

Max Potential UK Ltd

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## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Max Potential UK Ltd is a provider of respite care for up to eight people with learning and/or physical disabilities. Day care facilities are also provided at the premises.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

Staffing levels were flexible and staff were recruited safely. There was an up to date safeguarding policy and staff were confident to report any concerns.

Appropriate health and safety measures were in place and premises and equipment were serviced and maintained as required. Medicines systems and processes were robust.

Care plans included a range of health and support information. Information could be produced in different forms to aid understanding and inclusiveness.

Staff had undertaken a thorough induction programme and had regular on-going training.

The food provided was tailored to the individual likes and dislikes and dietary preferences and needs of each individual.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care and support was offered with kindness, compassion and respect. People's privacy and dignity was respected. The service made efforts to include people in their own support and care provision.

The service was responsive and flexible to changing needs. There was a range of indoor and outdoor activities on offer. People's spiritual needs were taken into account.

There was a complaints procedure in place and concerns were dealt with in an appropriate and timely manner. We saw a number of compliments received by the service.

People who used the service, relatives and staff said the management were approachable and supportive. The registered manager had good links within the local community.

Quality checks and audits took place regularly and the service learned from these and made improvements.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Max Potential UK Ltd

## 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 was a comprehensive inspection that took place on 22 May 2018 and was unannounced.

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team, the Community Infection Prevention and Control team and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care. We also spoke with two healthcare professionals. This helped us to gain a balanced view of what people experienced accessing the service.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, the deputy manager and two members of care staff. We spoke with four people who used the service and one relative. We also spoke with two professional visitors to the service to gain their views. We received no negative feedback about the service.

We looked at records including four care plans, four staff personnel files, training records, health and safety records, audits and meeting minutes. We observed care at various times of the day whilst carrying out the inspection.

# Is the service safe?

## Our findings

The service offered respite breaks and had different numbers of people using the service on a day to day basis. Therefore staffing levels were flexible and all staff employed by the service had indicated their hours available and their availability to work at short notice and on various shift patterns. We looked at staff rotas which evidenced the flexibility of staff hours and the service's response to differing needs of each individual who used the service. For example, when an individual had needs to be met throughout the night there was a staff member on a waking night shift, but when this was not required there would be a member of staff on a sleepover shift. There was always a member of the management team on call. Staff we spoke with felt the way the rotas were configured worked well at the service. One relative told us there were always two or three staff available when they visited the service.

We looked at personnel files for four staff members. These included all the relevant paperwork, such as an application form, job description, proof of identity and two references. There was a staff handbook and code of conduct in each file. There were Disclosure and Barring Service (DBS) checks in all files. The DBS check helps ensure people are suitable to work with vulnerable people.

The service had an up to date policy and procedure with regard to safeguarding and staff we spoke with were aware of the procedure and confident to report any concerns. They were also aware of whistle blowing procedures and how to report any poor practice they may witness.

Staff were aware of the infection control policy and procedure and how to deal with any outbreak. The premises were clean, tidy and odour free on the day of the inspection. Accidents and incidents were recorded and followed up with appropriate actions.

There was an appropriate and up to date fire risk assessment in place as well as general risk assessments, which were updated regularly. Individual risk assessments were completed for each person and kept within their care files. These were updated regularly.

We saw records of maintenance checks of fire and emergency equipment, gas safety certificate and regular maintenance and servicing of the passenger lift. When cooking, food temperatures were taken to ensure food was safe to be served, water temperatures were regularly monitored to ensure this was safe and records were complete and up to date. Lifting equipment had also been serviced and maintained as required.

Each individual who used the service had an up to date personal emergency evacuation plan (PEEP), which outlined the level of assistance they would require in the event of an emergency. These were kept within their files with a copy in the reception area for easy access.

There was an up to date and appropriate medicines management policy and procedure and medicines systems were robust. Medicines were brought in and checked at each visit and any changes noted. Staff had been trained in the safe administration of medicines and their competency was assessed prior to them

being allowed to administer medicines. Staff had also been trained in particular techniques, such as administering insulin injections and we saw regular competency checks for these techniques to ensure staff's skills remained appropriate. Medicines Administration Record (MAR) sheets were completed appropriately. There were locked cabinets on both floors of the premises where medicines were stored, depending on when they would be required, so that staff would have easy access to them when required.

# Is the service effective?

## Our findings

We spoke with a professional who visited the service on a regular basis. They said, "They manage [individual] very well. Without their support they may have been admitted to hospital".

We looked at care plans for four people and saw they included a range of health and support information. There was a one page profile which helped staff have a good overview of the individual. Information about physical and mental health was included as well as people's nutritional requirements. We saw that the service worked closely with other agencies and professionals to help ensure a joined up response to their support. We saw evidence of appropriate referrals to other agencies, such as Speech and Language Therapy (SALT) and dieticians.

We saw evidence that staff had undertaken a thorough induction programme and had regular on-going training and refresher courses throughout their employment. One staff member told us their induction had been comprehensive and there were ample opportunities for further training. We saw evidence of mandatory courses and additional training, such as safe swallowing, epilepsy support, percutaneous endoscopic gastrostomy (PEG) feeding, administration of insulin, on top of mandatory subjects. This helped to ensure staff were equipped to support the individuals who used the service.

Supervision sessions were undertaken regularly to provide an opportunity for staff to discuss their progress, development and training needs. Annual appraisals were also carried out with staff to reflect on their progress over the last year and look at goals for the coming year.

The service had achieved a food hygiene rating of 5 Star from the food hygiene standards, which was a very good rating. The food provided was tailored to the individual likes and dislikes and dietary preferences and needs of each individual. We spoke with four people who used the service. One told us, "The food is good and you can have snacks and drinks when you want". The others agreed that they enjoyed the food.

There was a communication book at the service which staff used to handover information from one shift to another. This was additional to verbal handovers. Feedback was given to families after each period of respite. We spoke to a relative who told us staff communicated regularly with them to keep them informed of any achievements or issues.

We saw that a lot of the information provided was in pictorial form to assist people to be able to understand their care and support information. Any document could be produced in a range of other languages or in large print or braille. However, some of the people who used the service and their relatives were unable to read their first spoken language. Staff employed were from a range of ethnicities and were able to translate information for people to help them understand. They also used basic sign languages, body language and drawings to aid explanations and understanding.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We saw that consent forms were completed by people who used the service or their representatives as appropriate. People's capacity to make everyday decisions was assessed and more significant decision making was undertaken with other professionals and representatives to ensure decisions were made in people's best interests. Some individuals were subject to DoLS authorisations and staff understood the reasons behind them and their implementation.

## Is the service caring?

### Our findings

One person who was new to the service and had stayed the previous night, was crying. They said, "Since I came here everyone looks after me so well, I am so happy here". Another person told us, "I like it very much", and a third commented, "The staff are nice, I like [registered manager]". A staff member said, "I enjoy helping people out with daily living tasks". A relative told us, "No improvements needed". A professional visitor to the service said, "Staff always make me welcome here and there is lots of contact via e mail and telephone".

Appropriate policies and procedures were in place with regard to respecting and involving people who used the service. We observed care and support on the day of the inspection and saw that this was offered with kindness, compassion and respect. Staff spoke in a friendly manner to people who used the service and listened to what they had to say. One person who was new to the service was learning to speak English and reported that he felt better that there was someone he could speak to in his own first language if needed, who would help him express himself in English.

We saw that people's privacy and dignity was respected. There was a separate room for changing people if this was required and staff were discreet and respectful when offering any personal care.

People's records were kept confidential and staff were aware of the importance of confidentiality with regard to people's information.

We saw that the service made efforts to include people in their own support and care provision. Care plans were presented in a way that people could understand and were explained to those who required that. Relatives were regularly spoken with and had been invited to a get together recently to provide an opportunity to raise any issues or make suggestions for improvement to the service.

There were a number of people who used the service who had sensory impairments. Staff told us that voices were very important to those with sight impairments and they took time to speak with people to ensure they were happy. One person who had sight impairment was supported to play table tennis. Tactile boards had been made for those who found them useful. The staff were aware of who each person wanted to sit with and ensured this happened in order for them to enjoy the day better. Advocates could be accessed if people required someone to speak on their behalf and did not have someone who could do this.

## Is the service responsive?

### Our findings

The service provided respite breaks on a regular basis for some people. However, they were very responsive to emergency situations and were flexible enough to be able to provide a service at short notice when needed. They also provided day services and supported people with indoor and outdoor activities and education through the day.

The service endeavoured to ensure staff were compatible with the people they supported. For example, certain staff would have an understanding of particular cultures and the registered manager tried to ensure staff were matched with the people who were using the service at any one time.

Activities provided through the day included films, crafts and games, outings to the local park, cooking and access to a computer. There was a table tennis coach who came in on a regular basis to help and encourage people with this activity. People were regularly taken out to activities such as cycling and swimming as well as supported to attend college. There was a sensory room where people could relax and enjoy the calm. One person told us, "Going to the library is my favourite and I have been swimming". Another said, "I like visiting the aquarium and going cycling". A professional visitor told us, "The service is positive. There are always activities going on. I did a review of [person] recently and all the paperwork was up to date".

Care plans were e person-centred and outlined people's backgrounds, likes and dislikes. These were regularly reviewed and updated. The one page profile was used as a transition document, to send to hospital with a person if necessary. This would help ensure care and support was appropriate.

People's spiritual needs were taken into account and some people were accompanied to church or Mosque. Their religious observances, such as Ramadan, were also supported with assistance to make special meals at appropriate times of day.

Questionnaires were sent out on a regular basis to relatives of people who used the service to assess the quality. We saw some of the most recent ones and comments included; "I am happy with the service at Max Potential. Excellent service"; "Extremely happy. Management are approachable. They are beyond excellent".

We saw that there was a complaints procedure in place and any concerns had been dealt with in an appropriate and timely manner. A relative we spoke with said, "I have no reason to complain".

We saw a number of compliments received by the service. Comments included; "Thank you for all your help and very thoughtful care of [person] for the past few months, it has been very much appreciated"; "Thank you for all your help and support" and "Thank you so much for all your help and support throughout the years [relative] has been at Max Potential. It was truly appreciated".

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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 who used the service, relatives and staff said the management were approachable and supportive. A relative said, "The manager is very approachable". One staff member said, "The management are hands on and help when needed. If there is any challenging behaviour they are always around". Another told us, "They are really, really helpful and very supportive with rotas. I am confident I can easily talk to the management and they are very friendly". A health professional agreed the management were approachable and told us, "They work well with us, the service is managed well".

Regular supervisions and appraisals gave staff opportunities to discuss their roles. We saw minutes of regular staff meetings. Discussions included staffing, communication, health and safety, accidents and incidents, meals and fire safety.

The management team ensured they spoke to each person who used the service on a daily basis to ask about their experience that day. Families were encouraged to feedback regularly and offer views and suggestions about the service. Any issues were resolved in a timely way.

We saw a number of audits including medicines audits, accidents and incidents, daily check lists, food temperature checks, fridge temperature records, care files. The registered manager also made unannounced visits to the premises to check on the consistency of good care delivery. We saw that appropriate follow up actions were undertaken and lessons learned from any issues, to aid improvement to service delivery.

The registered manager had good links within the local community. These included schools and colleges as well as libraries, places of worship and facilities in the area.