

Potensial Limited

Potensial Limited - 7-9 Park Road South

Inspection report

7-9 Park Road South
Birkenhead
Wirral
Merseyside
CH43 4UN

Tel: 01516536863

Website: www.potensial.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Potential Limited – 7-9 Park Road is a residential care service that provides accommodation and support for a maximum of 21 adults living with a learning disability and/or autism. At the time of the inspection 12 people were using the service.

The service now applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported to gain new skills and become more independent.

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

At our previous inspection in July 2018 the service was in breach of Regulations. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations.

Consent forms were reviewed and updated and now included information about people's capacity to make decisions. The forms were regularly reviewed and updated and signed to show the involvement of the person and where appropriate relevant others.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The providers systems for monitoring the quality and safety of the service were now effective in identifying and actioning areas for improvement. Lessons were learnt following the last inspection which led to people experiencing better outcomes.

The amount of people occupied at the service had reduced and the provider had plans to reduce this further bringing the design of the service in line with the principles and values that underpin Registering the Right Support and other best practice guidance. Changes made to people's support and staff practise provided more opportunities for people to gain new skills and become more independent. Changes to the environment made it homelier and more relaxed.

People were protected from the risk of abuse and harm. Staff had completed safeguarding and health and safety training and they understood their responsibilities for keeping people safe. People were supported to take positive risks as part as an independent lifestyle. Medicines were safely managed and administered to people at the right time. There was a system in place for reporting and learning from accidents and incidents.

People's needs were assessed and planned for with their involvement. Care plans provided clear guidance for staff on how to support people to achieve effective outcomes. People had regular access to the

healthcare services they needed. Whilst people told us they got a choice of food and drink; the menus did not include a choice and the lunch time meal on the first day of inspection did not reflect the menu. The manager agreed to action this.

Staff told us they liked the staff and they were kind and caring. Staff had formed positive relationships with people and their interactions were friendly and familiar. People told us staff respected their privacy, they told us staff always knocked on their doors before entering their bedrooms. People's views about their care and support was regularly obtained through meetings and care reviews.

Care plans reflected people's needs and choices in a personalised way and people received care and support which was responsive to their needs. People were supported to access a range of social activities and supported to maintain relationships with those close to them. People were provided with information in formats which they could easily access and understand. People knew how to complain and were confident about speaking up.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 17 October 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up - We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Potensial Limited - 7-9 Park Road South

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 Care Act 2014.

Inspection team

The inspection team consisted of one 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.

Service and service type

7-9 Park Road South is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection, the registered manager had recently left the service. 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.'

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority 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 with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the area manager, the manager and two care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The right numbers of staff were mostly available to support people to become more independent and to live their chosen lifestyle. However, on the first day of inspection a member of staff had called in sick at short notice and was not replaced. A domestic member of staff was on duty and available should they be needed to offer support in the event of an emergency.
- Before an offer of employment was made, applicants were subject to a series of pre-employment checks to assess their suitability for the role.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew how to recognise signs of abuse. Staff had access to the registered providers whistleblowing procedure.
- People told us they felt safe living at the service; their comments included; "Yes I'm safe" and "Staff nice, no Problems." A family member told us they had no concerns about their relative's safety.

Assessing risk, safety monitoring and management

- Risks to people were identified and measures were put in place to mitigate them. People were encouraged and supported to take positive risks as part of an independent lifestyle.
- Each person had an up to date personal emergency evacuation plan. Staff had received fire safety training and took part in fire drills.
- Regular safety checks were carried out on utilities and equipment used at the service. Contingency plans were in place to manage unforeseen events.

Using medicines safely

- Staff with responsibilities for managing medicines were trained and deemed competent to carry out the task.
- People's medicines were administered, stored and disposed of safely. Regular audits were undertaken to make sure that people's medicines were being managed safely.
- Medication administration records (MARs) detailed people's prescribed medicines and how and when they were to be given. MARs were signed to show people had received their medicines at the right times.

Preventing and controlling infection

- The service was clean and hygienic in most parts, however one person's ensuite bathroom was unclean and smelt unpleasant. This was addressed after we raised it with staff.
- Staff had undertaken training in infection control and food hygiene and they used personal protective

equipment (PPE) when required to minimise the spread of infection.

Learning lessons when things go wrong

- There were systems in place to monitor and learn from incidents and accidents.
- Records of accidents and incidents were completed and they showed action was taken to minimise the risk of further occurrences.
- Learning was shared across the whole team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure care and treatment was provided with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

Ensuring consent to care and treatment in line with law and guidance

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the last inspection a review of consent forms had taken place. The revised forms now included information about people's capacity to make decisions and showed their involvement and agreement to decisions made. Consent forms were regularly reviewed, signed and dated.
- Staff had undertaken training on MCA and DoLS and they had a good understanding of the need to obtain consent from people prior to undertaking any care and support.
- People were given choices and staff listened and respected those choices.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs, likes and dislikes were recorded in their support plans and staff followed this guidance.
- A menu was on display in the dining room, however it showed limited choice, with just one main meal to choose from. Staff told us people could choose an alternative if they wished, some people confirmed this whilst others told us they were not given a choice.

- Staff told us they supported people to develop menus based on their choice and nutritional guidance. However, on the first day of inspection people were not offered the main meal choice on the menu which was pasta salad. They were offered sandwiches and a bag of crisps. We discussed choice at meal times with the manager and they assured us that they would review this.

Adapting service, design, decoration to meet people's needs

- The size of service does not meet current best practice guidance for Registering the Right Support (RRS). However, since the last inspection changes have been made to the service design in line with the principles of RRS.
- Some people had moved out of the service since the last inspection reducing the numbers of people accommodated from 17 to 12. The area manager informed us that there were no plans to increase the current number of people occupied and of the providers plans to convert the service into two smaller domestic style properties.
- Adaptations made to the service since the last inspection better promoted people's choice, control and independence. This included the installation of domestic style laundry facilities on the first floor and personalised medication facilities.
- Some people's bedrooms needed redecoration due to some damage to walls caused by a recent leak in the roof. The manager confirmed the plans in place to carry out the decoration.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service an assessment of their needs and choices was completed to make sure they could be met effectively at the service.
- Staff had access to guidance to promote people's physical and mental well-being.
- People and relevant others such as family members were involved in the completion of assessments and care plans and regular care reviews.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included training and shadowing another staff member until confident and competent to deliver care.
- Agency staff were called upon to cover shortfalls in staffing and they were required to complete an induction before they could support people.
- Staffs knowledge to deliver effective care was developed through an ongoing training programme, competency checks, and supervisions and appraisals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health professionals and made prompt referrals when needed. On the first day of inspection staff acted promptly by calling a GP for a person who presented as unwell.
- Care records included details of healthcare professionals involved in people's care and a record was maintained of appointments and outcomes.
- Staff supported people to attend regular healthcare appointments to live healthier lives. People told us; "I go to the dentist," "I had a blood test last week at the doctors, "I used to be overweight and have lost weight."

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were now supported to be more independent. They were actively involved in tasks around their home and their choices were respected. Their comments included; "I clean my own room; I changed my bed this morning and put my washing in the basket" "I like to eat in my own room and watch T.V."
- People told us that staff respected and promoted their privacy and dignity. Staff respected people's personal space and knocked on their bedroom doors before entering and people told us this was usual.
- A family member told us staff made them feel welcome and offered them refreshments when they visited their relative.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for maintaining people's confidentiality.

Ensuring people are well treated and supported; respecting equality and diversity

- People told staff treated them well and were kind. Their comments included; "Staff are kind" "Staff nice" and "They [staff] treat me well." A family member praised staff for the way they treated their relative, they told us "[relative] is treated very well indeed and they [staff] are so kind to him."
- Staff were polite and respectful towards people and they were friendly, the interactions between them was familiar and easy.
- Staff were provided with training in equality and diversity and they understood the importance of treating people as equals and meeting their individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People and relevant others such as family members were supported to express their views. They were invited to take part in regular care reviews and 'resident's and relatives' meetings.
- Information was available to people about services they could access if they needed independent support around decision making.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People now received the support they needed to plan and achieve their goals and aspirations and to be independent. One person was receiving support to help them prepare to move out of the service into the community.
- People were involved in planning and reviewing their care and support needs and they agreed to their plans in place.
- Care plans reflected people's needs, how they were to be met and the intended outcome agreed by the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans and staff understood them.
- Information was available in different formats where this was required, for example using pictures, symbols and large print.
- Staff explained information to people where this was needed to make sure they understood the care and the options available to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people follow their interests and hobbies, one person told us they go to the cinema and another person told us they enjoyed going to pop concerts. However, others commented that they would like more opportunities to access places of interest in the community.
- People were supported to maintain contact with their friends and family and to develop new relationships. People told us; "Uncle [name] takes me out," "I went to Knowsley Safari Park with my sister" and "I went for a pub tea with family."

Improving care quality in response to complaints or concerns

- People and relevant others including family members were given a copy of the providers complaints procedure.
- People said they would complain if they needed to and felt they would be listened to. Their comments

included; "Yes I'd say something if I wasn't happy" and "Would speak up."

- Complaints were recorded and used to make improvements to the quality of the service.

End of life care and support

- No one was receiving end of life care at the time of inspection. However, staff had received end of life care training.
- People were given the opportunity to discuss and plan their end of life wishes and relevant others including family members were involved where this was appropriate.

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

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the quality of service that people received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;

- Learning had taken place since the last inspection and improvements were made to the way people were supported and to the environment. The values of Registering the Right Support were being promoted.
- Checks were now carried out in line with the providers quality monitoring systems and areas for improvement were identified in a timely way and acted upon to improve the quality and safety of the service.
- Managers within the organisation with responsibilities for checking on specific areas of the service visited regularly to support the registered manager in their role and service development.
- A new manager was appointed since the last inspection and at the time of the inspection they had applied to the CQC to become the registered manager.
- The manager and staff had a clear understanding of their roles and responsibilities and regulatory requirements.
- The registered manager kept up to date with their learning and development. They attended organisational managers meetings and completed training for their role.
- The manager knew to notify the CQC of incidents as required by law. The ratings from the last inspection were displayed at the service and on the providers website.

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;

- Managers at all levels understood their legal responsibility to be open and honest with people.
- There were good lines of communication with people and relevant others such as family members and people's representatives.
- Accidents, incidents and complaints were reviewed and where appropriate reported to the relevant agency and action was taken to minimise the risk of further occurrences.

Working in partnership with others

- The service worked in partnership with representatives from key organisations. These included commissioners of the service, safeguarding teams and external health and social care professionals.
- The service also worked in partnership with family members and others, people had appointed to represent them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open-door policy operated at the service. The manager encouraged an open flow of communication with people, family members and staff.
- People and family members were encouraged to provide feedback about their experiences of the service through regular conversations, care reviews and meetings.
- Staff felt supported and listened to by managers. A staff member told us, "They are approachable and listen to what we say."