Potensial Limited

Potens Torbay Domiciliary Care Services

Inspection report

Conifer Lodge
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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

Overall summary

Potens Torbay Domiciliary Care Services provides a supported living service to people with a learning disability or mental health needs. A supported living service is where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection, the service provided support to five people living in three houses. We visited the supported living setting at Conifer Lodge. People had their own rooms and shared other parts of the house including the lounge, kitchen, and dining room.

We carried out this announced inspection on 29 July 2015. The last inspection took place in February 2014 during which we found there were no breaches in the regulations.

Summary of findings

There was a registered manager in post. 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 were happy and relaxed on the day of our inspection visit. People felt safe and comfortable in their home. People said "I feel safe here, it's my home" and "I'm very happy with my support". Staff understood the signs of abuse, and how to report concerns. Appropriate staff recruitment checks had been undertaken to ensure staff were suitable to work with vulnerable people.

Staff treated people with respect and kindness. There was lots of discussion and people clearly enjoyed talking with staff about their interests. Staff responded with warmth and there was lots of laughter.

People received support from skilled, trained, and experienced staff who knew them well. People told us ""The staff are excellent" and "All the staff are lovely, I get on really well with them. That's the way life should be". A healthcare professional said one person they visited had a good relationship with staff and felt settled. There were enough staff to meet people's needs, enabling people to go out when they wanted to.

People were enabled through positive risk taking to progress, gain new skills, and increase their independence. People were active members of their local community and took part in a range of activities.

People were involved in planning their support. Staff had an awareness of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us if people had been assessed to lack capacity, decisions would be made in the person's best interest and take into account the person's likes and dislikes. One person had been assessed as lacking capacity in relation to finances. The registered manager had made a referral to the local authority for an appointee to manage their finances. The Court of Protection appoints a person to make best interest decisions about people's finances.

The service had an open culture, a clear vision and values, which were put into practice. Staff felt well supported by the registered manager and staff team to fulfil their role. The registered manager worked alongside the staff in the home. People knew the registered manager well and found them to be approachable. Comments included They're very good" and "I do go to the manager".

People were actively involved in the running of the service. There were regular meetings where people were encouraged to give feedback. People took part in staff interviews and had devised a list of questions to ask. People had asked for an extra safety check to confirm visitor's identity and this had been introduced.

The provider had systems in place to assess and monitor the quality of care and support provided. The service encouraged feedback and used this to drive improvements.

Summary of findings

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 safe.

People told us they felt safe in their home. People were encouraged to go out independently, if appropriate, and knew what to do if they were worried about anything.

People were enabled to take risks in order to lead more fulfilling lives and the service managed risk in positive ways.

People were supported to take their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People benefited from staff who were trained and knowledgeable in how to care and support them.

People were supported to access a range of healthcare services.

People were supported to maintain a balanced diet. They took part in food shopping and preparing their meals.

Good

Is the service caring?
The service was caring.

Staff knew people well and treated them with respect and kindness. Staff and people interacted in a friendly way.

People were involved in making decisions and planning their care and support.

People made choices about their day to day life.

Good

Is the service responsive?
The service was responsive.

People had access to a range of activities in their home and the local community.

People's care and support was based around their individual needs and aspirations.

There was a complaints procedure in place. People told us they would go to staff if they were unhappy.

Good

Is the service well-led?
The service was well-led.

The registered manager kept up to date with current best practice and was keen to develop and improve the service.

The service's vision and values were embedded in staff's everyday practice. The registered manager worked alongside staff to support people.

Good

Summary of findings

There were effective quality assurance systems in place to monitor the service people received and drive improvements.

Potens Torbay Domiciliary Care Services

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 checked 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 visit took place on 29 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in. One social care inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service.

On the day of our visit, three people were living at the house we visited. Two other people received support in their own homes. We used a range of different methods to help us understand people's experience. We spoke with two people, the registered manager and one member of staff who worked at the service. We received feedback from a healthcare professional who visited the service.

We looked at two care and support plans, medication records, two staff files, audits, policies and records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe and would go to staff with any concerns. One person said "I feel safe here, it's my home". They told us they carried a mobile phone whilst they were out so they could call staff if they needed to. The service was trialling a new safety check for when visitors arrived. Visitors were given a password beforehand which they gave to the person who answered the door. This was at people's request as it was not always easy for them to read an ID badge or check it was authentic.

Staff had received training in safeguarding people and knew what to do if they suspected abuse. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. The provider had safeguarding policies and procedures in place. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

The registered manager had made safeguarding referrals when they had concerns about people's safety and attended a safeguarding meeting. They had also contacted us to let us know what had happened. This meant people were protected from the risk of harm.

People were enabled to lead more fulfilling lives by staff who supported them to take risks. For example, staff had supported one person to use the kitchen to increase their independence. The person was worried about the risk of being burnt. Staff provided equipment to protect the person and reduce the risk of burns. Staff talked the person through the process step by step so they could cook safely.

Risk assessments were completed for each person. Staff had been given information telling them how to manage these risks to help ensure people were protected. Each risk assessment gave information about the identified risk, why the person was at risk and how staff could minimise the risk. For example, one person was at risk of falls. The risk assessment said staff should ensure floors were kept clear and check the person was mobilising safely when wearing certain footwear.

People's support and care was provided by a small stable staff team which consisted of the registered manager, senior support worker, and four staff members. The service was staffed 24 hours a day. Rotas showed there was usually at least two staff on duty, sometimes more. On the days staff provided support to people in their own homes, this was clearly highlighted on the rota. Staff and management told us staffing levels were sufficient to meet people's needs, enabling people to go out when they wanted to. People confirmed flexible support was provided to meet their needs and allow them to follow their interests.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire, gas, water, and electrics. Arrangements were in place to deal with building maintenance issues. The landlord employed a tenant liaison officer. Staff supported people to contact them with any issues.

There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that told them how to be safe in the event of a fire. This was placed on the back of their bedroom door and in their support plan. There was an additional plan in place in case the person was unable to follow their own plan. Staff knew how to safely assist them in the event of a fire.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Support plans included a section for administering medicines. Each person had consented to staff giving them their medicine. Staff said that there was nobody who currently looked after their own medicines. However people had access to lockable storage and would be able to do this if it had been assessed as safe for them. Staff had received medicines training and were knowledgeable about people's medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. The provider information return told us there had been three medicines errors in the past 12 months. This had not resulted in harm to people. However, the registered manager told us they had increased monitoring to reduce the risk of further errors. Regular audits were being completed weekly and when medicines were received. This meant any issues could be picked up quickly and action could be taken to prevent any further shortfalls.

Good

Is the service effective?

Our findings

People received support from staff who knew them well. People said "The staff are excellent" and "I'm very happy with my support".

Staff were trained to provide appropriate care and support to people. Staff told us they had completed an induction programme and received regular training updates in areas relating to care practice, people's needs, and health and safety. Additional training which was specific to people's

needs included crisis prevention. Staff training was delivered online and face to face. Two staff were working towards their Level 3 Diploma and had chosen optional units in mental health and capacity, autism, and accessing the community. Staff said "Overall the training is very good. If there's anything we specifically wanted to do we could ask for the training and it would be arranged".

Staff had received regular supervision. During supervision, staff had the opportunity to sit down in a one-to-one session with their line manager to talk about their job role and discuss any issues. Staff had also received an annual appraisal to discuss their training and development. Staff told us they felt well supported by the registered manager to fulfil their role. Information was passed to staff at verbal handovers.

Staff had an awareness of the Mental Capacity Act 2005 (MCA).The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had received training on the MCA. There were policies and procedures in place. At the time of our

inspection, people had mental capacity to make most of their own decisions. One person had been assessed as lacking capacity in relation to finances. The registered manager had made a referral to the local authority for an appointee to manage their finances. People could come and go as pleased and there was no restriction on anyone's liberty.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP for an annual health check. Other visits included the dentist, optician, chiropodist, psychologist and occupational therapist. One person's mobility had decreased and they were using a walking frame. The occupational therapist had provided training and advice on how to best support the person. Staff encouraged the person to do daily exercises to help with their mobility. Support plans gave staff information on how to prepare people for appointments and support them during the process. For example, reminding the person what the appointment was about and reassuring the person; supporting the person with questions during the appointment if they didn't understand; and how to talk about the outcome of the appointment.

People were supported to maintain a balanced diet. Staff knew people's food preferences and encouraged people to make their own choices for drinks and meals. Support plans were in place to identify assistance required in this area. The timing of meals was guided by people's individual daily routines and people had individual support with their meals. Breakfast time was flexible to meet people's preferred rising times.

People were involved in menu planning and they chose what they wanted to eat and drink. People wrote a shopping list and went food shopping at the supermarket of their choice. During our inspection, one person prepared some pasta for lunch with support from staff. Staff encouraged the person to do as much as they could for themselves. People prepared their own meals and ate at the time they wished to.

One person had worked with staff on a support plan as they wanted to lose weight. Staff encouraged the person to make healthy choices when meal planning, supported them with the size of food portions, and encouraged them to exercise. Staff were supporting the person to make a self-referral to the local trust's lifestyles team to take part in a 12 week course on healthy eating.

Good

Is the service caring?

Our findings

People told us they were happy and that staff were caring. People said “We’re one big happy family. I have a lot of fun here” and “All the staff are lovely, I get on really well with them. That’s the way life should be”. A healthcare professional said one person they visited had a good relationship with staff and felt settled. The person was at their preferred choice of supported living and was very happy to be there.

Staff treated people with respect and kindness. For example, we saw staff took time to greet people and ask them individually how they were. People responded to this by smiling and engaging with staff in a friendly way. There was lots of discussion around shopping, television programmes, old toys, and history. People clearly enjoyed talking with staff about their interests. Staff responded with warmth and there was lots of laughter.

Staff demonstrated they knew the people they supported. They were able to tell us about people’s preferences and personal histories. With people’s consent, staff had spoken with their family to learn more about the person. A staff member told us “It’s about making people feel at home”.

People expressed their views and were involved in making decisions about their care. Care plans were personalised and contained a range of formats including symbols, pictures and words to help the person understand their plan. People confirmed they had been involved in their plan and held a copy in their bedrooms.

People were supported to access an advocate if they needed someone to speak up on their behalf. The registered manager told us people had used advocates in the past. Records showed one person had been offered access to an advocate.

One person was keen to show us their bedroom. Staff gave this person time to lead the way. The person enjoyed this responsibility and proudly showed us their home.

People benefited from staff who showed compassion and took action to relieve distress. For example, one person could become anxious if they were out in the community when it was busy and noisy. Staff told us they encouraged this person to recognise the best times to go out to minimise their anxiety.

Staff maintained people's privacy and dignity. For example, we saw staff talked about people’s personal needs out of earshot of others. Care and support plans contained information about how to respect privacy. For example, each person had given consent around staff entering their bedroom. This requested that staff knocked on the door and waited for an answer. The person would then give them permission to enter and support them. People had their own keys so they could come and go as they wished.

People were supported to be as independent as possible. Staff encouraged people to decide what activities they would like to do and supported them to carry out their own personal care and daily routines.

Good

Is the service responsive?

Our findings

Before a person started to use the service, the registered manager visited them and carried out an assessment to make sure staff would be able to meet their needs. One person told us before they had started to use the service, they had visited the house to look around, spent time getting to know the people who lived there, and had stayed overnight several times. They said this had made the move easier for them.

Support plans had been developed with the person, the staff who supported them, and senior staff. Support plans became more individualised and person centred over time. One member of staff said "It's about making the service bespoke to them".

Support plans described in detail the support people needed to manage their day to day needs. This included a section about what and who was important to the person, individual preferences, interests, and aims. Support plans were reviewed every month to ensure people's changing needs were identified and met.

During our visit, staff responded to people's requests and met their needs appropriately. For example, on one occasion, one person was unsteady on their feet. Staff were quick to check the person was alright. After the event, staff checked how the person felt on several occasions.

People went out independently or were supported by staff to go out. People accessed local cafes, pubs, and shops. Other activities that people enjoyed included swimming, walking, using the computer, and meals out. People were supported and encouraged to take part in daily living tasks such as cleaning, laundry, food shopping, and cooking.

People were supported to maintain contact and relationships with family and friends. People had visits from family. People enjoyed going out locally with friends. Records showed that staff supported one person to make sure their mobile phone had credit so they could keep in contact with their family.

People were encouraged to give feedback during monthly tenant meetings. During the meeting in June 2015, people talked about outings, visitors, and welcomed a new person and a new staff member. One person wanted to go on an outing to a theme park. Other people also wanted to go when this was discussed. After the meeting, the person looked at the costing of the trip with a staff member. People were going to discuss possible dates. A meeting was planned for the evening on the day of our inspection. People had been asked to raise anything they wanted to discuss. Records showed they wished to discuss fridge temperatures and staff's role.

People had access to the complaints procedure. This was also available in an accessible format with pictures and symbols to help people read it. There were examples of possible complaints such as if you do not like the food; if there are people who are not kind to you; and if there are things you would like to do but you cannot do them. Staff told us people would come and tell them if they were unhappy. People confirmed if they were unhappy they would tell the staff. The service had not received any complaints in the past twelve months.

Feedback forms had recently been made available to visitors. One form had been completed. The visitor provided positive feedback on the quality of support provided and the environment. They confirmed that people looked happy and well cared for.

Annual service satisfaction questionnaires had been sent out to people, healthcare professionals, and staff in May 2015. These asked people for their views of the support provided. These showed that people were satisfied with the service. People commented "Thank you for all you do" and "I would like to thank everyone".

Good

Is the service well-led?

Our findings

People told us the registered manager was approachable. People said "They're very good" and "I do go to the manager". The registered manager worked alongside the staff in the home. People knew them well and were comfortable with them. The registered manager monitored the quality of care and support and sought feedback from people on an on-going basis.

The registered manager was working towards the Level 5 Diploma in Leadership and Management. As part of the course, an assessor visited the service to observe the registered manager's practice. People who used the service were enjoying taking part in the observations of their performance.

People were actively involved in the running of the service. For example, two people told us they had enjoyed taking part in staff interviews recently. They had discussed and decided on the questions they wanted to ask. People's views were recorded and used to assess the suitability of staff.

Staff said there was an open and honest culture. They told us they could go to the registered manager at any time for advice. A staff member said "I can approach them about anything". They said if they had any concerns they felt able to voice them. If they had any new ideas they felt able to share them with the team.

Staff were clear about their roles and responsibilities. Records showed this was discussed in supervisions and team meetings. The visions and values of the service were for people to live as independently as possible and to have choice. The staff member knew the provider's vision and this was reflected in their work. They told us "It's about promoting independence and making people feel at home".

The registered manager was keen to develop and improve the service. They told us how they accessed resources to ensure they kept up to date with research and current best practice. For example, they accessed information from Skills for Care and Social Care Institute for Excellence. They had attended a forum with other providers to share good practice. At the forum, the registered manager had introduced the concept of "fast friends" where people could sit down and talk to other people for a timed session. They said this had worked well and people had made friends as a result. The provider had been awarded the Investors in People Award. This award is a management framework for high performance through staff which embeds best practice and recognises the service's achievements in providing high quality, person centred support. It shows the provider values it's staff.

Monthly audits had been carried out in relation to health and safety, infection control, and finances. Where shortfalls had been identified, an action plan was written. Once the actions were completed these were signed off to confirm this.

The area manager visited the service once a month to monitor the quality of care and support being provided. They spoke with people who used the service and staff. They looked at records and walked around the building. Action was taken when shortfalls were identified. For example, where a support plan needed more information, action had been taken to make sure this was completed.

The provider had a nomination and reward scheme in place. In the past 12 months, the registered manager won the manager of the month award. The service won best performance and quality improvement over a year. This was in recognition of the contribution made by the staff and registered manager and for the progress one person made in relation to their independent living skills. The registered manager had plans to build on their success. They planned to develop the service further. For example, they had recognised a gap in the information available relating to sexual health. They planned to attend training so they could ensure people's needs were met.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.