

Potensial Limited

Potensial Limited - 1 Newlands Drive

Inspection report

1 Newlands Drive
Wallasey
Wirral
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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

The inspection took place on 2 March 2015 and was unannounced. The care home is a domestic style property in a residential area, but close to the centre of Wallasey. The home is a large detached property that blends in with its neighbours and is not identified as a care home.

The service is registered to provide accommodation and personal care for up to 12 people. The people

accommodated had a learning disability and/or mental health needs and required 24 hour support from staff. The home is part of the range of services provided by the Wirral-based company Potensial Limited and had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of the inspection, ten people lived at 1Newlands Drive. One of these people had been admitted to hospital. Another person was having a respite stay at the home.

There were enough qualified and experienced staff to meet people's needs and the staff we spoke with had good knowledge of the support needs of the people who lived at the home. All staff had received training about safeguarding and this was updated every year.

We found that the home was clean and a programme of redecoration and refurbishment was in progress. Records we looked at showed that the required health and safety checks were carried out.

We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were planned weekly to suit the choices of the people who lived at the home and alternatives were always available. People were encouraged and supported to join in work and leisure activities.

People were all registered with a local GP practice and had an annual health check. The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. A 'health action plan' was in place for each person and there was a record of medical appointments people had attended.

The home implemented various methods of monitoring the quality of the service including

daily checks, monthly audits, and satisfaction surveys. A monthly key worker summary

was written for each of the people who lived at the home and a monthly meeting was held for people who used the service.

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.

All staff had received training about safeguarding and this was updated annually.

The home was clean and records showed that the required safety checks were carried out.

There were enough staff to support people and keep them safe and there had been no new members of staff since our last visit.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Good



Is the service effective?

The service was effective.

All members of the staff team had completed the Potensial mandatory training programme and all except one had a National Vocational Qualification (NVQ) in care.

Menus were planned weekly by the people who lived at the home and alternatives were always available. People's weights were recorded monthly.

People were all registered with a local GP practice and had an annual health check. People were supported to access community health services including dentist, chiropodist and optician.

Good



Is the service caring?

The service was caring.

The staff working at the home were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people who lived at the home.

People were funded for one to one support by a member of staff for a number of hours each week. These hours were used to support people to go out into the community.

Good



Is the service responsive?

The service was responsive.

People had choices in all aspects of daily living and could choose what they would like to eat, what clothes they would like to wear, and whether they would like to go out or to join in any activities.

Each person had plans for their care and support. The care plans we looked at contained information about people's choices and preferences.

The home had policies and procedures for handling complaints.

Good



Is the service well-led?

The service was well led.

The home had a manager who was registered with CQC. The registered manager and the two senior support workers worked alongside the staff. They were supported by an area manager.

Good



Summary of findings

Regular audits were carried out to monitor the quality of the service and a monthly meeting was held for people who used the service.

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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 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 2 March 2015 and was unannounced. The inspection was carried out by an Adult Social Care inspector and an expert by experience. An

expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service. Before the inspection we looked at information CQC had received since our last visit. We spoke with the local authority's quality assurance officer who reported no complaints or concerns about the service.

During our visit we spoke with three people who used the service and four members of staff, including the manager and one of the senior support workers. We looked around the premises and at care plans for two people who used the service, medication records, staff records, health and safety records and management records.

Is the service safe?

Our findings

The people who spoke with the expert by experience said they felt safe living at the home. Records we looked at showed that all staff had received training about safeguarding and this was updated annually. No safeguarding allegations had been reported, however the manager felt confident that the staff would know how to respond to an allegation. The home had a copy of the company's safeguarding policies and procedures and other information about safeguarding provided by Wirral Council. We contacted the quality monitoring officer at Wirral Council and they were not aware of any concerns or safeguarding issues relating to this service. All of the staff who worked at the home had a current Criminal Records Bureau or Disclosure and Barring Service disclosure and these were updated every three years. Some of the people who lived at the home had personal spending money in safekeeping and we saw that company procedures were in place and were followed to protect people from financial abuse.

Risks associated with daily living, life style choices and hobbies had been assessed and recorded in people's care notes and had been signed by the person. Plans were in place to minimise identified risks. There was also a file containing general risk assessments for the premises and for working practices. An electronic system was in place for reporting accidents and untoward incidents and CQC had been informed about one serious accident that occurred in 2014.

One of the support workers showed the expert by experience around the building, including people's bedrooms with their consent. All areas that we saw were clean and there were no unpleasant smells in the building. We found that the home provided a safe environment for people to live in and records we looked at showed that the required health and safety checks were carried out. These included electrical installation, fire alarm, emergency lighting, fire extinguishers, portable appliances, gas, and water systems. One of the senior support workers took lead responsibility for health and safety and carried out and recorded a weekly test of the fire alarm system. People who lived at the home told the expert by experience they were aware of what to do in the event of the fire alarm going off. A full evacuation practice was carried out every six months and a night evacuation every 12 months. A fire risk

assessment was dated December 2014. The home had a 'disaster box' containing information and equipment for use in case of emergency, and this was checked weekly. We also saw emergency plans covering arrangements for any untoward events.

The expert by experience asked people if they thought there were enough staff to support them and they all said "yes". We looked at the staff rota which was displayed in the ground floor office. This was written weekly to ensure that staff hours met people's needs both in the house and for one to one support in the community. For example, one member of staff started work at 7am, two at 8am, others at 9am and 10am depending what their duties were that day. There were always two staff in the house during the day until 10pm and their responsibility was for tasks such as supporting people with personal care, cleaning and cooking. Other staff provided one to one support for people either at home or out in the community. Most of the manager's hours were supernumerary to the staff rota, however she also worked alongside the staff and provided one to one support for people who lived at the home. One support worker was on duty at night, with a senior member of staff on call. Lone worker risk assessments had been completed. The rotas showed that staffing had been increased when a person had been admitted to the home for respite care. Additional staff were available if and when needed from a pool of bank staff employed by Potensial Limited.

There had been no new members of staff since our last inspection, however the company had policies and procedures to be followed to ensure that when new staff were recruited the required checks were carried out before they worked with vulnerable people.

We looked at the arrangements for the management of people's medicines. People told the expert by experience that the staff gave them their medications on time and safely. We saw that medicines were stored securely. Monthly repeat medicines were dispensed in 'pods'. These could be taken out with people as needed. In the pods there was a description of each tablet. Medicines received were checked in against the pharmacy label and the prescription and this was recorded on medicine administration sheets. There was a medication folder for each person and this included clear and detailed instructions for any items that were prescribed to be given 'as required' to ensure that this was done consistently. A

Is the service safe?

record was kept of any items that were carried forward from one month to the next. Any unused items were recorded at the end of the month and were collected for

disposal by the pharmacy. All staff took responsibility for administration of medicines and they had completed the company's medication training. None of the people living at the home were able to look after their own medicines.

Is the service effective?

Our findings

The expert by experience asked people about the staff who supported them. One person said “I like it here because the staff are so nice.” All said that the staff were nice and there was no difference in the level of care they provided. All of the staff team had completed the Potensial mandatory training programme. This included safeguarding, medicines, moving and handling, first aid, fire awareness, food safety, infection control, health and safety, mental capacity and deprivation of liberty, and diet and nutrition. The manager had a national vocational qualification (NVQ) level 5, and the team leaders were working towards NVQ level 5. All except one of the support workers had NVQ level 2 and most were working towards level 3. Most of the staff had worked at the home for several years. We saw records to show that the manager carried out an annual appraisal for each member of staff. A ‘competency self-assessment’ had been introduced for staff to complete before their appraisal and we saw an example of a completed self-assessment. Records showed that all staff had an individual supervision meeting with the manager or a senior support worker every two months and a monthly staff meeting was held.

The manager told us that none of the people who lived at the home had a Deprivation of Liberty Safeguard (DoLS) in place. Two people were considered unsafe to go out on their own and DoLS applications had been made but had not yet been processed by the local authority as the applications were not considered urgent. There were no restrictions on people’s movements around the house and doors were not locked during the daytime when staff were around. There was no use of restraint within the service. The company provided a ‘Deprivation of Liberty Screening Checklist’ that was used to identify any issues about consent that needed to be referred to the person’s social worker. The manager told us one person went out on their own and others went out with a member of staff. The manager told us all of the people who lived at the home had capacity to make decisions about daily living and were able to communicate their decisions. Training records showed that the staff working at the home had attended training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Each person’s care file had a ‘consent’ section which contained a number of forms that had been signed by the

person. These included consent to staff accessing their bedroom; consent for the safekeeping of their money; consent for emergency medical treatment and first aid; consent for staff to accompany them to appointments; consent for the sharing of confidential information with professionals; and consent to staff administration of their medicines.

People who lived at the home were registered with a local health centre and had an annual health check and other visits as and when needed. The manager told us health checks were due in March and a GP would visit the home to do these. People’s ‘Health Action Plans’ recorded visits to medical services including GP, dentist, audiology, optician, podiatrist, psychiatrist, breast screening, and hospital appointments. A number of people received support from community mental health services had regular visits from a community mental health nurse. Most people had an allocated social worker and had an annual review with their social worker.

The expert by experience asked people if they were able to choose their food and get things they liked. They all said “yes” and they were also able to keep “little bits of their own food” for when they didn’t like what was being served for dinner. They got together as a group on a Sunday night to decide the dinner menu for the following week. This was displayed on a white board in the dining room and people were able to write a replacement if there was a meal they didn’t like. One person said “If I don’t like what’s for tea I write on the board and the staff make me something I like.” Breakfast and lunch were prepared on an individual basis and people could have whatever they wanted at a time to suit them. The manager told us she didn’t like mealtimes to be too rigid and the evening meal was usually between 5pm and 6pm. Food and drinks were available 24 hours a day and people had full access to provisions to make a meal or a snack. The manager told us two people had experienced eating problems and had input from a dietician. People were independent for eating and drinking but one person required their food to be cut up. People’s weights were recorded monthly and a malnutrition screening tool was available to use if there were any concerns.

In general people did not require any aids or adaptations to the property and no special equipment was in use at the time we visited. Handrails were fitted in the bathrooms and one person used a wheelchair for going out. The expert by

Is the service effective?

experience found that the property was in good order generally although there were a few maintenance issues, for example damp in the lounge under the window and a

cooker not working and due to be replaced. A bathroom was out of action while waiting for new flooring. The manager told us that a programme of refurbishment was underway which included new carpets in communal areas.

Is the service caring?

Our findings

The expert by experience spoke with three people who lived at the home. One person said “I am very happy here, I’ve stayed in different places and this is the best.” The expert by experience reported “The house felt very homely and there was good rapport between staff and residents. Overall impression gained was the staff were very caring and the residents I spoke to were all contented and happy with no issues arising from the visit.”

Some people had limited verbal communication, however the staff who worked at the home were able to understand people’s needs and choices. One person we met made very effective use of sign language to let the staff know what they wanted. Detailed communication plans were included in people’s care files.

We observed that staff were caring, kind and good-humoured. They gave people time to make decisions for themselves and treated them with respect. We spoke with four members of staff during our visit and they showed good knowledge of the support needs of the people living at the home, including the emotional support that people required. Staff had attended equality and diversity training and each person had a keyworker who they could talk to

about personal matters. People who used the service also had one to one support meetings with the manager and/or a senior support worker. A service users’ meeting was held monthly and the most recent was on 15 February 2015. Six people attended and the minutes showed that discussions were positive and constructive.

People who spoke with the expert by experience said staff would assist them with personal care if required. The manager said three people required support from staff to meet their personal care needs and others received some help or prompting to maintain good personal hygiene and appearance. This was entirely centred on the person’s needs. One of the senior support workers told us how they supported people to be as independent as possible.

We saw that people’s bedrooms were furnished and decorated to their taste and the expert by experience found that people’s bedrooms had personal belongings including keepsakes, pictures, DVDs and CDs and everyone had their own TV in their room. One person told the expert by experience “I really love my room”. There were locks on the bedroom doors that people could use if they wished to. We saw that written information concerning people who used the service was kept confidentially in the office.

Is the service responsive?

Our findings

We saw that people were encouraged and supported to participate in work and leisure activities. People were able to decide their own daily routines and this was recorded in their support plans. Most people had time allocated each week for one to one support and they were able to express a preference for which member of staff supported them for various activities. One person told the expert by experience that they tidied their own room and did some washing and cooking with supervision. Another person said staff helped them to tidy their room. One person showed the expert by experience a poster in their bedroom that they had helped to make.

One person worked on a farm and also attended church and a social club. Two people attended day centres. Some people enjoyed being involved in doing the home's shopping. One person was working towards the Mencap 'Gateway Award', which is a programme for people with learning disabilities based on the Duke of Edinburgh Award. This person showed the expert by experience a photograph album of what they had been doing. One person enjoyed swimming and the manager had worked hard to secure additional one to one funding to support this.

Staff members told the expert by experience that activities were person-centred, so they took their lead from what people wanted to do. A group of people were going out for a meal and then to a show to celebrate one person's birthday. Two people had booked to go to concerts to see their favourite pop stars. Other activities people enjoyed included bowling, arts and crafts, going to the cinema and the pub, and going to watch Tranmere Rovers football team. A car was available, but people all had bus passes and preferred to use public transport. In the house, people enjoyed pamper nights, Bingo, and Karaoke, however the manager told us that she preferred the service to provide more of a supported living ethos rather than a traditional residential model.

The manager told us two people spent time with their family every week, and two other people spent time with their family every alternate week. Other people had contact by phone and some family members visited the home. One person told the expert by experience that a relative took her out every week.

We looked at a sample of care records for two people. The records contained historic and current information and were very lengthy. Records identified people's needs and the support required to meet their needs. Care plans were written in the first person and included details about the person's interests and hobbies and their life history. A monthly key worker report reviewed every aspect of the person's support and this included any medical visits, accidents or incidents, use of 'as required' medicines, review of the support plans, and review of how the one to one staff support time had been used. We saw evidence that people had been involved in writing the plans for their support and had signed the documents. Some people's families were closely involved in their care and support and were involved in three monthly reviews, however the manager said that other families preferred not to be too involved. Support staff had received training about person-centred planning and the manager encouraged them to be involved in writing and reviewing the plans.

The expert by experience asked people what they would do if they weren't happy about something. They all said that they would tell a member of staff and they would sort it out. They were all confident that the staff member would help them. During our visit we observed that people who lived at the home were confident to approach the manager and speak to her. The CQC has received no concerns or complaints about this service. Corporate complaints policies and procedures were in place but no complaints had been recorded since our last inspection.

Is the service well-led?

Our findings

The home is one of a range of services provided by the Wirral-based company Potensial Limited. The home had a registered manager and two senior support workers who worked full-time. The home's staff were supported by an area manager and by office based senior management.

During our visit we observed that there was an open culture within the service where people were encouraged and supported to express their views. We looked at the minutes of monthly service user meetings. The discussions included what people would like to do, what activities they would like to attend, what food they would like, and any complaints or concerns. Monthly staff meetings were held and the most recent had been on 4 March 2015. Staff we spoke with said they were consulted and listened to. A senior support worker showed us the daily handover sheets that had been introduced recently. These covered all aspects of the service and staff said they found them very useful for communication between shifts and for checking that daily tasks had been carried out.

Satisfaction questionnaires for people who lived at the home, families, and staff were completed in July 2014. Everyone was happy with the care provided. A few issues were raised, for example the way people chose their meals.

This was addressed by writing the alternatives as well as the main meal on the board in the dining room so people could pick what they wanted to have. Two people asked for their bedrooms to be decorated and this was done. Two family members were concerned about the front door not being locked all the time during the day. The manager explained that the home did not have a locked door policy during the day because people were free to come and go, but there was always a member of staff on the floor so no-one could come in without staff knowing.

The manager told us about how the quality of the service was monitored and showed us records of the checks that were carried out. Staff working in the service were responsible for daily and monthly health and safety checks including water temperatures, fire equipment, fire exits, fire panel, fridge and freezer temperatures, food temperatures, medicines administration records, and service users' money. The manager carried out monthly audits that included medicines, service users' money and care plans. There was also a six-monthly infection control audit. The area manager visited at least once a month and carried out audits that included care plans, medicines, money, training, health and safety, complaints, safeguarding and notifications. A monthly key worker summary was written for each of the people who lived at the home. A service development plan was in place.