

# Potensial Limited

# Woodlands

## Inspection report

41 Yarm Road  
Stockton On Tees  
Cleveland  
TS18 3NP

Tel: 01642608036  
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 21 March 2017. The inspection was unannounced.

The Woodlands is a residential care home based in Stockton. The home provides personal care for people with learning disabilities. It is situated close to the local town centre, amenities and transport links. The service is registered to provide support to ten people and on the day of our inspection there were nine 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 November 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.

The atmosphere of the service was homely with a feel that was warm and welcoming. People who used the service were relaxed in their home environment and relatives who we spoke with told us they felt the service had a homely feel.

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 being considerate and communicating with people well.

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

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 and also contributed positively to the homely atmosphere.

We spoke with care staff who told us they felt well supported and that the registered manager was approachable.

Throughout the day we saw that people who used the service and staff were comfortable, relaxed and had an extremely positive rapport with the registered manager and also with each other.

From looking at people's care plans we saw they were written in plain English and in a person centred way and they also included a 'one page profile' that made use of, personal history and described individuals care, treatment and support needs. These were regularly reviewed; and family members and people were included in the process.

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 plans 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, community nurse or optician.

Our observations during the inspection showed us that 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 accessible at this service. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicine and we found that the medicine administering process was safe.

People were actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them including exercise classes and reading. We saw staff spending their time positively engaging with people as a group and on a one to one basis in meaningful activities. We saw evidence that people were supported to go out regularly too.

We saw 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.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were complimentary to the care staff, management and the service as a whole. People also 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 shops and amenities.

We found an effective quality assurance survey took place regularly and we looked at the results. 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 and their representatives were regularly asked for their views about the care and service they received at meetings and via surveys.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> This service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> This service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> This service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> This service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> This service remains well led.	<b>Good</b> ●

# Woodlands

## 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 21 March 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 three people who used the service, three relatives, the registered manager, and three care staff.

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; four staff recruitment files, medication records, safety certificates, four care plans and records, four 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

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "The staff are good", one relative told us; "The staff know people well, they do their very best."

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.

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. Staff members told us; "I don't do medicines at the moment but I am going to do that training next" and "I enjoyed my appraisal. It was a chance to speak about how I perform, it was informative and it felt good to get some recognition."

For any new employee, 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 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 that social care and health workers stick to in their daily working life. We saw evidence of how this was monitored in the staff supervision files.

We saw the training list and this showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. Each member of staff had their own training list that the registered manager monitored and the courses included; Safeguarding, Oral hygiene, diabetes and positive behaviour support. One staff member told us; "I enjoyed the diabetes training course it was recall good how it was done it was more visual." Another told us; "The positive behaviour support was interesting and it had made me more confident now to use positive ways to defuse situations."

We saw people were supported to prepare their lunch. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere at lunch time was relaxed and not rushed. When we spoke with people who used the service they told us that they liked the food, they told us; "I like the food and I like curry, I cook during the day, I like hot curry."

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 registered 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 effective?

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## 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, the staff are alright." One relative told us; "I can't sing their praises enough they are fantastic. The care that they give is second to none", and "The level of care is amazing and everything comes from the heart."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm homely atmosphere. Relatives we spoke with told us they were always made to feel welcome. They told us; "The staff have provided a home for [name] and it is the very best it could possibly be."

Staff we spoke with were able to clearly demonstrate how they promoted peoples independence, we observed staff offering support to people and encouraging people to be independent for example when in the kitchen preparing meals. One staff member told us; "I let people do as much as they can for example [name] might want to shave, he will start and then need help afterwards. We have got to remember that people can also have off days and when can't do as much for themselves."

People who used the service and their relatives told us how they were encouraged to make choices for themselves and be more independent. The staff explained how one person who used the service had recently got a car and that they chose the car and colour and they made their choice by using pictures. Staff were able to give us lots of examples and also told us; "Even down to what to have on their toast people can choose. We have to make it simple by getting the jars out to show [name] so he can weigh the information up to make his choice."

We saw staff interacting with people in a positive, encouraging, 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.

We looked at the arrangements in place to ensure equality and diversity and support for people in maintaining important relationships. Staff we spoke with told us they supported people to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. One relative we spoke with told us; "I visit every week and [name] also visits me at home. I can call in whenever I want and we are always made to feel welcome. The atmosphere is friendly."

We observed that the staff respected people's dignity and the people who used the service we spoke with told us how the staff maintained their privacy and dignity. Staff we spoke with told us how they would respect people's dignity and when we observed the medicines we saw evidence of how this was carried out discreetly.

No one at the service was using an advocate at the time of our inspection. When we spoke with staff and the registered manager they were knowledgeable and knew who to contact if anyone needed advocacy. The registered manager told us; "We have a specific Advocacy service that we use that is for people with learning

disabilities and they are based at Citizens Advice, we just put a referral in." This meant that people were supported to maintain their rights and choices.

## 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 with activities around the home, in the kitchen and also reading to people. There was a notice board in the hallway that was promoting other activities that were planned, for example exercises.

We saw that people were involved in planning the activities. We could see that there was a range of activities planned for people to choose from including; outings and holidays, music and movement, and crafts. At the time of our inspection there was an Indian theme activity and the people who used the service had made a notice board with pictures of India and elephant and that week Indian food was on the menu and people were involved in preparing the food. One member of staff we spoke with told us; "The best thing about working here is that every day is different and the people themselves get to choose everything, the activities, the food we cook together and people join in."

The care plans that we looked at were person centred and gave in depth details of 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. People's histories were also recorded in the care plans and included documents that were easy to follow and included photographs. However these care plans were large and the registered manager told us of plans to streamline them to reduce the amount of pages and repetition. Care plans contained daily notes and these were detailed and gave valuable insight to the staff team regarding peoples care. People who used the service had a keyworker who was assigned to them and could help with their care plan and make connections with their family.

Staff enjoyed working with the people who used the service in a person centred way, one member of staff told us; "I love working here its more personal. This is their home and I work in it. It is very person centred, if people want to watch TV in their PJs they can, if people want a lie in they can."

We saw the service had a complaints procedure in place and no recent complaints had been made. The service had received compliments and there were some card on file however these were not dated. When we spoke with staff and the registered manager they told us that they do receive complements informally and that they were going to start recording them so they could reflect on them.

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; "Not yet but I would go to the manger or to Potens."

People who used the service had a picture version of the complaints in their room for them to use if they wanted to raise something. The registered manager told us; "People tend to raise things informally to us at one to one time and we take it from there."

This showed us that the complaints procedure was well embedded in the service and staff and visitors were

confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been addressed by the registered manager appropriately and outcomes were recorded.

The service held meetings for the people who used the service regularly. The registered manager explained how they had changed the format to involve the people more so now each person takes turns to lead the meeting and to have a discussion. Staff told us; "We have a meeting every month, they are going well. The menu is being changed we are taking soup off the menu because they told us they don't like it." These meetings had an action plan to sign off actions following the meetings and we saw that these had been completed.

## 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.

We asked people's relatives for their views on the management of the service and they told us; "The manager is excellent, we have no problems approaching them." We spoke with the staff team and they gave positive feedback about the management of the service. One member of staff told us; "The management are great, really easy to speak with."

The registered manager explained to us how they maintained links with the local community and they told us; "We support people to access the local shops and pub as much as possible. The people got on so well with the pub land lord when they moved to a different pub we now go along to visit them. People are on first name terms with the local people in the shops and the men all use their preferred barber and it's the same there, they have got to know everyone."

The service had a back garden that had been designed together by the people who used the service and a student Occupational Therapist who had been involved in the service. The garden had made use of brightly coloured accessories and areas for planning vegetables.

The registered 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 registered provider. We saw quality monitoring visits were also carried out by the registered 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 registered provider.

The registered 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.

Since our last inspection the service had introduced new policies and procedures. They had also made

several updates. We saw that the staff had signed when they had read the updates and that these were discussed at team meetings.

The registered 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. One staff member we spoke with us told us; "I find the staff meetings are really good, we have changed the day so that more staff can attend and we all bring some food to share and it helps the team to come together." this showed us that the staff responded well to management and valued team meetings.