Potensial Limited

Potensial Limited - 3 Sydenham Terrace

Inspection report

3 Sydenham Terrace
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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

3 Sydenham Terrace is a care home that provides accommodation and personal care for a maximum of six people who live with a learning disability or a related condition. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Six people were accommodated at the service at the time of inspection.

The building accommodated six people and conformed with the values that underpin the Registering the Right Support and other best practice guidance. The model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in August 2016 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 ongoing 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.
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At this inspection we found the service remained good.

People said they felt safe and they could speak to staff as they were approachable. People and staff told us they thought there were enough staff on duty to provide safe care to people.

Staff knew about safeguarding procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines that we inspected were safe.

Parts of the building were showing signs of wear and tear. An area of the combined lounge and dining room was being used as an office, which reduced the living area for people who used the service and also gave them no privacy from staff. We received an action plan straight after the inspection with timescales to show how the refurbishment would be addressed.

Staff spoke with people respectfully and most systems were in place to respect people's privacy. However, personal information about people was displayed on a noticeboard in the kitchen. This was addressed immediately during the inspection and people's personal information was removed.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care and records reflected the care provided.

People were involved in decisions about their care. 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.

Records reflected the care provided by staff. Care was provided with kindness and patience. Communication was effective to ensure people, staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs. There were opportunities for people to follow their interests and hobbies.

Staff were well-supported due to regular supervision, annual appraisals and an induction programme, which developed their understanding of people and their routines.

People had the opportunity to give their views about the service. There was consultation with staff and people and their views were used to improve the service. People said they knew how to complain. The provider undertook a range of audits to check on the quality of care provided.

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?

The service remains good.

Good

Is the service effective?

The service remains good.

Good

Is the service caring?

The service remains good.

Good

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

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Detailed findings

Background to this inspection

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

This inspection took place on 16 January 2019 was unannounced.

The inspection was carried out by an inspector.

Before the inspection we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care to obtain feedback about the service.

As part of the inspection we spoke with four people who lived at the service, two support workers including one senior support worker and the registered manager. We reviewed a range of records about people's care and checked to see how the service was managed. We looked at care plans for three people, the recruitment records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits that were completed. During the inspection we carried out general observations.

Good

Is the service safe?

Our findings

People were positive about the care they received and told us they were safe with staff support. Staff also said they felt safe working at the service. People's comments included, "Staff are around if I need them" and "I feel safe here."

Staff had receiving training about safeguarding and understood how to report any concerns. They were able to describe various types of abuse and tell us how they would respond to any allegations or incidents of abuse. The safeguarding log showed 14 alerts had been received or raised since the last inspection. The log did not show the analysis of individual safeguardings. We discussed this with the registered manager who told us it would be addressed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Management were able to be contacted outside of office hours should staff require advice or support.

Staff had completed medicines training and six monthly competency checks were carried out. Staff had access to policies and procedures to guide their practice. There had been no issues raised with medicines management at our previous inspection and no concerns were raised at this inspection. The door that accessed the medicines was unable to open at the time of our inspection as the lock had dropped. This was addressed immediately and people received their medicines as planned.

People's individual risk assessments were in place with a system of review to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as distressed behaviour or promoting people's independence.

Support plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others.

Regular analysis of incidents and accidents took place. Accidents and incidents were monitored and a monthly analysis was carried out to look for any trends. Learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to behaviour management.

There was a very good standard of hygiene around the home. Staff received training in infection control and protective equipment was available for use by staff as required.

Arrangements were in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

Robust recruitment processes were in place which included appropriate vetting procedures to ensure only

suitable staff were recruited.

Good

Is the service effective?

Our findings

Staff received training to meet people's care and support needs and they kept up-to-date with safe working practices. A formalised supervision system was being introduced to support staff to carry out their role. Staff comments included, "I supervise some staff", "We do e learning and face-to-face training", "Positive behaviour support training is planned" and "There are opportunities for training and progression. There was an on-going training programme in place to make sure all staff had the skills and knowledge to support people.

Staff completed an induction programme and had an opportunity to shadow a more experienced member of staff when they started to work at the service. Staff undertook the Skills for Care, Care Certificate established in 2015. This was to further increase their skills and knowledge in how to support people with their care needs A member of staff told us they had recently been promoted and were being supported in their new role. However, we did not see a formalised induction within their training file to show they were being signed off as being competent to carry out their senior role and to show them the job requirements. We were informed straight after the inspection that a two week formal induction was to start on 21 January 2019.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People were supported, where required, to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. For example, the dentist and GP.

People enjoyed a varied diet. They were supported or made their own regular drinks and snacks throughout the day in addition to the main meal. People's care records included nutrition support plans and these identified requirements such as the need for a weight reducing or modified diet. Where people required food and fluid charts to monitor their daily intake, written guidance was not available for staff to advise them of the action to take to ensure people received adequate hydration and nutrition. Nutrition support plans did not include this information for staff. Staff could tell us verbally the action they took. We discussed this with the registered manager who told us it would be addressed.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through Mental Capacity Act application procedures called the Deprivation of Liberty Safeguarding (DoLS). The registered manager had submitted DoLS authorisations appropriately.

Some parts of the building were showing signs of wear and tear. The registered manager told us most of the areas requiring improvement had been identified through audits and an action plan had been completed. We received information straight after the inspection with planned dates for completion of the work. We

observed part of the home such as the lounge and kitchen displayed information about the running of the business and was for staff use and not people who used the service. We also noted the lounge had an area set up as an office. We discussed the inappropriateness of this in people's living area as it reduced their privacy as staff members made telephone calls and ran the home from the lounge. We received photographs straight after the inspection to show the office equipment and staff notices had been removed from the lounge and public areas.

Good

Is the service caring?

Our findings

During the inspection people appeared happy and relaxed. They were very positive about the support provided by staff. All people told us they were well looked after by staff. One person commented, "Staff are very kind." Another person said, "I like living here, this is my home."

There was a lively and pleasant atmosphere in the service. People moved around as they wanted. Some people were making themselves a drink, another person was helping make lunch, one person was out shopping and other people were just relaxing. There was a camaraderie amongst staff and people and people with each other.

Staff had a good relationship with people. Staff spent time chatting with people individually and supporting them to engage. Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

Staff were respectful and attentive with people. People looked smart and well-dressed. We discussed the inappropriateness of displaying personal information about people on the notice board in the kitchen. The registered manager attended to this immediately and removed the support plan.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. They were asked their opinion at their regular meetings. Staff received training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

People told us they made their own choices about their daily lifestyle. For instance, people had the opportunity to have a lie-in. They told us they could go to bed when they wanted, some people could go out as they wanted, people could choose their meals, outings and activities and staff respected their wishes.

Written information was available about people's likes, dislikes and preferred routines. Records documented information about people's hobbies and interests to help ensure staff provided person-centred care when the person was unable to tell staff about their routines and how they wanted their care to be delivered. People had been provided with their own books which contained photographs and pictures of activities and outings they had taken part in. Some people proudly showed us their books, which they had ownership of and contained information about their achievements, outings and interests.

Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication. All people's records advised staff how to communicate with the person

Where people did not have family, staff informally advocated on behalf of people they supported where

necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Formal advocates were used as required. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Good

Is the service responsive?

Our findings

People were encouraged and supported to engage with activities and to be part of the local community. Their comments included, "I go to the shops", "We go out for meals", "I like arts and crafts", "We go to Newcastle" and "I went to a pantomime at Christmas."

Records and people's pictorial social support plans and success files showed people were supported individually with a wide range of activities and these included walking, snooker, sensory room, baking, swimming, bike riding, trampolining, arts and crafts, meals out, cinema, concerts, theatre trips and going to discos and clubs. People were also supported to go on holiday.

Care and support was personalised and responsive to people's individual needs and interests. The senior support worker told us the registered manager promoted a personalised service and how they enabled people to have more of a say about what they wanted to do with their lives. This involved making decisions about outings, holidays, menus and planning programmes and activities.

Support plans were developed from assessments that were carried out when people moved to the service. They provided some details for staff about how the person's care needs were to be met. However, they did not give instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. We discussed this with the registered manager who told us it would be addressed. Care was delivered by a team of consistent staff who knew people well. Records showed people, relatives and other appropriate professionals were fully involved in planning how staff would provide care.

People were involved in household meetings to discuss the running of the household. Individual meetings took place with people and their key worker. These meetings took place to review people's care and support needs and aspirations. Staff completed a daily record for each person to record their daily routine. We discussed with the registered manager that the daily record and evaluations of people's care needs did not record their progress or deterioration over the month in order to monitor their health and well-being. They told us that this would be addressed.

People were encouraged and supported to maintain and build relationships with their friends and family. They were able to visit their relatives and friends regularly and were also supported to use the telephone to keep in touch. One person told us, "I go to my sister's house." Another person said, "I go to football matches with my brother."

Information was available about the end-of-life wishes of people. This included people's funeral arrangements.

The provider had a complaints procedure which was available to people, relatives and stakeholders. It was available in an accessible format. A record of complaints was maintained and none had been received since the last inspection. People told us they could talk to staff if they were worried and raise any concerns.

Good

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in August 2018. They were registered for two locations in close proximity and spent time at both services. A senior support worker was available to manage the service in the registered manager's absence.

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 registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager and support staff assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required.

We were told and observations showed the registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.

Information was available in alternative forms other than the written word if people who used the service did not read. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. Staff told us the registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. Staff said they felt well-supported. They said they could speak to the registered manager, if they had any issues or concerns. People and staff said the registered manager was supportive and accessible to them. One staff member said, "The registered manager will come straight away if anything happens."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They

included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required

Feedback was sought from people, relatives and staff through meetings and surveys.