

Potensial Limited

Potensial North East Supported Living

Inspection report

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05 January 2023

09 January 2023

16 January 2023

19 January 2023

23 January 2023

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31 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Potensial North East Supported Living is a service registered to provide personal care to individuals living in their own homes and they primarily offer services to adults with learning disabilities or autistic people. At the time of our inspection there were 10 people using the service .

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were regularly asked for their opinions and gave them freely. People were involved in discussions about their support and given information in a way they understood. Staff supported people to take part in activities and pursue their interests in the local area. People told us they could choose their own social interests and were supported by staff to do this. Where people had support, they told us this was flexible, available when required and to the level they needed. Staff supported people to play an active role in maintaining their own health and wellbeing. People were supported safely with medicines. Infection prevention and control practices reflected current guidance.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The provider had introduced a system for managing and overseeing the recruitment process centrally, some of the templates such as application forms would benefit from enhancement. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff protected and respected people's privacy and dignity. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

The service was open to new ways of working and ongoing improvements were introduced to promote independence and inclusivity. People received good quality care, support and treatment because trained staff could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. Staff were aware of and working to best practice guidance for supporting people with a learning disability and/or autistic people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 May 2021).

At the time we found the service was in breach of 2 regulations regarding the effectiveness of the service's quality assurance and submitting notification to us. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that staffing levels and training needs were regularly reviewed in line with best practice guidance and taking into consideration the assessed needs of people using the service. At this inspection we found the provider had made improvements.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Potensial North East Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Act.

Inspection team

An inspector carried out the inspection.

Service and service type

Potensial North East Supported Living provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met 9 people who used the service and spoke about their experiences. We spoke with the registered manager and 6 staff members.

We reviewed a range of records, which included 3 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, which outlined all presenting issues. Care plans provide enough detail around how staff were to support people when they displayed distress.
- Clear protocols were now in place for staff to follow in the event of an emergency if a person displayed behaviours which challenge.

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 MCA 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 Mental Capacity Act (MCA). In supported living settings, this is usually through MCA application procedures to the Court of Protection.

- We found the service was working within the principles of the MCA.

Staffing and recruitment

At our last inspection we recommended that staffing levels and training needs were regularly reviewed in line with best practice guidance and taking into consideration the assessed needs of people using the service. At this inspection we found the provider had made improvements.

- The provider made sure there were enough staff to meet people's needs.
- Staff recruitment and induction training processes were effective. The provider had introduced a system for managing and overseeing the recruitment process centrally and we noted some of the templates such as application forms would benefit from enhancement. For instance, making it clear on the application form prospective employees needed to provide a full employment history.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. One person said, "Really the staff are excellent and really help me to turn my life around."
- Relatives were kept informed of any changes and found the care delivered met people's needs.
- The service was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed when required. Clear protocols were in place for the use of 'as required' medicines.
- The service ensured people's behaviours were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At the last inspection governance systems were not effective. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The regional manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- Staff were passionate about providing good care outcomes and took ownership for their practice. They understood their roles, responsibilities and their accountability.
- Action plans were used to identify and monitor where changes were required and how these could improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted a positive, person-centred culture. They, and staff, put people's needs and wishes at the heart of everything they did. One person said, "I love it here, everyone is so good."
- People told us the registered manager was approachable and acted swiftly to address any issues.
- The service involved people and their families in discussions about individuals' care and support needs.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.