

Max Potential UK Ltd

Max Potential

Inspection report

6 Meltham Place
Back Willows Lane
Bolton
Lancashire
BL3 4AD

Tel: 01204416903

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12 December 2017

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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 12 December 2017 and was unannounced. The property is located in a predominantly Asian community in a quiet, residential area close to amenities, such as shops, a mosque, a church and a library. Max Potential provides accommodation for up to four young adults, from any background and ethnicity who require support with personal care needs. The property is maintained to a high standard and has been adapted to cater for those with mobility problems. Public transport links to Bolton town centre are close by.

There was a registered manager in place, who was also the provider of 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.

The service had an up to date safeguarding policy, staff had attended safeguarding training and were able to explain what constituted a safeguarding concern and how they would record and report this.

The people who currently used the service had varying abilities and there were suitable numbers of staff to meet their needs. Staff recruitment was robust and helped ensure staff employed were suitable to work with vulnerable adults.

Medicines systems at the service were safe and staff had undertaken appropriate training. Health and safety records were complete and up to date. General and individual risk assessments were in place and were updated regularly.

Staff induction was thorough and training was on-going, with regular refreshers for mandatory training. There were regular staff supervision sessions and annual appraisals.

Care files included relevant information about people's health and well-being. The service made appropriate referrals to other services. Information could be presented in languages other than English and easy read formats to help make it accessible to all.

People's nutritional and hydration requirements were clearly documented and any dietary requirements adhered to. The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People told us they liked living at the home and staff were kind. Dignity and privacy was promoted by staff and independence was encouraged.

Service user meetings were held on a weekly basis and a service user guide was produced which contained

information about the service. From speaking to people who used the service it was evident that they felt involved with their care and support.

Care plans included person-centred information about each individual and support was tailored to each person's individual needs and wishes. Care plans and risk assessments were reviewed and updated on a regular basis.

A range of activities and outings were accessed by the people who used the service. People were encouraged to access education and one person attended college. There were outings and short holidays arranged by the service for those who wished to participate.

There was a complaints procedure in place and we saw the response to a complaint, which was timely and appropriate. Minor concerns were sorted out on a day to day basis.

The management team were described as supportive and approachable. There was evidence of partnership working with other professional agencies and appropriate referrals were made when required. Regular staff meetings took place at the service.

A number of regular audits and checks were carried out to help ensure the quality of the service delivery. All records were complete and up to date.

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.

The service had an up to date safeguarding policy, staff had attended safeguarding training and were able to explain what constituted a safeguarding concern and how they would record and report this.

There were suitable numbers of staff to meet the needs of the people who used the service. Staff recruitment was robust and helped ensure staff were suitable to work with vulnerable adults.

Medicines systems were safe and staff had undertaken appropriate training.
Health and safety records were complete and up to date.

Is the service effective?

Good ●

The service was effective.

Staff induction was thorough and training was on-going. There were regular staff supervision sessions and annual appraisals.

Care files included information about people's health and well-being and appropriate referrals were made to other services. Information was presented in ways that made it accessible to all.

People's nutritional and hydration requirements were documented and dietary requirements adhered to. The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People told us they liked living at the home and staff were kind. Dignity and privacy was promoted by staff and independence was encouraged.

Service user meetings were held on a weekly basis and a service

user guide was produced which contained information about the service.

From speaking to people who used the service it was evident that they felt involved with their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and support was tailored to each person's needs and wishes. Care plans and risk assessments were reviewed and updated on a regular basis.

A range of activities and outings were accessed by the people who used the service.

There was a complaints procedure in place and minor concerns were sorted out on a day to day basis.

Is the service well-led?

Good ●

The service was well-led.

The management team were supportive and approachable. There was evidence of partnership working with other agencies and appropriate referrals were made when required.

Regular staff meetings took place at the service.

A number of regular audits and checks were carried out to help ensure the quality of the service delivery. All records were complete and up to date.

Max Potential

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.

The inspection took place on 12 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team and the local safeguarding team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service. We did not receive any negative comments. We also contacted three health and social care professionals for their views about the service. We did not receive any negative comments from them either.

During the inspection we spoke with the registered manager, the assistant service manager and two members of support staff. We also spoke with two of the four people who used the service. We spent time at the premises and looked at all four care files, two staff personnel files, training records, staff supervision records, meeting minutes and audits.

Is the service safe?

Our findings

The service had an appropriate and up to date safeguarding policy and procedure in place and all employees were required to read this on induction. Training records showed all staff had attended safeguarding training and those we spoke with were able to explain what constituted a safeguarding concern and how they would record and report this. Staff were also confident to report any poor practice they may witness and we saw records of a discussion between a staff member and their supervisor where some concerns had been raised. The service had followed up the concerns in an appropriate way. The service had been involved in some safeguarding discussions and meetings. They had contributed to these in an effective way and the service had been instrumental in keeping people safe and secure.

The premises were clean, tidy and clutter free. There was an infection control policy and procedure in place and staff had signed an agreement to report any infection in line with the service's policy. The home had been recently refurbished to a high standard and doors had been widened to help people with restricted mobility to move around freely. The bathroom was suitably equipped with a walk in shower and room for staff to assist people when required.

The people who currently used the service had varying abilities and there were suitable numbers of staff to meet their needs. Staff we spoke with told us they were always able to cover shifts for people who were on leave or sick and did not have issues with staffing levels.

We looked at two staff personnel files and saw that appropriate documentation with regard to recruitment were included. Each file contained a job description, application form, proof of identity and two written references. We saw Disclosure and Barring Services (DBS) checks had been carried out for potential employees. DBS checks help employers ensure they recruit staff who are suitable to work with vulnerable people.

We looked at how medicines were managed at the service. They were ordered, stored and disposed of in a suitable manner. Medicines were supplied in dosette boxes to help ensure they were given safely and were stored in a locked cupboard. All staff had undertaken training for medicines administration and their practice had been observed by senior staff to ensure they were competent. There was a process to follow in the event of medicines errors, which staff were aware of and there was always a senior manager on call to give advice and guidance should this be required. We looked at Medicines Administration Records (MAR) sheets, which were completed as required. The assistant service manager audited these records on a weekly basis and checked medicines in the cupboard regularly to help minimise the risk of errors.

We looked at health and safety records which were complete and up to date. These included a house file with information about where keys were kept, water could be turned off, electricity and gas metres were situated and emergency contact numbers. There was an up to date employer's liability insurance certificate, gas safety certificate, electrical installation records. Water temperatures and fridge temperatures were recorded daily and were within the manufacturers' recommended limits. Food temperatures were taken via a probe before the food was served, to ensure the food was cooked properly.

General and individual risk assessments were in place and were updated regularly to ensure any changes were recorded. There were personal emergency evacuation plans in place for each individual who used the service and these were kept in a folder near the entrance of the premises. These set out the level of assistance each person would require in the event of an emergency. The fire risk assessment at the premises needed to be updated following the work done on the building. The service had arranged for the fire service to visit in January 2018 to update this following the renovations to the property. We saw records of fire drills and weekly checking of fire alarms.

Is the service effective?

Our findings

We looked at all the care files and these included relevant information about each individual's health and well-being. We saw evidence of the service making appropriate referrals to other services, such as psychologists and GPs and working alongside these other agencies towards a good outcome for the individual. There was a temporary care plan in place for an individual who had recently suffered a fracture to her arm. This set out the extra assistance this person would require whilst incapacitated.

We looked at how the service presented information to the people who used the service. Information could be presented in languages other than English where required and we saw that easy read formats were used for documents within the care files. This enabled people who used the service to understand their care plans, contribute and express their views.

People's nutritional and hydration requirements were clearly documented and any dietary requirements adhered to. Three of the four people who used the service required a Halal diet and this was supplied for them. One person we spoke with told us, she preferred English food to Indian food. Her favourites had been recorded within her care plan and these were offered to her on a regular basis. There was a menu, but people were able to choose something different if they didn't want what was on the menu. All individuals had a healthy eating plan and we saw that encouragement was given to people to help them make healthy choices as much as possible.

We looked at records for the staff induction programme. All new employees were required to have all mandatory training prior to commencing work. They were then introduced to the people who used the service and given all relevant information needed to deliver their care effectively. Support was offered by more experienced staff and competence observed until new staff were deemed able to work without supervision. Staff we spoke with told us the induction was thorough and they felt competent for their role at the end of it. There was also a handbook for staff to consult for guidance.

Training was on-going and there were regular refresher courses for all mandatory training. We saw that extra training was offered and staff told us they were able to request any relevant training and this would be sourced for them by the management.

Staff supervisions took place every six to eight weeks and we saw records of these, which included discussions around training, concerns, ideas, suggestions and any support required. Annual appraisals were also carried out and these gave staff the chance to reflect on the previous year, set goals for the coming year and identify any personal development needs.

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. Consent forms were signed by people who used the service, or their relatives when appropriate, for issues such as care and treatment and participating in activities. We observed that verbal consent was sought by staff for all support offered. We saw records of best interests meetings and discussions about accommodation, family issues and finances. The service had contributed to and recorded the outcomes of these discussions to ensure all care and treatment was delivered with regard to the MCA.

DoLS were applied for and put in place where required. These were reviewed and renewed as necessary and staff were fully aware of which individuals were subject to a DoLS.

Is the service caring?

Our findings

We spoke with two of the four people who currently used the service. One person told us, "It's lovely, I love it, I like it here, it's a cosy place. They [staff] are all very nice; all of them are kind". Another commented, "Staff are very nice. I am happy". A staff member told us, "I love it. Every day is different". A second staff member told us, "I like it, I love this job".

A confidentiality agreement was signed by all new staff on commencement of their employment. They were required to read and understand policies around confidentiality, privacy, dignity and equality and diversity to help ensure they supported people in an inclusive and respectful way.

We observed how staff supported the people who used the service when they returned from their daytime activities. They were welcomed home and supported to have drinks and snacks, have showers and engage in leisure activities such as colouring and watching TV. We saw that dignity and privacy was promoted by staff knocking on bedroom and bathroom doors and waiting to be admitted. People who used the service were also guided by staff about giving each other privacy when appropriate.

People who used the service were encouraged to assist with tasks such as making drinks and meals. We saw in people's care plans that each individual participated in household chores as far as they were able and with whatever level of supervision was required. This helped promote people's independence.

Care plans were produced in easy read and pictorial format to make them accessible to each individual. People who used the service had written some parts of the plans themselves. For example, we saw that they had written the names of their favourite foods and drawn pictures to illustrate the records. Comments about the support required were written by people who used the service and various versions of smiley faces used to demonstrate their moods and emotions. From speaking to people who used the service it was evident that they felt involved with their care and support.

Service user meetings were held on a weekly basis and we saw records of them. Discussions included updates on the week, ideas for days out, bedrooms décor, college attendance and meals.

There was a statement of purpose for the service which included information about the aims of the service, philosophy, how to access the service and what was provided. It also contained information about the staff, quality assurance, complaints, compliments and policies and procedures to be followed. The statement of purpose included a statement on equality opportunities and valuing diversity.

A service user guide was produced by the service which included information about the services provided, policies and procedures, safeguarding and catering. The service set out in detail the religious and cultural needs they would guarantee to meet and we saw this reflected in people's care plans. Individuals were supported to attend church, say prayers, follow a culturally specific diet and/or receive care in a culturally sensitive way. All information could be written in the service user's main language and there were staff with multi-lingual skills who could explain things in people's own languages if this was required.

Is the service responsive?

Our findings

We asked people who used the service about the support they received and whether this was according to their wishes. One person told us, "They [staff] help me with showers and tea. I help with the cooking. I like English food better than Indian food, burgers and hot dogs. I do my own shopping with staff. I choose my own clothes".

The care plans included person-centred information about each individual, outlining their background, family situation, interests, hobbies, likes and dislikes. Support was then tailored to each person's individual needs and wishes, with a lot of input from them as to how this should be delivered. For example, people who used the service completed a document entitled, 'Things that people who support me need to know'. Care plans and risk assessments were reviewed and updated on a regular basis to ensure that all information remained relevant and current.

There were records of people's spiritual, religious and cultural needs and details of how these were supported. We saw that people were given choices about all aspects of their daily lives, including what they wore, how they decorated and kept their bedrooms, what they ate and the activities and outings they took part in. We observed staff asking people what they wanted to do and supporting them with their choices. We noted that two people wanted to stay in their bedrooms and go to bed early, which they did. Others wished to stay up later and do some activities.

Staff had undertaken training in behaviour that challenges the service. They were working alongside an individual to try to understand and support her difficulties in this area. They had made referrals to other professional agencies who were working in partnership with them to try to support the individual and reduce the inappropriate behaviours in a supportive and constructive way.

A range of activities and outings were accessed by the people who used the service. Individuals were either taken to the provider's other service which provided day care to meet friends and join in games and sports or taken to other activities. People were encouraged to access education and one person attended college to take cookery classes, which she told us she thoroughly enjoyed. There were outings and short holidays arranged by the service for those who wished to participate.

One person who used the service said, "I like to play basketball, table tennis with an instructor and snooker. Sometimes I go shopping and cycling and have hydrotherapy. I visit my family". Another told us, "I have been decorating my bedroom for Christmas. I do cooking and bring things home. I go to the library and do bike riding, basketball and table tennis".

There was a complaints procedure in place which was outlined within the service user guide and the statement of purpose. We saw the response to a complaint, which was timely and appropriate. The registered manager and assistant service manager told us they sorted out any minor concerns on a day to day basis with open conversation with people who used the service, their families and professionals. They did not record these conversations, but agreed they would do this in future to evidence their actions.

Is the service well-led?

Our findings

The provider of the service was also the registered manager and worked alongside staff every day. She had recently employed an assistant service manager who was experienced with this type of service. She had taken on some of the regular administrative tasks and was able to share the management role going forward.

People who used the service clearly knew the management team very well and were comfortable to speak with them. Relatives were in regular contact with the management and we saw records of communication about all aspects of care and support delivered.

Staff told us they were well supported in their roles and could approach management when they needed to. One staff member said, "We are supported twenty four seven. We can ring for help about anything we are unsure about. If we have something to say we can speak up and say – this needs to change. They [management] are always up for ideas". Another told us, "When I need help I ask and the management will help me".

There was evidence within the care files of partnership working with other professional agencies, such as social workers, psychologists and GPs. We saw that some intensive work was taking place around one individual's current needs, involving a multi-disciplinary team approach. Appropriate referrals were made to other agencies when required and the service followed guidance from professionals as required.

Staff supervisions took place on a regular basis and gave staff the opportunity to discuss any issues on a one to one basis. We saw records of regular staff meetings where discussions included keyworkers, evacuation plans, support, recording, daily outcomes, communication, signing in sheets, body maps, shift patterns, food, daily chores, training and incidents. All staff were required to read and sign the minutes following the meetings.

We saw records of accidents and incidents which included dates, times, types of accident, duration and outcomes to help the service look at whether there were any patterns or trends occurring. A number of regular audits and checks were carried out to help ensure the quality of the service delivery. We saw records of health and safety checks of the premises and equipment, emergency equipment checks and servicing, weekly medicines audits and client finance audits. All records were complete and up to date.