

Potensial Limited

Potens Dorset Domiciliary Care Agency

Inspection report

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Date of inspection visit:
20 July 2017
21 July 2017

Date of publication:
25 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 July and was announced. The inspection continued on 21 July 2017.

The Domiciliary Care Agency Dorset is part of Potensial Ltd. They provide a range of care and support services to adults, young people and children with learning disabilities, autism, mental health and physical disabilities. At the time of our inspection the service delivered personal care to four people.

The service had a registered manager in place. 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.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their life's. Each person had a care file which also included outcomes and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, epilepsy, and learning disability.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Consent was sought where possible and the service completed capacity assessments and recorded best interest decisions. This ensured that people were not at risk of decisions being made which may not be in their best interest.

People were supported with cooking and preparation of meals in their home. People were supported to choose meals through menu planning. The training record showed that staff had attended food safety training.

People were supported to access healthcare appointments as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs.

People told us that staff were caring. During visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. Outcomes were set by people and outcome focused reviews took place. These evidenced that people were actively supported to work towards their outcome areas and that achievements were recorded. Additional support was highlighted and provided. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires and found that actions had been dealt with. The service told us that they would review the current format to create an easy read version of the survey.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, relatives and staff felt that the service was well led. The registered manager and others in the management team all encouraged an open working environment. All the management had good relationships with people and delivered support hours to them as and when necessary.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely and only administered by staff that were trained to give medicines

Is the service effective?

Good ●

The service was effective. Capacity assessments were completed and best interest decisions were recorded. This meant people were not at risk of decisions being made that were not in their best interest.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received training, supervision and appraisals to give them the skills and support to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to maintain healthy diets and access health care services.

Is the service caring?

Good ●

The service was caring. People were supported by staff that spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good 

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported to set outcomes and lead outcome focused reviews to feedback on what had worked well for them and discuss what support they may wish to receive going forwards.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests as part of their agreed timetables.

A complaints procedure was in place which included an accessible easy read version. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good 

The service was well led. The management all promoted and encouraged an open working environment.

People, relatives and staff all spoke highly of the management team and felt the service was led by a strong management team.

The management team were flexible and delivered support hours as and when necessary.

Regular quality audits and staff competency observations were carried out to make sure the service was safe and delivered high quality care and support to people.

Potens Dorset Domiciliary Care Agency

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.

This inspection took place on 20 July and was announced. The inspection continued on 21 July 2017. The provider was given 48 hours' notice. This is so that we could be sure the manager or senior person in charge was available when we visited. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service, three relatives and one professional.

We discussed the delivery of service with the registered manager, deputy manager and team leader. We met with three staff. We reviewed three people's care files, policies, risk assessments, quality audits and the 2017 service review document. We visited two locations and observed support being delivered to two people. We looked at four staff files, the recruitment process, staff meeting notes, key worker meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

People, relatives, professionals and staff told us that they felt the service was safe. A person said, "I feel safe with staff. My confidence has been built up. I can talk about my worries and they listen to me".

A staff member told us, "There are risk assessments in place to keep people safe and help us minimise harm to people". A professional said, "Potens is a safe service and always respond to concerns. I have always found them very open and transparent". A relative told us, "My loved one is safe with staff. They always support them well". Another relative said, "Staff manage risks safely with (name). (Name) has learnt skills from them too like road safety and stranger danger".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Changes in behaviour, unexplained bruising, dirty clothing and someone being withdrawn may be signs of abuse. I would report concerns to the manager or go higher if necessary or to the local authority or CQC". We reviewed the local safeguarding policy which was up to date, comprehensive and included a pictorial easy read version. We also reviewed the local whistleblowing policy. This reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this.

We reviewed three people's care files which identified people's individual risks and detailed safety measures staff needed to follow to ensure risks were managed and people were kept safe. For example one person's dietary needs had been assessed and increased weight gain was identified as a risk. Measures in place included supporting the person with portion sizes and healthy snack options. In addition to risk assessments we noted that home assessments had been completed. These covered areas of safety such as access to the home, neighbourhood, violence and behaviour. The registered manager told us, "These are completed to make sure staff are working in safe environments. It is just as important that my staff are safe as it is that people we deliver support to are". This demonstrated that the service ensured safe systems were in place to minimise and manage risks to people and staff.

People had pictorial Personal Emergency Evacuation Plans (PEEPS) which were up to date. These plans explained to people how they should safely evacuate from their homes in the event of an emergency. We also noted that PEEPs were in place for staff to follow too. These detailed how staff should support people in the event of a fire.

Potens Domiciliary Care Agency Dorset ensured that sufficient numbers of suitable staff were available to keep people safe and meet their needs. A person told us, "There are enough staff I have never had to go without. I get the same staff too. This helps me get to know them". A staff member told us, "I think there are enough staff to support people". A relative said, "There are sufficient staff to meet (names) needs". Another relative said, "I feel the staffing is fine. There seems to be staff available all the time". We were told that staffing levels were assessed and agreed with social workers during the initial referral assessments. We found that needs were regularly reviewed and if the service felt that staffing levels needed to be increased

assessments were completed and then submitted to the local authority for agreement.

Recruitment was carried out safely. We reviewed four staff files, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people

Medicines were managed safely. One person received their medicines covertly. The service showed us that an assessment was in place for this and had been agreed by the person's parents, their GP and the registered manager. Medicine records had been completed accurately and did not show any gaps.

Is the service effective?

Our findings

Potens Domiciliary Care Agency Dorset was an effective service. Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as food safety, moving and handling and first aid. We noted that staff were offered training specific to the people they supported for example epilepsy, challenging behaviour and autism. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. A person said, "I think staff are professional and well trained". A professional told us, "Staff appear to have the skills and competencies required to support people in their care".

Staff files held induction records. Whilst reviewing these we noted that staff were required to cover key areas for example; personal information, recording systems, medicines and emergency information. They also logged staff shadow shifts which new staff always completed with either experienced staff or management. We saw that in addition to this work place observations were completed which evidenced completion of competency based tasks against the care certificate standards. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member told us, "My induction was good. I shadowed experienced staff and completed training. This included epilepsy because of one person's needs". This demonstrated that people were supported by staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. A member of staff told us that they found supervisions very useful and confirmed that they took place regularly.

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.

Staff were aware of the Mental Capacity Act and worked within the principles of this. They told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "The MCA is all about determining people's capacity linked to tasks and decisions. Where people are assessed as not having capacity best interest decisions are made. These would involve families, professionals and staff. All best interest decisions would be the least restrictive".

Capacity assessments were completed and best interest decisions were recorded in line with guidance. We found that where people had capacity consent forms had been created in formats which they understood. For example, one person had consent forms in place for staff entering their room, holding their medicines and money, for sharing information and delivering personal care. These forms had been created using words and pictures to aid their understanding which was in line with their communication plan. We noted

that young people and children's care packages had been agreed and signed by parents. This demonstrated that consent to care and treatment was always sought in line with guidance and requirements.

People receiving personal care were supported where necessary with cooking and preparation of meals in their homes. The training record showed that all staff had completed food safety training. A person told us, "Staff help me cook and choose menu's. I like cooking". A staff member told us, "We always look at dietary needs and work a menu around them with them. One person is on a gluten free diet. We look at suitable foods and people inform us what they like/dislike. There is also guidance in place. We saw that this information was available in the persons file. This told us that people were supported to maintain healthy balanced diets.

People were supported to maintain good health and have access to healthcare services. We found that the service had made good links with the local community nursing teams and found that visits were recorded. A team leader told us, "We work with the gastro team and local community paediatric nurses". People had access to advocacy services and these visits were recorded and information was fed back appropriately.

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. During both visits the atmosphere between people and staff was relaxed. A person told us, "Staff are caring. They get to know me by talking to me and asking me questions. They help me with my independence".

A staff member said, "I'm a caring person. I get a lot out of care. I have empathy, patience, understanding and am supportive". Another staff member told us, "I wouldn't be in this job if I wasn't caring. I always have people's best interests at heart". A professional said, "Staff know (name) well. They are very patient and calm and respect their dignity". A family member told us, "Staff are really caring. They are friendly, welcoming and bubbly". Another relative said, "Staff are extremely caring. They are focused on my loved one and supporting them how they want to be supported".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. The care files we reviewed held person centred care plans with pen profiles of people, recorded important people involved in their care, outcomes, how to support them, people's likes and dislikes and medical conditions. A staff member told us, "There are clear guidelines in place and there is always support available to us (staff)".

Where possible people were involved in the recruitment of staff. We found that on occasions people had asked interviewees questions at the end of their interviews. We noted that people's feedback was recorded and then formed part of the overall decision making process. The registered manager told us, "This has had such a positive impact on people. It has given them a sense of involvement, pride and achievement". Once new staff had been appointed we were told that people get to meet new staff when possible in a non-formal setting for example, a coffee shop or pub. This demonstrated an innovative approach to developing positive caring relationships between people and staff.

Staff promoted and supported people to make choices and decisions about their care and support. Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "We always offer people opportunities to make decisions for themselves. This is often done through giving choices. However, one person we support often goes with the last option so I ask a few times and mix up the choices". Another staff member said, "Choice and decision making is important. I never ask leading questions. (name) has a choosing board. This has visual aids on to them make choices and decisions". A family member said, "Staff sit with my relative and discuss information with them. They give them options and ideas. This helps him make decisions". Another family member told us, "My loved one is precise. Staff always give options and allow them to make decisions. When (name) is given some options they may choose something different, staff have always respected this".

People's privacy and dignity was respected by staff. Staff we observed were polite and treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I make areas private by using a screen or closing doors. I ask people if they want support and respect their reply. I always offer reassurance and respect people's dignity".

Is the service responsive?

Our findings

People, staff, relatives and community professionals all told us that they felt the service was responsive to people and their changing needs. Throughout the inspection we observed a very positive inclusive culture at Potens Domiciliary Care Agency Dorset. Promoting independence, involving people and using creative approaches appeared to be embedded. We saw that people received outcome focused reviews. These put people in the centre of their care and empowered them to feedback on what support had been working, what hadn't and what the person would like to change. One outcome set for a person involved managing money. Their review highlighted that they had an improved understanding of budgeting and was keen to save for an event. It recorded that further support required included more awareness of using money and making purchases. The registered manager told us, "Outcome focused reviews benefit people because they track and evidence progress towards meeting set objectives and goals". A relative told us, "I am always involved in my loved ones annual review and my opinions are always listened too". A person said, "I am always at my reviews. These are important to me".

We found that one person had been supported to get a job as a kitchen assistant. The person said, "Potens staff have helped me keep this job". We were told that the person had been supported to attend training for their job. For example, food hygiene and health and safety. The person told us, "Staff have helped me mature, gain confidence and grow up". We found that a person had been encouraged and supported to regularly go to the central office and carry out administrative duties. The person told us, "I enjoy going to the office. I'm learning some office skills. I like doing this". The registered manager told us, "We are helping them develop and add to their CV". These were positive examples of how the service was empowering people to achieve new skills and develop their levels of independence.

Relative told us that the service kept them up to date with changes and incidents as and when they occur. One relative told us, "(Name) had scratched a sore area of their skin and made it bleed recently. The service contacted me and informed me of this". Another relative said, "I am very pleased with how the service keeps me up to date with things. I can't fault them".

People had regular key worker meetings with staff. A staff member told us, "People are involved in key worker meetings which are an opportunity for them to feedback and set their own goals". The template used for these were pictorial to aid people in understanding the different topics they were covering. We noted that at the start of the meeting actions from the previous ones were discussed and progress recorded. Topics covered included goals, behaviour and health review, community involvement, feedback and concerns. We read one person's meeting record and found that goals set included travel training and family contact. These goals had been broken down into achievable steps and looked at what had been tried, what had been learnt, what the person was pleased about, concerned with and what actions should take place next. We noted that staff had supported this person to use the bus to visit their parents. They had learnt that there were a number of busy roads to cross and concerns included traffic. In response the person had requested continued support to gain more confidence with roads. This demonstrated that these meetings were having a positive impact on people's lives and that the support being received was personalised and responsive to their needs.

We found that people were regularly supported to access the community and participate in activities which they enjoyed and had an interest in. A person told us, "Staff take me out 1:1. I can choose where to go. I went to Poole with staff today and went to the sports centre". A relative told us, "My loved one is going on a holiday next week". Another family member said, "(name) is supported to attend activities. For example, staff take them to the cinema and other places they like". A staff member told us, "Activities are very tailored to the individual and are always risk assessed too. Some people have activity plans in place however; these are flexible and always set with people". We found that people had an all about me sheet in their files which had information about people's likes, hobbies and interests.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contacts to both internal and external contacts including the local authority, CQC and the ombudsman. People we spoke to told us that they would feel able to raise complaints with staff or the registered manager. A relative said, "If I had a complaint I'd go straight to the management. I would feel comfortable to raise one if necessary but had never had to". Another relative told us, "There were initial teething problems at the beginning but these were always responded to promptly".

The service also recorded compliments. We noted one which read; "Thank you (staff name) for the continued support. (staff name) has been involved in behaviour work to help our loved one monitor and deal with anxiety".

Is the service well-led?

Our findings

The service has a registered manager in place. 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.

We found that staff meetings took place regularly and staff told us that they found these useful. Meetings covered areas such as people, changes and developments however, we noted that meeting notes did not clearly identify actions which had come from meetings or that actions were discussed at the start of meetings. This meant that there was a risk that action may be missed or delayed. We discussed this with the registered manager who said that they understood the importance of capturing actions and discussing these. They told us that this will be reviewed as a priority.

Potens Domiciliary Care Agency Dorset was well led by a strong management team. People, relatives and staff felt that the service promoted a positive, open and inclusive culture where support packages were centred around people and their needs. A person told us, "The managers are nice, kind and involve me". A relative said, "The registered manager is always contactable. They are very responsive and very organised". Another relative told us, "It's an amazing service; I'd be lost without them. The management manage the service very well". Another relative said, "Management are very friendly, flexible and approachable. Care is always centred around (names) needs". A staff member told us, "Management are very supportive and professional. They always lead by example". Another staff member said, "The registered manager is nice to work for. They will always support me. They run the service very well. There is excellent communication between staff and management are very hot on policies and procedures". They went on to say that they are able to do their job well and felt that this was a reflection of good management. The registered manager told us, "I always like to involve my staff in ideas and decisions. I motivate the team and encourage them to take on additional responsibilities to help them develop and progress. I am passionate about my role and live to make a difference".

We found that both the registered manager and management team all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The management were flexible and delivered support hours when these could not be covered because of sickness, annual leave or vacancies. The management team encouraged an open working environment, for example we observed on several occasions throughout the inspection people and staff coming up to them or calling to discuss matters with them. The deputy manager told us, "I feel staff are able to approach me and pick my brain. I am open to offering support and giving advice. By working on the floor I am able to monitor the quality and any shortfalls can then be dealt with immediately". The team leader said, "I am a very hands on person. I wouldn't expect my staff to do anything I'm not prepared to do myself. I deliver support hours, this is important to me so that I see how staff work and get to know the people we are supporting".

We saw that Potens Domiciliary Care Agency Dorset had various quality monitoring systems in place. These audits covered areas such as medicines, environment, documents and finance. In addition to these the registered manager also completed unannounced service visits to ensure staff were delivering best practice care and support to people. From the systems that were in place the registered manager showed us a management report they completed which enables them to have an oversight of findings and analyse data to identify trends. We noted that the provider also completed monthly quality audits. The registered manager said that another quality monitoring system in place is when managers from other services come and audit different services. We found that these audits covered areas such as medicines, health and safety and infection control. The registered manager said, "Potens is an organisation which is always open to learning and developing".

Management also completed observation on their staff. The purpose of these was to monitor the quality of practical care being provided by staff, to ensure policies were being followed and to ensure the service being provided to people was of a high standard of care. Observations covered areas such as; medicines, completion of daily records, interaction and communication.

We found that quality questionnaire surveys were sent out to adults. However, due to the small number of adults being supported by the service an analysis report had not been compiled. The registered manager told us that this was because actions could take place immediately to remedy any issues. We reviewed two people's feedback. One person's comments included; 'I am very satisfied with staff. Staff are very nice and good at helping me make choices about my support'. Another person had fed back saying that they had found a member of staff to be very rude. We discussed this with the registered and deputy manager who told us that they had met with this staff member and addressed the concerns. We found that this had been recorded in their supervision and were told that the staff member had now changed their approach. We discussed the format of the current quality questionnaire surveys with the registered manager as they were not pictorial. This meant that the surveys were not accessible to everyone to complete. The registered manager said that they will look at developing an easy read version as soon as possible.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.