

Potensial Limited

# Potensial Limited - 7-9 Park Road South

## Inspection report

7-9 Park Road South  
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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

The inspection took place on 25 February and 1 March 2016 and was unannounced on the first day. The service is a care home which is registered to provide accommodation and personal care for up to 21 people who have a learning disability and/or other mental health needs. It is part of the range of services provided by the Wirral-based company Potensial Limited. The manager told us that due to changes made to the property, a maximum of 17 people could now be accommodated at the home.

At the time of our visit, 16 people were living at 7-9 Park Road South and all were accommodated in single bedrooms. Three of these people were having a short stay at the home and one person who usually lived there had been admitted to hospital.

The home is required to have a registered manager. 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.

At the time of our visit the service had a registered manager, two senior support workers, nine regular support staff and two bank support staff, and a housekeeper.

We last inspected 7-9 Park Road South on 13 August 2014 when we found that the service was compliant in all of the areas we looked at.

During the first day of our visit we were concerned that there were not enough staff to fully meet people's support needs. The manager told us this was due to a combination of some staff being on leave and others being off sick with a viral infection, which some of the people who lived at the home also had. On the second day we visited, there appeared to be enough staff.

The staff we spoke with had good knowledge of the support needs of the people who lived at the home. All staff had received training about safeguarding and this was updated every year. We saw evidence that regular environmental health and safety checks were carried out. We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People had choices in all aspects of daily living. Menus were planned weekly to suit the preferences of the people who lived at the home and alternatives were always available.

People were all registered with local GP practices and had an annual health check. The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. A 'health action plan' was in place for each person and there was a record of medical appointments people had attended.

The home implemented various methods of monitoring the quality of the service including daily checks, monthly audits, and satisfaction surveys. A monthly key worker summary was written for each of the people who lived at the home and a monthly meeting was held for people who used the service.

## 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.

All staff had received training about safeguarding and this was updated annually.

The premises were safe and records showed that environmental safety checks were carried out.

There were enough staff to support people and keep them safe. New staff had been recruited safely.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

The service was compliant with the Mental Capacity Act.

All members of the staff team had completed the Potensial mandatory training programme and they had regular supervision meetings with a senior member of staff.

Menus were planned weekly and alternatives were always available.

People were all registered with local GP practices and had an annual health check. People were supported to access community health services including dentist, chiropodist and optician.

### Is the service caring?

Good ●

The service was caring.

The staff working at the home were able to understand people's needs and choices.

People were treated with dignity and respect.

People were funded for one to one support by a member of staff

for a number of hours each week. These hours were used to support people to go out into the community or for individual activities within the home.

### Is the service responsive?

Good ●

The service was responsive.

People had choices in all aspects of daily living.

Each person had plans for their care and support. The care plans we looked at contained information about people's choices and preferences as well as their support needs.

The home had policies and procedures for handling complaints.

### Is the service well-led?

Good ●

The service was well led.

The home had an experienced manager who was registered with CQC. They were supported by an area manager.

Regular audits were carried out to monitor the quality of the service and a monthly meeting was held for people who used the service.

# Potensial Limited - 7-9 Park Road South

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 February and 1 March 2016 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and a specialist professional advisor (SPA). The SPA had experience in supporting people with learning disabilities and mental health conditions.

During the inspection we spoke with five people who lived at the home and observed support provided to people in communal areas. We spoke with five members of staff including the registered manager and one of the senior support workers. We looked around communal areas, and three bedrooms by invitation.

Before the inspection we looked at information CQC had received about the service since our last inspection and we contacted the quality monitoring officer at Wirral Borough Council. They told us they were not aware of any concerns about the service. CQC had received one concern during 2015.

During our visit we looked at staff rotas, recruitment records for three new members of staff and staff training records. We looked at health and safety records and care records for four people. We looked at how medicines were managed and recorded.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person told us "I like the staff. Treat them with respect and you'll get respect back." Another person told us he felt safe with all of the other people in the house. He told us that if he had a problem with anything then he knew the staff would help him. Another person told us "I've got two friends. I'm not so keen on some of the others but I'm not afraid of anyone." One person said "I feel safe in the house but not going out on my own."

The home had information about safeguarding including company policies and procedures and information from the local authority. All members of the staff team had annual training about safeguarding. Records showed that safeguarding referrals had been made to the local authority as needed but were not always notified to CQC. Following our inspection of another Potensial home, we discussed this with the area manager and clarified what should be reported to CQC.

People had small amounts of money in safekeeping at the home. We saw that there was an up to date finance plan for each person which detailed their individual arrangements. There was a daily check of people's money and a full audit weekly to ensure that people were protected from financial abuse.

Some people had an appointeeship for their finances through a family member. The provider was appointee for a number of other people and the manager told us that arrangements were being made for these appointeeships to be transferred to local authorities. We saw that where the provider held money in safekeeping for people, a live statement could be accessed to show the amount of money kept on behalf of the person.

We asked members of staff if they felt safe in the house. One staff member said they did feel safe because they knew all the people who used the service and understood their moods and tempers and so could relate to them when situations arose. The member of staff told us that staff working on the first and second floors carried a personal alarm.

Two members of staff we spoke with said there were not always enough staff and this meant that people did not always get their allocated one to one time. They explained that staff were always busy doing personal care, changing and making beds, and cooking meals. We asked if there was a cook employed and were told there was not. Another member of staff said "There's usually enough staff but annual leave and sickness is a problem at the moment." None of the people who lived at the home expressed any concerns about the number of staff.

We discussed this with the manager who told us that there was currently a vacancy for 13 hours a week and recruitment was taking place. However, during the last week of February some staff were taking leave, and at the same time a number of other staff caught a flu virus and were off sick. Staff had been brought in from other Potensial services to help cover the shortfalls and the member of staff who usually worked as housekeeper was working as part of the support team.

Staff rotas showed that there were usually four staff on duty during the day, three in the evening; and at night, one waking and one sleeping-in staff. At the weekend there were three staff throughout the day. People's planned one to one hours were all shown on a board in the office with the name of the member of staff who would support them. A detailed weekly report 'Client Daily Living' for each person showed how one to one funded hours had been used, for example a shopping trip for one person, additional emotional support for a person who was unwell.

The manager and the senior support workers had a national vocational qualification (NVQ) level 4, one of the support staff had NVQ level 3 and three had NVQ level 2. The other staff were all working towards a qualification.

We looked at the personnel files for two members of staff who had been employed since our last inspection. Records showed that candidates had completed application forms giving details of their employment history. Interview notes were retained. Two valid references and a Disclosure and Barring Service check were on file for each person.

There was an emergency plan and an evacuation plan which confirmed arrangements for relocating people to a close by service under the same ownership. There was a personal emergency evacuation plan for each person. Lone worker risk assessments were recorded for each member of staff. An electronic system was in place for reporting accidents and untoward incidents.

We saw that 'Shift planner and team handover' forms recorded daily checks of the premises which included fire exits and the fire panel; fridge and freezer temperatures; medicine counts; medicines storage temperatures; and soap and towel supplies. Records showed that equipment and services were tested regularly as required by external contractors and certificates were all up to date. A fire risk assessment was dated 23/7/15 and we saw records of regular fire alarm tests and drills.

Monthly health and safety audits were recorded. The kitchen had a five star food hygiene rating. Records of water temperatures showed that hot water was not always meeting the required temperature in some outlets, mainly on the middle floor. The manager told us that this issue had been reported to maintenance and was awaiting action. Maintenance tasks were carried out by request by a company maintenance team.

We looked at how people's medication was stored and administered. Medicines were dispensed in a 'pod' system which contained all of the items due at each time of day. Medication administration record sheets were clearly set out and had a picture and description of each tablet. In each person's medication file there was a description of all the tablets that that person was taking and a description of what the medication was for and any possible side effects. Training records showed that every staff member had medication training and this was updated annually. Weekly and monthly medication audits were carried out and recorded.

# Is the service effective?

## Our findings

One person we spoke with said "It's a nice house and is very comfortable." Another person told us "I absolutely love it here. The staff are great, very laid back." A member of staff told us they had moved to work at 7-9 Park Road South from a smaller home owned by the same provider. They said they were enjoying the new challenge in a busier service.

The training records we looked at showed that all of the staff team had completed the Potensial mandatory training programme. This included safeguarding vulnerable adults, medicines, moving and handling, first aid, fire awareness, food safety, infection control, health and safety, mental capacity and deprivation of liberty safeguards, and diet and nutrition. Some of these were refreshed annually, some every two years, and some every three years. Most members of staff had also done additional training. We also saw evidence that new staff completed induction training.

Staff we spoke with said that some training was electronic and there were also 'face to face' training events at the organisation's training premises. We saw evidence of some of these training courses booked for nominated members of staff during first quarter of the year. Topics were: Fire Marshall, record keeping, epilepsy, 'hearing voices', and person centred planning.

A staff supervision schedule was in place showed that six staff had already had a supervision meeting in 2016. Staff also had an annual appraisal and performance review. We also saw a record of a night-time visit by the manager in December 2015. This detailed discussion with the night staff to confirm that they were familiar with on-call arrangements and fire procedures.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

One person who was living at the home had a DoLS in place. Applications for two people had been refused as the people were deemed to have capacity, and applications for others were awaiting consideration by the local authority. We saw that there was a section named 'Capacity and Consent' in people's care files and a number of consent forms were in place. The forms were presented in an easy read format and had been signed by the person. Consent forms covered staff administration of medication; safekeeping of personal spending money; emergency first aid and treatment; consent for staff to accompany people to appointments; sharing of confidential information with professionals.

People we spoke with told us they had a choice of meals and if they didn't like the main meal that was made, they could have something else. One person said "I get a good portion of whatever I want with fruit

and bread and veg." A member of staff told us that there was a menu but if someone did not want what had been cooked then staff made that person what they preferred. The manager told us that menus were prepared weekly, taking into account the likes and dislikes of people who lived at the home. This was mainly done for shopping purposes and she was keen to encourage people to exercise choice. There were no set meal times. People were independent for eating and drinking. Food and drinks were available 24 hours a day

One person was significantly underweight. This was well documented in the person's care file and we could see that appropriate professional advice and support had been accessed. The person had fortified drinks and their appetite had improved. Their weight was monitored weekly.

People who lived at the home were registered with local health centres and had an annual health check and other visits as and when needed. Some of the people who lived at the home had health needs, for example diabetes, epilepsy. People's health needs were recorded in their care plans. During our visit, one person was feeling unwell due to a chest infection and staff made an urgent appointment for him that afternoon.

We saw that people had a 'Hospital Passport' in place which gave information about their particular needs, and a 'Health Action Plan' that was up to date and detailed visits to doctors and dentists etc. People's planned medical appointments were all shown on a board in the office.

Most people were fully mobile and did not require any aids or adaptations to the property. One person had continence problems and had been provided with a bedroom with en suite facilities to help uphold their dignity. One person was accommodated on the second floor and told us that they found it tiring climbing up all the stairs. We discussed this with the manager who said she was aware of the issue and that the person should be able to move to a room on the ground floor in the near future.

## Is the service caring?

### Our findings

People who lived at the home had a learning disability or mental health needs. This meant that a number of people had limited verbal communication to express their views of the service. We were able to speak with some people and to observe interactions between staff and people who lived at the home. It was evident that people felt comfortable to go into the office and speak to the manager. A number of people went to the office to request their medication or to discuss something that was bothering them.

Three people showed us their bedrooms and it was evident that they felt proud of their rooms and their personal belongings. People were responsible for keeping their rooms clean and tidy, with support from staff as needed. One person said he was happy in the house and he liked the staff. From the way that he chatted, it was clear he was happy. Another person enjoyed making 'Airfix' models and had a collection of these in his room.

A member of staff told the SPA that they enjoyed delivering care and seeing people happy, however there was not always enough time to spend with people. The SPA commented 'From what I saw around the house, there seems to be a lot of caring given to the clients and no one is pushed away, but they are made to wait if a member of staff is busy, this was due to the shortage of staff. There is a lot of care there from the staff and their interactions with all the clients is plain to see.'

Staff had attended equality and diversity training and each person had a keyworker. We observed that staff were caring, kind and good-humoured. They made sure people had enough time to make decisions for themselves and treated them with respect. Bedrooms had locks and everyone had their own key.

People were supported to participate in work and leisure activities and transport was available. One person who was new to the service had gone to a disco the night before our visit and had enrolled for an IT course. Some people had regular contact with their families by phone or by visits to the home. Two people sometimes went out with their families. The manager told us that a number of people had been supported to go on holiday during 2015.

An advocacy service provided by 'Wirral Mind' was available and had been used by some people who lived at the home.

We were told that five people required some support from staff with personal care. Other people were independent but required some prompting to maintain a good standard of personal care and to maintain safety when bathing or showering. This was done discreetly and took into account the person's needs and preferences, for example whether they had a bath or shower.

A service users' meeting was held monthly and the minutes showed that everyone was encouraged to be involved.

There was also information about the service in the entrance hall, some of which was presented in pictorial

form. We saw that all written information concerning people who used the service was kept confidentially in the office.

## Is the service responsive?

### Our findings

One person told us "I know the staff will always help me if I want to complain about anything." Another person said "There's always staff around and I tell them if I'm not well." The manager clearly knew all of the people well and was able to give us details of people's complex individual needs.

We looked at a sample of care records for four people. The records contained historic and current information and were very lengthy. They recorded people's likes and dislikes and how they wanted staff to support them. The 'Service User Plans' were written in detail about the person's whole life and how staff should support them to do things in the way the person liked. The 'Client Care Plan' was also in detail and included sections on how staff should communicate with the person, what the person's daily living skills were and how staff should work with them around these.

During our inspection an occupational therapist was visiting one person and putting plans in place to support them to develop cooking and community skills.

Information we found in the care plans included the person's 'Health Passport', seizure record where appropriate, incident reports, missing person information, details of annual multi-disciplinary reviews, arrangements for managing the person's finances, and a detailed protocol for administration of any 'as required' medication. People were able to decide their own daily routines and this was recorded in their support plans.

A member of staff told us that they had input into the client's files through team meetings. Staff discussed what people had done and then they put it onto the computer file. A monthly key worker report reviewed every aspect of the person's support and this included any medical visits, accidents or incidents, use of 'as required' medicines, review of the support plans, and review of how the person's one to one support time had been used.

We looked at records for a person who went to live at the service most recently. These showed that the person and a family member had a number of introductory visits before the person transferred from another service.

During our visit, one person who was having an emergency short stay at the home remained in bed throughout the day. The manager told us that, while they were able to keep the person safe, they were not meeting the person's needs in terms of encouraging independence. They were working with health and social care professionals to find a more appropriate placement for the person.

Corporate complaints policies and procedures were in place and a compliments and complaints file was maintained. Three complaints had been logged in 2015/16 but not in any detail. The manager was able to explain each of these issues and how they had been dealt with.

# Is the service well-led?

## Our findings

The home is one of a range of services provided by the Wirral-based company Potensial Limited. The home had a registered manager and two senior support workers. The home's staff were supported by an area manager and by office based senior management. An on-call rota for area managers was available.

A member of staff told us "Everyone gets on well and works hard." Another member of staff said that the manager was good at her job, made sure all the paper work was in order, made appointments for the clients, and saw that everything in the office was run well.

The manager told us about plans for future development of the service, for example making the second floor of the building into a self-contained unit. This could eventually have its own entrance. Plans were with the estates department but some work had already started.

We saw records to show that various methods of monitoring the quality and safety of the service were implemented. These included a daily checklist of fire exits, fire panel, fridge and freezer temperatures and food temperatures, medicines administration records and service user money. There was also a weekly health and safety checklist and a weekly medicines audit. A monthly health and safety audit of the environment included all communal areas and bedrooms.

A comprehensive 'Manager's Monthly Report' to head office covered staffing, training, supervision and appraisals, DBS dates, servicing dates, weekly medication audits, monthly medication audit, finance audit, monthly health and safety inspection, monthly infection control audit, monthly first aid box check, monthly service user files audit and staff file audit.

Any health and safety issues were reported, and progress commented on. There was an update on DoLS applications, an update on the transfer of appointeeships, and an update on any on-going safeguarding concerns. The reports also detailed any complaints received, any medication errors that had occurred, and a summary of accidents and incidents.

A property audit had been carried out in September 2015 and areas for improvement were identified and in progress. Quality audits were also conducted by area managers working within the organisation.

Regular monthly meetings were held for staff and for people using the service, although some staff meetings had been missed in 2015. The minutes we looked at showed that people were able to discuss any subjects they wanted to raise. We looked at the minutes of the most recent service user meeting that had been held on 16 January 2016. Six people had attended and were asked about the house, the support they received, the staff team, if they knew how to make a complaint, and what activities and meals they would like. Actions were identified and there was an update on actions that had been taken after the last meeting in December 2015. The most recent staff meeting had been on 29 January 2016, with seven staff attending.

There was a quarterly 'Service User Forum' for the Potensial homes in the Wirral area. This had last met on

met 6 December 2015. A person who lived at 7-9 Park Road South and a member of staff had attended.

Satisfaction questionnaires were available for people who lived at the home, families, visitors and staff to complete. We looked at two recently completed feedback forms which included comments: 'Good communication listening and patience with all staff.' and 'Staff very helpful and professional.' The manager told us that satisfaction surveys had been carried out by head office in 2015, but she did not see the completed forms, just a summary and action plan.