

Potensial Limited

Potensial North East Supported Living

Inspection report

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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 27 November 2015. The inspection was announced. This was because the service was small we needed to be sure that someone would be home so we could carry out our inspection.

Potens, is a Domiciliary Care service that provides personal care and support to people with learning disabilities who live in their own home. The service covers the Darlington area and currently provides support to 16 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We spoke with a range of different staff members; the registered manager, area manager and care staff who told us that the registered manager was always available and approachable. Throughout the day we saw four of the people who used the service and staff were comfortable and relaxed with the registered manager and each other. The atmosphere was relaxed and we saw that staff interacted with each other and the people who used the service in a person centred way and were encouraging, friendly, positive and respectful.

From looking at people's care plans we saw they were written in plain English and in a person centred way and made good use of pictures, personal history and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care manager.

Our observations during the inspection showed us that people who use the service were supported in a person centred way by sufficient numbers of staff to meet their individual needs and wishes. The recruitment process that we looked into was safe and inclusive and people chose their own support staff.

When we looked at the staff training records we could see staff were supported to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

We were unable to observe how the service administered medicines on the day of our inspection but we were able to establish how people stored and managed them safely in their own home. We looked at how records were kept and spoke with the registered manager about how staff were trained to administer medication and we found that the medication administering process was safe.

During the inspection it was evident that the staff had a good rapport with the people who used the service and we were able to observe the positive interactions that took place. The staff were caring, positive, encouraging and attentive when communicating and supporting people in their own home with daily life tasks, care and support.

People were being encouraged to plan and participate in activities that were personalised and meaningful to them. For example, we saw staff spending time engaging with people on a one to one basis in activities in the service and we saw evidence of other activities such as art and socialising. People were being supported regularly to play an active role in their local community both with support and independently.

We saw that the service focused on supporting people to have a healthy diet. The daily menu that we saw was devised with the people who used the service and this was used to help them to plan their shopping, manage their personal budget and plan their week ahead. Individual likes and dislikes were supported with meal choices.

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service; their representatives were regularly asked for their views via an annual quality survey to collect feedback about 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?

This service was safe.

There was sufficient staff to cover the needs of the people safely in their own homes.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

People were supported to administer their own medication safely.

Good



Is the service effective?

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

Staff recruitment was inclusive and people chose their own support staff.

Good



Is the service caring?

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

People who use the service had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Good



Is the service responsive?

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

Good



Summary of findings

Care plans were person centred and reflected people's current individual needs, choices and preferences.

Is the service well-led?

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included; person centred approaches, healthy lifestyles, community involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints/concerns.

Good



Potensial North East Supported Living

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 27 November 2015 and was announced. This was because the service was small we needed to be sure someone would be available. The inspection team consisted of one Adult Social Care Inspector. At the inspection we spoke with four people who used the service at their own homes, the registered manager, the locality manager, the district nurse and five members of staff.

Before we visited the home we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service; including; commissioners, the learning disability team and no concerns were raised by any of these professionals.

The provider was not asked to complete a provider information return prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We visited four people in their own homes to see whether people had positive experiences. This included looking at the support that was given by the staff by observing practices and interactions between staff and people who use the service.

We also reviewed staff training records, recruitment files, medication records, safety certificates, and records relating to the management of the service such as audits, policies and minutes of team meetings.

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe having Potens supporting them in their own home. One person told us; “Yes I feel safe, very safe the staff help me to know how to keep safe. I keep the door locked and don’t open it to strangers.”

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We saw copies of contact sheets that were available in people’s homes that held all the important contacts for safeguarding. This helped ensure staff and the people who used the service had the necessary knowledge and information to make sure that people were protected from abuse. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The staff we spoke with was aware of who to contact to make referrals to or to obtain advice from. The staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; “I know how to report to safeguarding and I’ve had to do it in the past and I also know about sending in the CQC notifications.”

The service had a Health and Safety policy that was up to date. This gave an overview of the service’s approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that separate evacuation plans were in place for the different homes and individual plans for the people who used the service which are called personal emergency evacuation plans (PEEP). PEEPs provide staff with information about how they could ensure an individual’s safe evacuation from their home in the event of an emergency.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people’s needs such as; taking medication independently. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and explained how actions had been taken to ensure people were immediately safe.

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. The registered manager showed us the records and explained how they kept on top of staff safety checks and when they needed to be updated.

The people we spoke with who used the service self-administered medication in their own homes. We saw the medication records, in people’s files which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date.

We were unable to observe medication being self-administered but could see how this was managed and recorded. One person who used the service showed us how they kept their medication safe in their home and also showed us how it was recorded and at what times they took it. They told us; “The staff help me to take medication. It goes in my cupboard and it’s locked when the staff go home.”

We saw in people’s records that the application of prescribed local medications, such as creams, was clearly recorded on a body map and stored in the Medication Administration Record (MAR) sheets. Records were signed appropriately indicating the creams had been applied at the correct times.

We found there were effective systems in place to reduce the risk and spread of infection. We found that people were encouraged and supported by the staff to keep their home clean and tidy as part of learning basic daily living skills. Staff also had access to protective gloves and for carrying out personal care.

Is the service effective?

Our findings

During this inspection, there were 16 people using the service in their own homes. We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge one staff member told us; "I am just finishing off my level two NVQ in health and social care." Another told us; "There are so many learning opportunities. I have just started my NVQ level five in health and social care and there's practical learning and on line courses."

People who use the service were involved in the recruitment of new staff and were part of the interview process. For any new employees, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. One member of staff told us; "There is dementia training as we support people to attend a dementia group and we have learned lots from that too. We have done autism training and we also have a behaviour specialist that does training for us."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Fire safety, infection control, equality and diversity, medication and first aid and also vocational training for personal development in health and social care.

Team meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff minutes and when we spoke with staff, they said; "Staff meetings are every other month and it can be hard to get us all together but they're a good chance to talk about things that we need to share."

Individual staff supervisions were planned in advance and the registered manager had a system in place to track them. Appraisals were also annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. We saw that the supervisions had not been regular for some staff and when we discussed with the registered manager they assured us that they would be planning to keep on top of them. One member of staff told us "We are definitely supported, we have team meetings and supervisions where we can meet in private to discuss things."

Where possible, we saw that people were asked to give their consent to their care and we could see in people's care plans that they had been involved in the development of the plan choosing the file and photographs and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals

We looked in people's care plans and spoke to people and we could see that people were encouraged to eat and drink healthily to meet their needs. Throughout the inspection we observed people who used the service and staff planning their menus for the following week and they were able to explain to us how they choose. One person told us that they don't eat the same things as the person they lived with so they sometimes have different meals, they told us; "We decide what's for tea, we do a shopping list and the staff help us with the shopping. Sometimes we have different meals because we like different things, I like fish and (person) doesn't so she will have something else."

It was evident from people's care plans that the people who used the service were encouraged to eat healthily and also support was there for people who needed extra support or had special diet needs for example when someone needed to gain weight advice was sought from the GP and they were monitored closely and offered extra snacks between meals. This was recorded in the care plan.

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

Is the service effective?

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. Any DoLS applications must be made to the Court of Protection.

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 MCA. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection no applications had been made to the Court of Protection.

Is the service caring?

Our findings

When we spoke to the people who used the service they told us that the staff were caring and supportive and helped them with day to day living. One person who used the service told us; “The staff are there to help me in and out of the bath. They take me into the town so I can buy toiletries, do the lottery and buy comics.”

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. One member of staff told us; “I love my job, it’s all about the service users and what they want. We can have a good laugh with them too.”

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role. One person who used the service told us; “The staff always ring the doorbell before they come in, I get the privacy I need when I want it.”

People who use the service told us how important their independence was to them and how they like to be supported to do the things that they can and we saw evidence in people’s care plans and people told us; “I can do my housework on my own and I can go to the shops and visit friends on my own.” One staff member told us; “I always try to encourage people to do the things that I know they can do themselves as well as encouraging them to try new things.”

When we spoke with staff they told us how they respect people’s dignity and respect especially when supporting them with aspects of personal care in their own home. One staff member said; “All personal care is done in private. First I ask the person if they need any support and then as best as I can I carry it out without anyone else knowing anything about it.” This showed us that the staff valued the importance of respecting people’s privacy and dignity.

When we visited people in their own homes when the staff was there supporting them the atmosphere was relaxed and the staff were encouraging and speaking in a caring manner. We could see during our inspection that people were helped by the staff to maintain their independence at all times. One person told us; “I don’t like to go to day service so I have my staff for one to one so we can go and do what I want to do. I like to know who’s coming in on what day and the staff are good at letting me know any changes.”

We saw that there was information in the care plans for people who used the service that held contacts for advocacy. When we spoke to staff they were knowledgeable about advocacy and told us; “Some of our service users are part of an advocacy speaking up group and they go there regularly and others have used them individually. The information is there for them at their home in an easy read file.” This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care, treatment and support.

We saw records that showed that each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the community learning disability team and GP. Evidence was also available to show people were supported to attend medical appointments. One staff member told us; “We support people to go to the doctors, dietician, dentist, hospital, chiropody if we need to. Some people we support can go on their own, it’s their choice.”

During our inspection we saw in the care files and daily records that some people had regular contact with their family and friends and this was encouraged where possible and recorded. One person told us; “I have been into town today with my Mum and we went to the shops.” Another told us; “I see my family every Sunday.” This meant that the service valued family relationships and staff actively supported this.

Is the service responsive?

Our findings

During the inspection we could see that people using the service were encouraged to engage in activities in their home and in the community. One of the people using the service told us; “I’ve just come back from a holiday with my staff.” Another told us about the local social club that they attend regularly; “I like to go to the club, the staff take me there to see my friends.”

The people who used the service and the staff told us about the relationship they had with the local community and how they visited the local amenities including the pub, social club and local shops. We saw in people’s care plans a section called “All about me” and this included an average week of activities that they enjoyed regularly. One person who used the service talked us through their care file and the activities that they liked and told us; “I like the local pub, I go there twice a week the staff take me there and we go bowling and out for cups of coffee. My key worker takes me out for lunch.” This showed us that people were involved in planning their care and support.

The care plans that we looked at were person centred which means they were all about the person and put them first. The care plans were in an easy read format with information about the person’s likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual’s personality, preferences and choices. The ‘All about me’ section in the care plan set out how people liked to live their lives and how they wanted to be supported. The care plans went into fine details about how people liked to be supported, what people should avoid and how some people liked a regular routine. The registered manager told us; “We are always working together with the service users to ensure that their wants and wishes are being met.” This meant that the service was providing person centred support to the people in their home and the community.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans. Key worker’s played an important role in people’s lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person’s current needs and wishes. We saw that people’s care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; “I would always point out potential risks to people explain to them what they were to make sure that they had the information to make an informed choice, who am I to say no.”

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see that there had been no recent complaints made but from the records we could see how previous complaints had been responded to monitor appropriately. From speaking with staff and the registered manager and staff they were knowledgeable of the complaints procedure. One member of staff told us “If I ever had to I know how to and that it would be fine, we are all really open about things. People who use the service were also aware of their right to complain and were able to tell us that they were aware of what action to take. One person told us; “ I only have to press the on call button on the phone, then I can speak to the manager if I want to.” In a recent quality survey 83% said they were able to share concerns and knew how to do this. This showed us that the service had a transparent system in place for complaints and staff and people know how to complain if they needed too.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for three years. A registered manager is a person who has registered with CQC to manage the service. The manager carried out regular spot checks to observe the staff team supporting people in their own homes and the manager used these observations to ensure quality care and support was delivered. The registered manager told us “As well as quality audits I check to see if the people have identified anything they want or something they wish to do and then I check that the staff have enabled this to happen.”

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements. We saw up to date evidence of inspection records from the t head office covering; people who used the service – their views/ concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

The staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm that this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us; “The manager is there for me if I need anything sorting out. She is approachable if I ever need to swap my shifts she will try to help me out. I can phone the on call or the area manager if I need to.”

We also saw that the registered manager enabled people and those that mattered to them to discuss any issues they might have. We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people’s health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community and how important it was for people to socialise in the community and keep in touch with friends. This was also evident in the care plans and when we spoke with the people who used the service and staff. It was made clear that people were part of their local community.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us “We all know our service users really well and we all put ourselves out to provide the best service for them.”

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals. The registered manager explained to us how they ensure staff were abreast of internal and external policies and procedures, they told us; “We have ‘policy of the week’ that goes into the communication book in homes for the staff to read. This was a member of staff’s idea and so far it’s working really well.” This showed us that the service was mindful of reviewing policies and the importance of keeping staff up to date with changes for continued improvement.

Is the service well-led?

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in good order, and maintained and used in accordance with the Data Protection Act.