, we discussed with the registered manager that a more regular review of personal evacuation plans should take place, in case people's needs changed and the building needed to be evacuated in an emergency. Information about the management of risks to people such as for choking or distressed behaviours should also feature more prominently within people's care records to ensure all staff were aware of how to manage the risk.
- Care plans contained some information for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others. However, guidance was not available in the care plan to show what may trigger the behaviour and what may help to de-escalate an incident. The registered manager told us this would be addressed and there were plans for care records to be streamlined.
- Environmentally some areas of the building required improvement to reduce risk to people, including people with limited mobility. There were stone steps leading from the front door and there were no external lights, internally some trailing electrical wires in a person's bedroom and in an area in the doorway at the rear of the lounge could pose a trip hazard. The two bedrooms on the ground floor did not have a nurse call bell to alert staff, including overnight staff who slept on the third floor, if people were unwell or needed assistance. We received information straight after the inspection that these issues were being addressed.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. They said they were safe living at the home. One person said, "I'm safe here." A relative commented, "[Name] is safe and likes living here"
- The registered manager was aware of their duty to keep people safe and raise or report any safeguarding incidents. A separate safeguarding log was not in place for auditing individual incidents. This was addressed immediately and a separate file was created that evidenced safeguarding incidents and showed the action taken as the result of any safeguarding alerts.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns.

Staffing and recruitment

- There were enough staff deployed to support people. Staffing levels were determined by the number of

people using the service and their needs.

- The provider helped ensure people received support in the event of an emergency. An on-call system operated out-of-hours and managers were able to be contacted should staff require advice or support.
- Systems were in place to ensure only suitable people were employed.

Using medicines safely

- Systems were in place for people to receive their medicines safely.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

Preventing and controlling infection

- Generally there was a good standard of hygiene. During the inspection an area was identified, where there was an odour. This was addressed immediately after the inspection.
- Staff supported people to learn how to keep their home clean. One person commented, "I help clean my room."
- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.

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

- The home was a large, three storey building. Areas of the building were showing signs of wear and tear internally and externally, we discussed this with the registered manager and received an action plan with planned dates for completion of the work straight after the inspection. We discussed with the registered manager that the kitchen and parts of the lounge were set up as an office and intruded on people's living space. The walls of the kitchen displayed information for staff. The lounge contained two fax machines and other office equipment, not used by people. This was rectified during the inspection.
- People's bedrooms were personalised. They had belongings that reflected their interests. We discussed a bedroom that needed attention and received information straight after the inspection that this was being addressed.

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

- Before people received care, their needs were assessed to check that they could be met.

- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements and other aspects of their daily lives. There was a system of evaluation and review to ensure care continued to meet people's needs.

Staff support: induction, training, skills and experience

- Staff members were positive about the opportunities for training. They completed an induction programme at the start of their employment including shadowing regular staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices and specialist training. One staff member commented, "I am going to do medicines and dysphasia [problems with swallowing] training."
- Staff confirmed they received supervision and could approach the management team for additional support at any time. One staff member said, "I'm due another supervision now."

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

- Staff supported people to maintain a healthy balanced diet. People were involved in the planning of menus.
- People had access to a variety of food and drink to meet their needs. One person commented, "There's always plenty to eat." Nutrition care plans were in place, where needed, and they identified requirements such as the need for a modified diet.

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

- Records showed there were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager promoted a person-centred culture where people were at the heart of the service and was committed to ensuring they received the best possible support in a caring environment. One person told us, "Staff are kind and look after me well." A relative commented, "Everything is fine, staff are very good."
- There was a happy and pleasant atmosphere in the home. There was a camaraderie amongst staff and people.
- Staff spent time chatting with people and supporting them to engage.
- Records were detailed and person-centred and gave guidance of how people liked to be supported. Staff had information which gave them some insight into people's interests and likes and dislikes.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were mostly respected. Most care records were stored securely. Some care records were accessible in the kitchen and were not stored securely to respect people's confidentiality. This was addressed during the inspection. Staff respected people's personal space and were observed knocking on people's bedroom door before entering
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves, whatever the level of need. People had household days where they were supported to clean their bedroom and do their laundry. One person told us, "I help clean my room and put my clothes to wash."

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

- Staff ensured people were supported to express their views so that their preferences, wishes and choices were understood. People were directed to sources of advice and support or advocacy. One person was a representative for people with learning disabilities and attended regular meetings with a local advocacy group.
- People who may need support with decision making were encouraged to make choices about their day-to-day lives. They were involved in menu selection and activities and outings.
- Detailed guidance was available in people's support plans which documented how people communicated and about their level of understanding to help them be involved.
- People's families said they felt involved in their family member's care. They also said they felt welcome. A

relative told us, "I visit regularly and I'm kept informed about [Name]."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care was delivered by a team of consistent staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People's care records detailed all aspects of their physical, emotional, psychological and social needs. Information included what was important to the person and how they wished to be supported to achieve their goals.

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 carer's.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information such as menus, activities and some policies such as complaints, fire awareness and health and safety were available in symbol and pictorial format for people who may not read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain and build relationships with their friends and family. One person said, "I will be seeing my family at Christmas."
- People were part of the community. They were supported to follow their hobbies and interests. They went shopping, swimming, for meals out and cinema trips, to concerts, discos, socialised with people in other homes and went on holidays and day trips. One person told us, "I go out more in the summer, I like walking to the sea front and to the gym." Another person said, "We're going to a pantomime at Christmas and for a meal at the local hotel."
- People were supported to access day services and work placements if they wished. One person did voluntary work at a local café and another person chose to access day services.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support. We heard how people had celebrated the life of a person who had died and they were involved in the funeral and the wake that took place at the home.
- Information was available for people and their relatives about how they wished to be cared for or if they

had any cultural or spiritual wishes at this time.

Improving care quality in response to complaints or concerns

- People had a copy of the complaints procedure which was written in a way to help them understand.
- A record of complaints was maintained. We discussed that a separate log could be kept of informal concerns that were raised including those raised by people who used the service, to maintain people's privacy. The registered manager told us that this would be addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service was well-led.
- Arrangements were in place to ensure people were involved in care planning, assessment and decision making in their lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked well to ensure the effective day-to-day running of the service.
- Staff and people were very positive about the registered manager. They all told us management were approachable and they were listened to.
- Audits were completed to monitor service provision. These were mostly effective apart from some improvements that were identified to environmental audits to ensure people's safety and comfort.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their lives and daily decision making. Individual and group meetings took place with people.
- Feedback was also sought from staff and people through meetings and surveys.
- There was a focus on continuous learning and improvements and keeping up-to-date with best practice.
- Staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.