

# Potensial Limited

# Firtree House

## Inspection report

37 Pease Street  
Darlington  
County Durham  
DL1 4EX

Tel: 01325389967  
Website: [www.potensial.co.uk](http://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

The inspection took place on 25 July 2017. The inspection was unannounced. This meant the staff and provider did not know we would be visiting.

Fir Tree House is a residential care home based in Darlington. The home provides personal care for people with learning disabilities or people living with a mental health illness. It is situated close to the local amenities and transport links to the town centre. The service is registered to provide support to eight people and on the day of our inspection there were seven people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in May 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

People who used the service were relaxed in their home environment and the service had a homely atmosphere.

Staff were comfortable, relaxed and had an extremely positive rapport with the manager and also with each other.

We saw staff interacting with people in a person centred and caring way. Person centred is when the person is central to their support and their preferences respected.

We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness.

We saw staff offering people choices, being considerate and communicating with people well.

People were supported to set and achieve goals for themselves.

We saw that people were encouraged to enhance their wellbeing on a daily basis by taking part in activities at home and in the community that encouraged and maximised their independence.

People were supported to maintain their independence as much as possible.

We spoke with care staff and relatives who told us they were supported and that the manager was approachable.

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.

People's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP or speech and language therapy team.

People who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training and development opportunities were available.

We viewed records that showed us there were robust recruitment processes in place.

Medicines were managed, stored and administered safely.

People were actively encouraged to participate in activities that were personalised and meaningful to them.

We saw staff spending their time positively engaging with people as a group and on a one to one basis. We saw evidence that people were supported to go out regularly too.

People were encouraged to eat and drink sufficient amounts to meet their needs. The daily menu that we saw was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

People had their rights respected and access to advocacy services if needed.

People were supported to play an active role within their local community and were on first name terms at the local cafes in the town centre.

The provider had an effective quality assurance process in place and staff told us they enjoyed their role, and felt supported by the management team.

## 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 remains safe.

Good ●

### Is the service effective?

This service remains effective.

Good ●

### Is the service caring?

This service remains caring.

Good ●

### Is the service responsive?

This service remains responsive.

Good ●

### Is the service well-led?

This service remains well led.

Good ●

# Firtree House

## 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 25 July 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector.

At the inspection we spoke with four people who used the service, the manager, and four care staff. Following our inspection we spoke with three relatives and an advocate via telephone.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave 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 spent time watching what was going on in the service 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 used the service.

We also reviewed records including; two staff recruitment files, medicines records, safety certificates, two care plans and daily notes, two staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

# Is the service safe?

## Our findings

People who used the service who we spoke with told us they were safe living at Fir Tree. They told us; "The staff help me to cross the road." and another told us; "Staff keep me safe." We spoke with one person's advocate and they told us; "I find that [name] is safe and secure in his home also when I visited last time a new member of staff didn't recognise me and they asked to see my ID to check who I was. This reassured me."

People were supported by enough staff to meet their needs. People were supported on a one to one basis and helped people to take part in activities. Staff were not rushed and had time to talk with people and spend time with them.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us; "If I ever noticed any signs of abuse I would call the manager immediately I wouldn't wait, if nothing got done I would call the on call manager or the CQC." We saw records that demonstrated the service notified the appropriate authorities of any safeguarding.

The provider operated a safe recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and their preferences regarding how they liked to take their medicines. Medicine administration records had been completed correctly. We saw that staff who administered medicines had received appropriate training and had their ability to administer medicines assessed.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends

were identified. These were also sent to the regional office for further analysis. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

## Is the service effective?

### Our findings

People were supported by skilled and experienced staff who were able to meet people's needs. The staff knew people well and understood their needs. When we spoke with one person's advocate they told us; "The staff know [name] really well they understand their communication needs."

We saw records that showed us a range of community professionals were involved in the care and treatment of the people who used the service, such as, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments. One person's relative told us; "I do know that whenever [name] has been unwell they visit the GP."

Supervision and appraisals took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

New employees had an induction period and also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of national standards for social care and health workers to work within.

People were supported by staff trained in areas that reflected their needs. Each member of staff had their own training list that the manager monitored and the courses included; Safeguarding, disability awareness, mental health and positive behaviour support.

People's nutrition and hydration needs were met, people told us they enjoyed the food and the choices and were involved in planning and preparing food. Special diets were catered for and people told us; "I like custard." and another told us "I like fish."

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. The application procedures for this in care homes and hospitals are 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 were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the manager.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. 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.

## Is the service caring?

### Our findings

When we spoke with the people who used the service and their relatives they told us about the staff and that the staff were caring. One person who used the service told us; "I like the staff, they help me, we go all over." another told us; "The staff take me to go and see my family."

People were supported in a positive, encouraging and caring way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with kindness. There was a consistent relaxed, homely atmosphere. Relatives we spoke with told us they were always made to feel welcome. One relative told us; "When I visit, I see how happy [name] is they used to be really quiet but not now they are very chatty. I'm always made to feel very welcome."

People were supported to maintain important relationships. Family and friends were able to visit, at any time. People were also supported to visit or call their relatives on the phone if they hadn't visited. One relative told us; "[Name] visits me every week as I can't always go to the house."

People were supported to maintain their independence and when we spoke with staff they were able to clearly demonstrate how they promoted this. They were able to give us examples including; accessing the community, doing household jobs, activities and assisting with dressing and personal care. One member of staff told us; "[Name] can help out in the kitchen and he likes too, he can do lots of things, just needs that encouragement and support to do them. [Name] will sometimes ask you to do things for them that I know they can manage so I have to encourage them to do it themselves."

We observed that the staff respected people's dignity Staff we spoke with told us how they would respect people's dignity by making sure doors and curtains were closed and that people were well presented.

A number of people using the service were using an advocate at the time of our inspection. When we spoke with staff and the manager they were knowledgeable of the advocate's role. We spoke with one of the advocates who regularly visited the home and they told us; "I support [name] in meetings and the staff and the manager are always very welcoming and let me have access to the office and any of the information I need. [Name] has the freedoms they want in life" This meant that people were supported to maintain their rights and make informed choices.

We discussed end of life care with the manager. They told us people didn't have end of life support plans in place as some people found it upsetting and therefore it wasn't appropriate to discuss this sensitive issue. However the manager told us some people did have funeral arrangements and it would be discussed with others and their family members and advocates if there was a need.

People were supported to make choices in everyday life from what clothes they were wearing, what to eat and we saw people had chosen their room décor.

## Is the service responsive?

### Our findings

The service had planned events and activities both on a one to one basis and as a group. During our inspection staff were supporting people to go out to town for a coffee and visit the shops. People told us they were busy and had lots to do, one person told us; "We go all over, Whitby and the town."

People's relatives told us they were happy with the level of activity that their relative was involved in they told us; "[Name] is happy, he gets out so much more now."

We saw that people were involved in planning their activities. We could see that there was a range of activities planned for people to choose from including; outings and holidays, music, baking and pamper sessions. One member of staff told us; "We sit down every Sunday and find out what people want to do for the week."

People were supported in a person centred way. The support plans we looked at gave in depth details of the person's likes and dislikes and daily routines. These plans gave an insight into the individual's personality, preferences and choices. People's histories were also recorded and included documents that were easy to follow and included photographs. There was a one page profile called 'all about me' that was important information at a glance.

When we spoke with the advocate they told us; "The support is person centred, I know [name] gets the support they like and is surrounded by their favourite things and personal belongings and everyone seems to understand them and just how they like things."

People were supported to set themselves goals and achieve them. One person went out independently to visit the town centre and couldn't do this previously. They expressed that they wanted to and were supported to make a plan. We spoke with staff and the manager who explained how they spent time going out, learning the bus routes, where to get on and off the bus and road safety. One member of staff told us; "It didn't take long, they had skills of knowing where they are just needed support to build on that."

People had a keyworker who was assigned to them and could help with their support plan and make connections with their family. One staff member told us; "The people are the best part of this job. I've loved getting to know them and their individual personalities."

There were meetings for people regularly and we looked at the minutes. We saw that people planned their holidays at these meetings, shared ideas and made requests for changes to the service or if things were needed for the home. These meetings had an action plan to sign off tasks completed and we saw that most had been completed. However we saw that people had requested garden furniture and garden improvements and this hadn't been purchased or completed. We spoke with the manager who assured us that they would purchase the garden furniture. Following our inspection they sent us an action plan with timescales for the garden improvements.

When we asked the people who used the service and their relatives if they knew how to make a complaint or

raise issues everyone we spoke with us was aware how to raise concerns or make a complaint if they needed to. One relative told us; "I have no need to complain, but if I though [name] wasn't happy, or if they told me things I didn't like, I would go to the manager and the organisation." The complaints procedure was well embedded in the service. Where the service had received complaints they had been addressed by the manager appropriately and outcomes were recorded.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

During our inspection we received numerous complimentary comments from the staff about the manager and the management from the provider. Staff told us; "This is the best job I have ever had, the support from the manager and the rest of the staff is brilliant." and "The manager is the best you can go to her with anything, no problem is too small."

We asked people's relatives for their views on the management of the service and we received positive feedback on how the manager was approachable.

The manager explained to us how they maintained links with the local community and they told us how people regularly visited the town centre with support and independently and how they used local hairdressers, social clubs, shops and pubs for meals out. They told us; "One café owner from the town called us to see if [name] was OK as they hadn't visited in a while as they were on holiday. They had missed them and were concerned. I thought that was lovely, it showed us that they have important relationships in that café."

The manager ran a programme of audits throughout the service and these were carried out regularly. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw quality monitoring visits were also carried out by the provider and these visits included the; staffing, health and safety and the building. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

The manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, 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.

During the inspection we saw the most recent quality assurance survey results. This was an annual survey that was completed by people who used the service, their relatives and stakeholders of the service.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

The manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. We looked at the minutes of these meetings and we could see that the manager had addressed issues previously with the

staff such as professionalism. These meetings were well attended and valued by the staff. One member of staff told us; "The staff team are all amazing, they have helped me so much, we all help each other."