

Potensial Limited

Potensial Limited - 60 Park Road South

Inspection report

60 Park Road South
Prenton, Birkenhead
Wirral
Merseyside
CH43 4UY

Tel: 01516522230
Website: www.potensial.co.uk

Date of inspection visit:
22 March 2018
27 March 2018

Date of publication:
20 June 2018

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

60 Park Road South is a residential care home for up to ten people who have a learning disability or mental health support needs. It is part of the range of services provided by Potensial Limited. The home was a large Victorian building in a residential area with easy access to community facilities. At the time of our inspection nine people were living at the home.

At our last inspection 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.

At this inspection we found the service remained Good, the service met all relevant fundamental standards.

It was clear from what people told us and what we observed that people liked living at the home. One person said to us, "I love living here. I love the staff. I won't be moving." People also told us that they felt safe. One person said about the staff, "I feel safe; I trust them and what they do."

There were sufficient staff available to meet people's support needs inside the home and in their community. Staff were well supported and received training relevant to their role including how to safeguard vulnerable adults and administer medication safely.

The home was clean and homely. Periodic assessments and checks took place to ensure the building and environment was safe. There had been adaptations to the environment so people can easily access the ground floor and gardens.

Each person had an individualised and person centred support plan. This outlined for staff what care and support each person needed and had agreed to. People's support plans were written in a positive and respectful manner. The agreed support plan enabled people to have as much freedom as possible whilst remaining safe. We saw that people are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to live as ordinary a lifestyle as possible and to get involved in their community.

The majority of the risk assessments we looked at were very thorough and showed that the support people received was person centred and was not risk averse. If risks were identified; sensible, proportionate and realistic guidelines were available for staff on how to keep people safe whilst respecting their freedom.

People's support was progressive. The staff and registered manager were keen for people to make progress and become more independent and confident in their lives. People were able to tell us what goals were in their support plan. One person showed us their support plan and described it as, "My goals and plans for the

future."

People told us that the staff were caring, respectful and kind towards them. One person told us, "The staff are polite. They treat you right. I love the staff here. They have helped me to get this far."

People personally knew the registered manager of the home and it was clear people had a positive relationship with them. People made positive comments about the registered manager and their support. Staff without exception told us that they were happy in their roles and felt well supported by the registered manager. The registered manager had a clear ethos of valuing people and having person centred approaches which were reflected in the culture of the service. It was clear that the registered manager was knowledgeable about and had oversight of the service.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Potensial Limited - 60 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.

This inspection took place on 22 and 27 March 2018; the first day of the inspection was unannounced. It was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the home. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service and other intelligence the Care Quality Commission had received. A notification is information about important events which the service is required to send to us by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with six people who lived at the home. We also spoke with seven members of staff; including the registered manager, deputy manager and five support workers. We look at the care records for three people, the staffing rota, accident and incident records, staff files and records relevant to the quality monitoring and management of the service. We also looked around the home and observed people's interactions with staff members.

Is the service safe?

Our findings

People told us that they felt safe living at the home and said that they discussed any concerns they may have with staff. One person told us, "I feel safe; I trust them and what they do." A recent note from one of the people living at the home to the registered manager stated in part, "I am really glad that I have good staff to keep me safe."

The provider had policies available to advise staff on how to identify and report any safeguarding concerns that may arise. We saw that any concerns had been reported appropriately and investigated by the registered manager when required. Staff received safeguarding training as part of their induction to the service and periodic refreshment of this training.

There were sufficient staff to provide support for people in the community and at the home. This was confirmed by people living at the home who told us there was always enough staff to support them. The rota showed and we saw between five or six staff supporting people during the day, the registered manager told us that this varied according to people's support needs for planned activities. Overnight there were two waking night staff members. Staff told us that they had access to a senior staff member at all times through the on-call system.

We asked three people about their medication and they were all aware of when they took their medication. They explained that staff looked after this for them and they were happy with this arrangement. They explained that if they needed any additional medication for pain or because they were upset, they could discuss this with staff who would support them with this.

We audited a sample how people's medication and how it was stored, administered and recorded. Medication was stored safely and there was a clear system in place for ordering medication, making sure stocks were available. We checked stocks of some medication, including medication that could be subject to misuse. All checked stocks were correct which indicated that people received their medication as prescribed. Medication records were clear and accurate. Staff received training in medication and their skills were assessed by the registered manager.

The majority of the risk assessments we looked at were very thorough and showed that the support people received was person centred and was not risk averse. The staff did not stop or hinder people from having new experiences or increasing independence because of some perceived risk. If risks were identified; sensible, proportionate and realistic guidelines were available for staff on how to keep people safe whilst respecting their freedom. The risk assessment process included the people supported as much as possible and was progressive. We spoke with one person who was happy with the increased control they had within their life and they were aware of the next steps they were working towards achieving. Staff we spoke with were positive about this process and spoke with passion about the achievements people had made.

The service made a detailed record of any accidents and incidents that occurred whilst supporting people. These records were reviewed by the registered manager for learning. We discussed some recent incidents

with the registered manager and questioned the rationale of the staff in relation to supporting a person to stay safe in the least restrictive manner. The registered manager was open during these discussions and told us they would consider different options and review the person's risk assessments and support plan. We saw that this was done quickly using people both inside and outside the organisation.

Staff files showed that prior to being appointed a series of checks had been carried out on new staff. This included a formal interview process, checking identification, obtaining references and a Disclosure and Barring Service check (DBS). These checks help to establish whether staff were suitable to work with adults at risk of abuse or neglect.

The home had a clean and well maintained environment and it was clear the home was in good repair. Regular internal and external checks had been carried out to ensure the premises and equipment were safe to use. These included infection control audits, checks on equipment, fire systems, water and electrics.

Emergency plans and risk assessments were available for dealing with any unexpected interruptions to the service. In addition individual personal evacuation plans (PEEP) for people were in place. A disaster box was easily accessible which contained everything the staff and people living at the home had thought they may need in an emergency.

Is the service effective?

Our findings

All the staff we spoke with were positive about their role. One staff member told us, "I like it; it's nice to watch people grow. People learning to be independent." Another staff member said, "I like supporting people in a way that is centred around choice and independence." They added, "I enjoy being challenged every day because people are making their own choices."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service provided put emphasis on protecting people's right to liberty whilst ensuring that they were safe. For some people restrictions were in place in some areas of their life, they were proportionate to the assessed risk and the people we spoke with had been involved in planning and consented to the support they received. Decisions made for people had been made in their best interests as outlined by the MCA. One person told us they knew they had a DoLS in place and were able to explain to us how this affected them. Any restrictions were regularly reviewed to make sure they were still needed and if appropriate the person had the support of an independent advocate in this process.

In many people's support there was a focus on the person becoming more independent, making more choices and any restrictions reducing. For example people going out with one member of staff instead of two, having time alone, having increasing independence with their money and in their relationships. The registered manager told us that the aim was for people to have as much independence and control as possible. We spoke with one person who told us they had no restrictions on them and that they could come and go as they pleased. They explained they told staff where they were going and when they would be home because "they worry". The person told us they were happy with this arrangement. The registered manager told us that the aim of the service was not to interfere in people's lives but to, "Pull back as soon as it was safe to do so".

In one situation there was confusion around what was in a person's best interests and how this had been documented and explored. Different staff members told us they supported the person differently. The registered manager told us that this would be reviewed straight away.

New staff underwent an induction process, during this time they were monitored and had regular meetings with the registered manager to ensure they had the necessary knowledge and skills to be effective in their role. Staff we spoke with told us that the training they received was good; one staff member described it as "amazing". Staff told us the training was useful and appropriate to their role. It involved some face to face training and computer based e-learning. There was training that the provider considered mandatory, for which there was periodic refreshers. Also if it had been identified that staff would benefit from training that was specific to the needs of one person or a group of people and may help staff to improve their support, this was provided. One staff member gave us an example of such person centred training and told us, "It

gave me a better insight into [person's name] and how they may be feeling". Staff also told us that they had been able to suggest certain training and this had been provided.

Records showed that staff had regular supervision meetings with senior staff; this gave staff an opportunity to feedback and discuss their performance and development. Staff we spoke with told us that they found these meetings useful and also a scheduled opportunity to express any concerns or bring forward ideas they may have. There were also regular staff meetings to keep staff up to date and share information. Some staff told us of times when they had been able to bring forward ideas that were then used.

The home is a detached house similar to other houses in the street. It is well decorated, homely and welcoming. On the lower ground floor is a self-contained flat which provides separate living accommodation for people gaining independence. People personalised their rooms, choosing the décor and layout of their room. When possible people had a key to their bedroom. A platform lift was available to support people to access the garden and lower ground floor.

There was a domestic-style kitchen that people had access to and used if they wanted to. People living at the home shopped for food and told us that they chose the menus. They explained that they each took a turn cooking. We saw people preparing meals with support, the meal looked and smelt appetising.

Is the service caring?

Our findings

People told us that they enjoyed living at the home. One person told us, "I love living here. I love the staff. I won't be moving." Another person said, "The staff are polite. They treat you right. I love the staff here. They have helped me to get this far." A third person told us the staff were, "Lovely, kind and caring."

We observed many interactions between staff and the people supported at the home and saw that the staff were caring, warm and positive; the conversations we heard were respectful and good humoured. These interactions contributed to the atmosphere at the home which was very relaxed and homely. When two people returned home from spending the day elsewhere it was overwhelmingly obvious that they were happy to be home and we observed staff warmly greeting people as they arrived.

People told us that staff were respectful and always had time to talk with them, about their lives and how they were feeling. One person said about a member of staff, "She has helped me, she listens and calms me down... all the staff talk to me, reassure me and help me through upsets." Another person told us about the staff supporting them, "I like them because they look after me. They don't judge me, or make me feel embarrassed. They support me when I am down, with random stuff. They treat me with respect." One staff member told us, "We talk to people like adults, never telling people that they have to do things." They went on to tell us about minimising any perceived power imbalance between staff and the people supported. Staff were thoughtful, asked people's permission before acting, had empathy and pondered on and considered people's feelings.

Staff we spoke with were enthusiastic about the people they supported. They were proud of the achievements people had made and were eager to support them to continue forwards and meet their goals. Throughout the inspection we saw positive interactions between staff and people living at the home. Staff always spoke respectfully to people and spent time engaging with people and socialising.

Staff had received training and periodic refreshers in equality and diversity. At the home people's diversity was respected and people were supported in ways that were meaningful to them, celebrating their uniqueness and value. The service was respectful of people's privacy and had agreed with people what information was to be shared in their support plan and what was personal or sensitive. Some people shared personal information with staff but did not want this recording in their support plan for others to potentially read. This respected their private personal information.

Feedback from people was sought. It was custom for people to be involved in their support plans. There were service user meetings which were developmental in their approach and feedback forms were also used. We looked at some of these received in the past three months. Comments included, "Staff are so kind and helpful. They do a fantastic job" and "Thanks for being there for us."

Is the service responsive?

Our findings

People told us that they thought the support they received helped them make achievements. One person told us, "It is nice here. I am moving forward. I have a pretty good life." Another person said, "I have achieved a lot of things, I am getting more independent, learning to cook and have time visiting with my family." A third person told us that with staff support, "I have done really well."

Each person had an individualised and person centred support plan. This outlined for staff what care and support each person needed and had agreed to. For example, details of their medication and how it was administered, communication, health support needs, guidance from health professionals and the support people needed to mitigate any identified risks.

People's support plans were written in a positive and respectful manner. The agreed support plan enabled people to have as much freedom as possible whilst remaining safe. Most people had contributed to their support plan, some plans we looked at included direct quotes from people about the support they wanted. We also saw that when appropriate people's family members had been included in developing people's support plans. People were able to tell us what was in their support plan. One person showed us their support plan and described it as, "My goals and plans for the future."

Each person also had a one page profile, this document prompted staff to explore with people and record their likes and dislikes. They also recorded information that people wished to share with staff to help them received the individualised support they wanted. For example which relationships were important to people and aspects of their personality they wished to share.

People's support was progressive, with opportunities for learning explored when people's support plans were periodically reviewed. One staff member explained, "We don't always get it right, when we make a decision we look back and think what outcome was there for the person."

We saw that some people had a support plan that agreed how they were to be supported if they became unwell or were unable to make a decision due to times of high anxiety. One staff member told us of people who are independent but when they become over anxious they are asked, "Is now a good time to make this decision." Then the decision is either deferred or the person is supported in their actions. We saw that the person was involved in writing the details of this plan. This way of support planning ensured that people remained safe and as independent as possible.

People were supported to live as ordinary a lifestyle as possible and to get involved in their community. For example, we saw that some people had been shopping, others told us they attended college and worked in a local shop. Whilst at home people received support to improve their household skills and cook for themselves and others as well as carryout household tasks, other people attended a local day centre.

People told us that their family and friends were welcome to visit and that if needed they discussed this with staff to agree how the person could visit without impinging on the privacy of others living there.

People were happy to share with us what they had recently been doing. One person told us, "I enjoy socialising and spending time with staff." Another person said staff had, "Helped me to decorate my room as it was boring." Some people told us that "junk food" was important to them and at times they were supported to have relaxing evenings and get home deliveries of their favourite takeaway food using food delivery apps. Other comments included visiting Blackpool lights, concerts and shows, using social media, eating out and spending time with friends and family.

Assistive technology was used at the home to support people to stay safe as unobtrusively as possible. For example, some people had an alarm on their bedroom door that discreetly rang to a handset carried by staff. The registered manager told us that for one person this meant they could move around the house freely without staff following them but reassured staff and the person that they were safe. Another person had an alarm they could wear to summon help from staff if needed.

We asked three people how they would deal with any concerns or complaints that they had. One person showed us leaflets they could use to show if they were happy or sad. We saw records that these had been used by a person living at the home. People told us that they would raise a concern with staff, the registered manager or a senior manager who they knew by name. Records showed that when a complaint had been raised it had been investigated. They also showed that the registered manager cooperated with external agencies who requested information as part of the complaints process.

Is the service well-led?

Our findings

The service had a long standing 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.

People personally knew the registered manager of the home and it was clear the people have a positive relationship with her. One person told us, "She comes to see me and have a catch up." Other people said they would feel happy approaching her about anything. Other comments from people about the registered manager included, "She is good", "I love [registered manager's name], she is brilliant" and "I value her opinion".

Staff without exception told us that they were happy in their roles and felt well supported by the registered manager. We saw that one staff member had written to the registered manager, "I appreciate everything you have done to support me." One staff member told us, "She is the best manager I have had. I lacked self-confidence, I've grown in confidence and now I enjoy coming to work." Other staff members described the registered manager as, "Very thorough and very fair"; "She wants us to ask questions"; "She goes above and beyond, is fair and easy to approach." And, "She leads really well."

The registered manager had a clear ethos of valuing people and having person centred approaches which were reflected in the culture of the service. This was evident in the atmosphere at the home, feedback from staff and feedback from people supported. One person told us they used to ask staff permission to do things. They said the registered manager asked them, "Whose house is this? You can do what you want with your room. We are staff; it's your home and only our workplace." One staff member described it as, "An ethos of people making progress. An open culture where people are not afraid to get things wrong, but next time make them better."

It was clear that the registered manager was knowledgeable about and had oversight of the service. They undertook a series of regular checks and audits of the service to ensure the quality of the service provided to people. For example, health and safety and environmental audits, unannounced night time checks, a review of all accidents and incidents. The registered manager told us that there was sharing of information and learning across managers within the provider organisation Potensial at managers' meetings. They said that they felt supported in their role by senior staff in the organisation.

There was an overall service development plan in place which outlined future plans and actions that will be taken to ensure the quality of the service is maintained. The service also had a clear set of policies offering appropriate guidance for staff. Staff that we spoke to knew how to access the policies for the service and told us they found them useful.

The registered manager told us that it was important to share people's success stories, to remain motivated, to not be afraid of change so that staff and management do not become complacent. They told us, "Good

teams challenge each other and bring things up. I encourage challenging, nobody is unquestionable." They added, "It's lovely when people make progress. We don't want to be set in our ways; people count."

The service had won a number of awards set up by the provider Potensial. One of the awards since our previous inspection was a national awarded for, 'Service user outcome of the year 2017'.