

Potensial Limited

Potens Dipton Supported Living and Outreach

Inspection report

15 - 33 Cecil Court, High Street South
Langley Moor
Durham
DH7 8EJ

Tel: 01913980032
Website: www.potens-uk.com

Date of inspection visit:
28 April 2022
03 May 2022
05 May 2022

Date of publication:
13 June 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Potens Dipton Supported Living and Outreach provides care and support to people living in two 'supported living' settings. Supported living settings support people to live in their own home as independently as possible. People's housing is provided under separate contractual agreements. CQC does not regulate premises used for supported living.

At the time of the inspection there were 27 people using the service, in a block of flats and in a house on a residential street. The service supports people, who have either a learning disability or a mental health need. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Right Support

People were involved in discussions about their support and given information in a way they understood. Staff supported people to take part in activities and pursue their interests in their local area. People told us they could either choose their own social interests and travel to them independently or they were supported by staff to do this. Some people told us how their range of skills and social activities had increased, and staff had encouraged them to go to places that interested them. Where people had support, they told us this was flexible, available when they needed it and to the level they needed. People were supported safely with medicines and infection prevention and control practices reflected good practice.

Some aspects of the environment at one of the supported living settings needed some maintenance and improvement. Work was on-going to make the building more suitable for the needs of the people living there. The other setting was purpose built and was designed to meet the needs of the people using it. Both settings had communal areas and quiet spaces. People were able to personalise their flats or rooms, one person told us, 'It was me that chose the colours, I put my stamp on it. I feel really good.' People had personal items and furnishings of their choosing. Communal areas were decorated based on themes agreed with everyone who used them.

One of the supported living settings accommodated nine people with a learning disability. The size of the service was not in-line with best practice guidance. People we spoke with told us they were happy living at the service and liked the people they lived with. There was a relaxed atmosphere with people mainly

choosing to socialise together. Care was individualised and person centred. Staff ensured decisions about any routines in the service were based on people's choices. People were regularly asked for their opinions and gave them freely. Staff enabled people to access specialist health and social care support in the community. People had accessed preventative services such as screening for health conditions.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, which staff were familiar with. Staff had the necessary skills to understand people and therefore they interacted comfortably.

Right culture

The service was open to new ways of working and ongoing improvements were introduced to promote independence and inclusivity. People received good quality care, support and treatment because trained staff could meet their needs and wishes. Additional training needs were explored with staff and provided to meet people's needs. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. Staff demonstrated kindness and compassion when they worked with people. Staff were aware of and working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

This service was registered with us on 19 June 2020 and this is the first inspection. The last rating for the service at the previous premises was good, published on 21 October 2017.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

This inspection was prompted by a review of the information we held about this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Potens Dipton Supported Living and Outreach

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector carried out the inspection. An Expert by Experience made telephone calls to relatives of people who used the service. 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

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because

one of the settings is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 April 2022 and ended on 5 May 2022. We visited the service on both dates.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided.

We spoke with five members of staff including the registered manager, team leader, senior care staff and care staff. We also spoke with a visiting professional.

We reviewed a range of records. This included three people's care records and two 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, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- People and relatives told us the service kept people safe. One person said, 'I'd tell staff if anything was bothering us' and said they felt that staff would help them.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One person told us, 'I tell staff what time I'm going to be home. I don't mind. It's to keep me safe.'
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. A relative told us, 'Yes, everything seems to be done efficiently. Done as it should be. They are knowledgeable about medicines, health and safety.'

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The staff team was consistent, and no agency staff were being used. One relative told us, 'I know all the staff personally by name, they have all been there a while.' Staff knew people's likes and needs well because they worked with them frequently.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals. One person had been involved in interviewing for a new staff member, they had written their own interview questions and had the final say over who was appointed. The person and registered manager told us this had helped find someone with the right personality for the service.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. People could take their medicines in private when appropriate and safe.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. A system was in place to support medicine administration when people went out of the service.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean. Some bathrooms in one of the settings needed repair and where potentially difficult to keep hygienic. This was being addressed through a programme of refurbishment that had been delayed by the pandemic but was now underway. The use of these bathrooms was limited, and people were primarily using a communal bathroom that had recently been renovated.
- The service prevented visitors from catching and spreading infections.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. There were very few incident or accidents, but staff knew how to recognise and report any concerns.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. Further development was needed to ensure plans fully reflected people's long-term and short-term aspirations and how these would be achieved. The registered manager was introducing new documentation to aid this process.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

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

- One of the supported living settings accommodated nine people in one house with individual bedrooms, shared bathrooms and other communal areas. This is a larger setting than best practice advises. The environment, however, was homely and stimulating. The design, layout and furnishings of people's homes supported their individual needs. Both settings were spacious with various areas for people to enjoy spending time on their own or with other people.
- In one setting some bathrooms were dated and needed repair or refurbishment. The other setting was purpose built and facilities were of a high standard and met people's needs. People kept their homes clean and hygienic with guidance from staff if needed. We observed staff and people cleaning communal areas together.
- There was a staff office located in one of the settings. Having a staff office in a person's home is not in-line with best practice. There was a plan to repurpose this room into a communal area. People and staff confirmed discussions had taken place about the best use of this room for everyone's benefit.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions. Staff recently had training around one individual's current mental health need and how best to practically support them with this.

- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People could have a drink or snack at any time.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Staff had worked with a person who had previously been underweight and had been prescribed drinks to help increase their weight. Since using the service this person had stopped having the prescribed drinks, had gained weight, tried new foods and enjoyed varied meals with other people in the service.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One staff member said, 'The best thing here is the care. People get respected.' A relative told us, 'I think they treat her as if she was one of the family. They dress her well, shower every day. They treat her well.'
- Staff were patient and used appropriate styles of interaction with people. We observed people being given time to answer and staff rephrasing questions to ensure they had understood the answers being given.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. Staff members showed warmth and respect when interacting with people and had a rapport with them. One person said, '[Staff member] is amazing. She did my hair. She can plait my hair; she can do all sorts'. Another person told us they felt they had a 'bond' with staff.

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

- People were given time to listen, process information and respond to staff and other professionals. Staff took the time to understand people's individual communication styles and develop a rapport with them. A social worker told us, 'Staff give [person] time to respond. They are very good at recognising what he is verbalising.'
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff supported people to maintain links with those that are important to them. One relative told us, '[Person] rings me on a constant basis. She loves that she can visit her mum.' People told us they visited friends and saw people they knew at social clubs.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff shared information about activities in the local community and encouraged people to try these. A person told us, 'I like living here. I prefer it. I go places, go out and get on and off buses on my own.' A relative told us, 'Since moving in [person] can now shower on her own, dress herself, brush her teeth. They have taught her how to make the bed and do the laundry. They teach her to be more independent.'
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. For example, people and staff told us it was important that staff recognised when people wanted to be alone in their rooms and staff respected this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Pathways to future goals and aspirations were not always clearly documented. People, relatives and staff we spoke with could give examples of goals that people were working towards. People were gaining independent living skills, but the smaller steps and development of skills needed to reach these goals were not always explored. For example, people and staff told us they were in the early stages of planning holidays but very little had been documented about what had been discussed and how these trips would be achieved.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

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.

- Staff ensured people had access to information in formats they could understand. One person who used the service had recorded an audio version of the service user guide and tenancy agreement. Several documents were available in audio or pictorial format and others could be produced in various formats as needed. Work was planned to make people's support plans more accessible and give them greater ownership of these.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff told us, 'We have the communication passport to refer to. We take person to look in the cupboards and choose things themselves. We give them a choice and they tell us what they want.'
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. People told us they could go shopping when they wanted, to the community centre, pubs and to other local facilities. Some people were planning to join in local events to celebrate the Queen's jubilee.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People were supported by staff to try new things and to develop their skills.
- Staff helped people to have freedom of choice and control over what they did. One person told us, 'I love to shop. I shop until I drop.' Another person told us they had planned a trip to see a singer in concert.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had very few concerns and complaints. Day to day issues were usually resolved quickly and to people's satisfaction. Where concerns were received these were responded to and any learning from these shared with staff.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- People were supported to plan their end of life care. Some people had chosen not to do this. One person told us this was something they would plan with staff when they chose it was the right time to have these discussions.
- No one was receiving end of life care at the time of the inspection.
- There had been recent bereavements in the service. As these were during the Covid-19 pandemic people had not been able to attend funerals. People had been supported to reflect on their memories of the person. A relative had provided a 'memory tree' and staff had supported people to add their memories to this.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Management recognised staff contribution to the service. The service had won company-wide awards, including for their positive contribution to the organisation and for initiatives around people's well-being. Staff were encouraged to nominate each other for staff recognition awards.
- Management and staff put people's needs and wishes at the heart of everything they did. The registered manager and other staff stated their main aim was for people to be happy. They described the service as a happy place to be and this was echoed by people who used the service. Comments from people included, 'I love it here' and 'I've come on leaps and bounds. It's the best thing ever. It makes me feel happy.'
- Some improvements were required to ensure adherence to the principles of 'Right support, right care, right culture' and that people would be consulted with about who they lived with. There had been some limitations on people visiting the service before they moved in due to restrictions during the pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. People told us they sat with keyworkers to discuss and review their needs and goals. Keyworkers knew people well so they could make positive suggestions that were appropriate to people's aspirations and skills.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. The provider produced a newsletter and used this, along with other methods of communication, to promote two-way feedback about the service.
- Staff had opportunity to feedback about the service. Most staff felt their views influenced how the service developed.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service. They had attended webinars from key organisations to improve their practices.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Some staff had been given lead areas of specialism, such as for infection control or health and safety. These staff took a lead in sharing best practice with other staff.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.