

Potensial Limited

Potensial North East Supported Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Potensial North East Supported Living is a supported living service providing personal care to adults with learning disabilities, autism and mental health needs. People lived in their own accommodation, either alone or with others in a house with shared communal areas. Some accommodation had a room for staff to use if people required 24-hour support. At the time of our inspection the service supported 10 people living in their own homes.

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

Risks around behaviours which challenge were not always appropriately assessed. We found no evidence that people had been harmed, however, this placed both people and staff at risk of harm. Staff did not always have enough training to support people with learning disabilities and behaviours which challenge. We were not always assured the risks of lone working had been fully assessed. We have made a recommendation about staffing levels and training needs.

Quality assurance measures were not always effective and had not picked up the issues we identified on inspection. Medicine errors had been identified, but there was no evidence of lessons learnt. We found the service had not informed us of an important event which was in breach of regulatory requirements.

People told us they felt safe. Staff understood their safeguarding responsibilities. Policies and procedures were in place to safely store and support people to take their medicines. Infection control policies and procedures were in place to help keep people safe.

Pre-admission assessments were carried out and the service provided good support for people when they began using the service. People were supported to eat and drink enough to maintain a balanced diet. People were given choice around their meals and encouraged to be as involved as possible.

People were observed to be happy and settled and supported by a staff team who knew each person's individual needs and preferences. People were involved in decisions about their care and easy read documentation was used to help people's understanding. Feedback was sought from people, relatives and staff. Staff had regular supervisions and appraisals and told us they felt supported by management. People were referred to other professionals when appropriate and in a timely manner.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. People were given choice and were supported to be as independent as possible. People were encouraged to pursue their individual likes and interests. People were treated with dignity and respect and staff spoke about the importance of this. The service had a person-centred culture and was open to suggestions and feedback.

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 has moved address. The last rating for the service at the previous premises was good (published on 13 April 2018).

This service was registered with us at the current address on 23 September 2019 and this is the first inspection at the current premises.

Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have identified a breach in relation to the service's regulatory requirement to notify CQC of important incidents. This will be dealt with outside of the inspection process.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Potensial North East Supported Living

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

This inspection was carried out by 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

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 26 April 2021.

We gave short notice of a home visit to one of the supported living settings. This was to enable consent to be sought from people and so a convenient time could be arranged for the visit. We visited one of the

supported living settings on 29 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the service moved to the new address. 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 and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior support worker and support workers.

We reviewed a range of records. This included four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, procedures and quality assurance records. We received email feedback from a further five members of staff and two professionals who are regularly in contact with the service.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always robustly assessed. Care plans did not always provide enough detail around behaviours which challenge.
- Clear protocols were not in place for staff to follow in the event of an emergency if a person displayed behaviours which challenge. This placed both people and staff at risk of harm.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas, care plans and risk assessments contained good detail and clear information for staff to enable them to safely support people. For example, there were detailed plans around people's health conditions, communication needs, personal care, nutrition, and road safety.
- Property audits were carried out every six months to ensure people's homes were safe and well maintained. Fire risk assessments and individual evacuation plans were in place and up to date.

Staffing and recruitment

- Staff did not always have enough training to support people who used the service safely. Not all staff had completed training in behaviours which challenge and training to support people with learning disabilities.
- During the inspection we spoke with the registered manager about staff training needs. The registered manager explained that it had been difficult to access training during the pandemic, but an action plan was in place.
- People who displayed behaviours which challenge were supported by one member of staff only. We were not always assured the risks of lone working had been fully assessed. The registered manager assured us that staff were appropriately supported.

We recommend that staffing levels and training needs are regularly reviewed in line with best practice guidance and taking into consideration the assessed needs of people using the service.

- Staff were recruited safely and appropriate pre-employment checks were completed.

Using medicines safely; learning lessons when things go wrong

- Medicine errors had been identified, however, important information was often missing. For example, it

was not always recorded what action had been taken, how this error could be prevented in the future, and what follow up action was needed. We therefore could not be assured lessons were learned.

- Policies and procedures were in place to safely store and support people to take their medicines. Care plans for 'when required' medicines were detailed and contained de-escalation strategies for staff to use first. Staff had appropriate training and felt confident to support people with medicines.
- People's medicines were regularly reviewed. Medicine checks and audits were carried out.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person told us, "Yes I feel safe and I am well treated." Relatives told us, "The care is very good and they are well looked after."
- Staff understood their safeguarding responsibilities and had received mandatory safeguarding training. Staff knew how to raise any safeguarding concerns and were confident these would be investigated.

Preventing and controlling infection

- The provider's infection prevention and control policy was up to date. Robust COVID-19 risk assessments were in place.
- Staff had completed food hygiene and food safety training. Staff told us they were confident to help prepare meals safely.

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

- People's care and support needs were assessed before they accessed the service and were regularly reviewed. Assessments of needs were detailed, and daily records showed how people were receiving support.
- Before people moved into houses with other service users, introductory visits were arranged to ensure compatibility with the people already living there. The provider took steps to ensure any moves into the service went smoothly for people.

Staff support: induction, training, skills and experience

- We identified some gaps in staff training and we have looked at this under the safe key question.
- New staff completed an induction programme and shadowed more experienced staff until they were confident.
- Staff had regular supervisions and appraisals. Staff told us they felt supported and the supervisions were useful. One staff member told us, "They give me time to reflect on my practices and also raise any queries I might have." Another staff member told us, "My voice is heard and I receive great insight on areas I can improve."
- The provider encouraged and supported staff to develop their skills and reach their potential. A managers' development programme was in place.

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

- Staff supported people to prepare meals where appropriate in line with their needs. People were encouraged to be as actively involved as possible. People were given choice and encouraged to eat a balanced diet.
- Care plans detailed people's likes and dislikes, health needs, and the support they required with their food and drink. Where any concerns were identified, appropriate referrals had been made to healthcare professionals.

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

- Clear systems were in place for referring people to other professionals across services to meet people's needs. People had regular contact with a range of professionals. People's care records were updated with recommendations.
- Health care plans and hospital passports were in place.
- Detailed plans were in place to support people at medical appointments. Plans were in place to support

staff to explain health matters to people effectively. Staff told us they gave people time to process information and presented information in a way that was easy to read and understand.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 provider understood their responsibilities under the MCA.
- Consent was sought from people and appropriate consent forms were in place. The service used plain English and pictures to help people understand and make their own decisions, where possible. Best interest decisions were in place where people lacked capacity for a particular decision.
- Where Court of Protection and lasting power of attorney orders were in place, these were clearly recorded and documented.

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 were observed to be happy and settled. Many positive and respectful interactions were observed between people and staff at the supported living property we visited. People told us staff were their friends.
- Staff were trained in equality and diversity. Care records set out what was important to each individual and what a good and a bad day looked like for each person.
- People were encouraged to do things they wanted to do. One relative told us, "Staff know [person] very well. They support [person] in anything [person] wants to do."

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

- People were involved in decisions about their care. Easy read documentation was used to help people express their views and make choices.
- We observed staff offering support in a sensitive way and encouraging involvement from people. One staff member told us, "I support people by giving them options and letting them decide on what suits them, this form of decision making allows them to have independence of thought and promotes their ability to make choices for themselves."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's privacy and dignity and spoke of the importance of this. One staff member told us, "I always ask for permission before performing a task. I ask people if they need me to do anything. I always knock before entering the room to ensure their privacy and respect is priority."
- Staff supported people to maintain their independence. One relative told us, "They encourage independence; they help [person] choose and do things themselves where they are able to."
- The provider continued to promote people's independence during the pandemic. All properties had Wi-Fi installed to enable people to keep in touch with each other, their friends and their families.

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

- Care plans were person-centred and focused on each individual's needs and preferences. Care records considered the person as a whole, by considering their personal history, what they enjoy doing now, their future goals, and their skills and abilities.
- People's likes and dislikes were clearly documented. Care plans recorded what was important to people, and examples of what a good day would look like for a person.
- People were encouraged to achieve their ambitions. For example, one person was supported to keep chickens. Staff helped this person to research different breeds, choose what they wanted, and then carry out their responsibilities in looking after the birds.

Meeting people's communication needs; improving care quality in response to complaints or concerns
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 provider followed the AIS. Care plans documented people's communication needs, including whether a person needed glasses or hearing aids. Additional information was provided to assist staff, such as how best to approach a person who was displaying signs of anxiety.
- The provider had an appropriate complaints process in place. Complaints were recorded, investigated and responded to. There was an accessible easy read complaints policy for people to help guide them through the process.

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 supported to pursue their interests and take part in activities, both in their own homes and in the wider community when possible. For example, one person was supported to attend art class. During the pandemic this person was supported to do artwork at home so they could continue with their hobby.
- People were encouraged to maintain relationships with important people in their lives. People were also encouraged to develop friendships with each other. Before the pandemic people would meet in the pub for a meal or visit each other's houses for dinner.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The provider had suitable policies in place to support staff.

- End of life care plans were in place to ensure people's wishes would be respected and appropriate support offered.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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; continuous learning and improving care

- Quality assurance measures were not always effective. Although regular audits were taking place, they did not identify the issues we found on this inspection.
- Care plans and risk assessments were reviewed, however, we identified gaps around risk assessments and protocols for behaviours which challenge.
- Medicine error records were incomplete and therefore we could not be assured these incidents had been analysed and lessons had been learnt.
- The service did not always comply with regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. During inspection we found the service had not informed us of a significant event.

Whilst we found no evidence that people had been harmed, we could not be assured that the governance and quality monitoring of the service was robust enough to ensure people were protected from the risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The failure to notify CQC of an important incident is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture at the service. Staff were knowledgeable about individuals' needs and preferences. People were encouraged to have as much independence as possible and to pursue interests which were important to them.
- The management team was approachable and open to suggestions and ideas. One staff member told us, "If I had any concerns I would go to my supervisor or manager. The manager is approachable and would act on any concerns." Another staff member told us, "I always get the support I need from my manager and I can request a meeting at any time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service used surveys to seek feedback from people, relatives and staff. These were produced in an easy read format for people. The results from these surveys were analysed.
- Staff meetings regularly took place and staff were fully involved in these meetings. One staff member told us, "We all get a chance to put across anything we would like to address."
- Wellbeing action plans were in place for staff and staff had access to wellbeing resources.

Working in partnership with others

- The service worked well with other professionals. There was clear evidence of appropriate timely referrals and involvement with health and social care professionals such as speech and language therapists, GPs, dentists, nurses, opticians and social workers.
- One professional told us, "I am always able to get in touch with the service in a timely manner and book appointments/meetings as and when needed."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) and (2)(a) and (b) Systems to support good governance were not robust.