

Potensial Limited Somerville

Inspection report

4 Somerville
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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

This comprehensive inspection was carried out on 17 January 2019 and was unannounced.

Somerville 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.

Somerville is registered to provide support for up to seven people who require support with their mental health. At the time of our inspection seven people were living there.

The house is a large adapted domestic style dwelling situated in a busy area of Wallasey near to local amenities and transport. All of the bedrooms had en-suite bath or shower rooms.

The service has a registered manager. 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'. 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.

During our previous inspection of the service in December 2017 we had found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17. This was because systems and processes were ineffective at assessing monitoring and mitigating risks relating to the health, safety and welfare of people. We also found a breach of Regulation 18 of the Registration Regulations 2009. This was because the provider had not notified the commission without delay of an event that affected the health, safety and welfare of a person who used the service

The overall rating for the service was 'requires improvement'. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; 'Is the service safe?' 'Is the service effective?' 'Is the service caring?' 'Is the service responsive?' and 'Is the service well-led?' To at least a rating of good.

At this inspection we identified that improvements had been made and the provider was no longer in breach of these regulations.

People living at Somerville told us that they liked living there. one person told us, "It's very nice, staff are okay." Another person told us, "It's all right here, I like it." The home had an ethos of promoting people's independence and working alongside people to support them to increase their everyday living skills.

People were supported to occupy their time in ways they enjoyed and benefited from. At home people were supported and encouraged to be as independent as possible with everyday living skills such as cleaning and meal preparation. People attended a variety of clubs and classes in their local community, they also enjoyed regular holidays and days out. Whilst people were encouraged to go out and about independently staff were available to accompany people who needed their support.

People who were able to could go into their kitchen at any time and make a drink or meal with or without staff support. People told us they helped to plan meals and went food shopping if they chose to do so. An individual approach was taken to meals. This meant that some people ate different meals or prepared their own and budgets were adjusted accordingly. People who needed support at mealtimes or with their nutrition were provided with this.

Systems were in place for safeguarding people from the risk of abuse and reporting any concerns that arose. People felt safe living at Somerville and staff knew what action to take if they felt people were at risk of abuse. A system was in place for raising concerns or complaints and people felt confident to raise any concerns they had in the knowledge they would be listened to.

People's medication was safely managed, stored and recorded. People told us they were happy for staff to look after their medication and they always received it on time. Staff provided people with the support they needed to manage their physical and mental health care needs.

People all had up to date care plans in place. These contained an assessment of the support needs people had and were used to plan the support they needed along with any future goals the person had. People told us that they knew all about their care plan and regularly discussed it with staff.

Regular checks of the building were carried out to ensure it was safe to use. Somerville is a large adapted domestic style dwelling situated in a busy area of Wallasey near to local amenities and transport. All the bedrooms had en-suite bath or shower rooms and people shared a kitchen, lounge and conservatory. Outside people had access to an enclosed back garden. Due to the internal layout of the building, lounge areas were not very private as people regularly passed through them to other areas of the house.

There was enough staff working at Somerville to provide the support people needed. People told us that they liked and trusted the staff team. Staff knew people well and had built positive relationships with people. This was evident in the trust people showed when talking about staff and how living at Somerville had a positive impact on their lives. Systems were in place and followed to recruit staff and check they were suitable to work with

Staff had received training to help them understand and meet the support needs of people living at Somerville. Staff told us that they felt supported and we saw that they had regular staff meetings and supervisions with senior staff.

The provider met the requirements of the Mental Capacity Act 2005. People were supported to make choices and decisions for themselves. Where people lacked the capacity to make important decisions for themselves then the provider took steps to protect them. This included applying to the local authority for a Deprivation of Liberty Safeguard (DoLS) for the person.

Systems were in place for checking the quality of the service provided. This included carrying out regular audits of the service and meeting formally and informally with people living at the home and staff to obtain their views. An action plan was in place and used to record any areas for improvement and check they had been undertaken.

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.

Systems were in place to monitor risks to people's safety and reduce the risk of these occurring. People said they felt safe with the support they received at the home.

Enough staff were available provide the support people needed. Systems were in place and followed to check new staff were suitable to work with people who may be vulnerable.

People's medication was safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to understand and meet people's needs.

People were supported to be as independent as possible and make decisions and choices for themselves. Where they were unable to do so the provider took steps to obtain legal protections for them.

People were encouraged to spend their time at home and in their wider community as they chose.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff team who they liked and trusted.

Staff knew people well and spent time supporting people to lead the lifestyle they chose as well as meeting their support needs.

Is the service responsive?

Good ●

The service was responsive.

People were supported to learn and increase their everyday living skills and spend their time on activities they enjoyed.

Care plans provided clear guidance to staff on how to meet people's needs and choices. They were written and reviewed with the person and people had confidence in the care planning approach to improve their lives.

People felt confident to raise any concerns or complaints that they may have and felt they would be listened to.

Is the service well-led?

The service was well-led.

The registered manager was experienced and operated a person-centred service. She was liked and trusted by people living at the home and the staff team.

Effective systems were in place for assessing the quality of the service and planning future improvements.

Good ●

Somerville

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.

The inspection was carried out on 17 January 2019. An Adult Social Care (ASC) inspector carried out the inspection and the inspection was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service and their relatives, along with any information sent to us by the provider. This included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the local authority to ask them to share any relevant information they held about the home.

We used all of this information to create our 'planning tool' which helps us to decide how the inspection should be conducted and any key information we need to discuss.

During the inspection we looked around the premises and met with six of the people living at the home, three of whom we spoke with individually. We spoke with four members of staff who held different roles within the home.

We also spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for three people, recruitment records for one member of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

People living at Somerville told us that they felt safe living there. A policy was in place for staff to follow in the event that a safeguarding incident should occur. Staff we spoke with were aware of how to identify and report safeguarding incidents and stated that they would not hesitate to do so. Information on understanding and reporting safeguarding was made available to people living at the home in an easy to read format. No safeguarding concerns had been reported at Somerville since the last inspection.

The provider had a policy in place for whistle blowing and the staff handbook contained information on disclosure of public interest matters. Whistle blowing supports employees who report a concern that they believe is in the public interest. Staff were aware of the whistle blowing policy. A member of staff also explained that the provider had a 'Challenge Charter' in place. This encouraged staff to challenge and if necessary report anything they considered did not meet good practice within the home.

Risks to people's safety had been identified within their care plan and appropriate action taken and recorded to minimise the risks occurring or causing harm. Assessments and checks of the environment had also been undertaken with measures put into place to reduce risks associated with environmental factors.

Records relating to people living at the home were secured either on a password controlled computer or in a locked office. This was accessible to staff who needed to read or add to people's records. Records we looked at were clear and up to date.

The home had a series of internal and external checks in place for the safety of the premises and equipment. This included checks of water temperatures, mains gas and electrics, and checks of the fire systems. We looked at a sample of these and found that they were all up to date.

Information on how to support people in an emergency was available in the home. People had been given the opportunity to discuss and sign in agreement to their evacuation plan. An emergency 'grab bag' was available in the office and we saw that a member of staff was in the process of updating this and checking its contents.

The home was clean and tidy during our inspection and we saw that hand soap and paper towels were available to staff along with disposable gloves. This helps to minimise the risk of cross infection.

People told us that staff looked after their medication as they did not want to look after it themselves. They said that they always got it on time and got pain relief medication if they needed it. People had a medication cabinet in their bedroom to store their personal medication. Additional locked storage was also available in a small, locked medication room.

We looked at how people's medication was stored and recorded and checked a sample of stocks against records. We found that medication was well managed with records tallying with stock remaining, which indicated that people had received their medication as prescribed.

Weekly and monthly audits of medications had been undertaken. Where these identified minor issues an action plan had been put into place and action taken to minimise them recurring.

Accidents and incidents were logged and checked for any emerging patterns. Staff told us they had received training in first aid and fire prevention and knew what action to take in the event an accident or emergency occurred.

People told us that there were enough staff working at Somerville to provide the support they needed. One member of staff slept on the premises overnight and there was always a member of staff on duty during daytime hours. A second member of staff usually worked between 9am and 5pm although we were told this could vary depending on people's needs. For example, on the morning of our inspection there were three members of staff including the registered manager working. The additional staff meant that if people needed support to attend an appointment or to go out then this was available.

Only one member of staff had been employed since our last inspection. We looked at their recruitment file which contained evidence that they had undergone an interview process and checks including obtaining a Disclosure and Barring Service check, references and identification had been carried out. These recruitment processes helped to ensure staff were suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

Staff had a good understanding of people, their interests and support needs. People told us that staff were always responsive and ready to offer support or chat with them. Assessments of people's support needs had been undertaken and used to plan the support they needed. These assessments also provided a basis for people to discuss and make future plans.

Staff told us that they had received the training they needed to undertake their role effectively. One member of staff explained that the provider had introduced a training app which they found useful in monitoring and keeping up to date with their training.

The provider had a training department that organised both face-to face and learning via computer for staff. Clear records of staff training were in place which also identified planned training and training renewal dates. These showed that staff were up to date with the core training identified by the provider. This included fire safety, food safety, safeguarding, and the Mental Capacity Act. It also showed that staff had undertaken additional training relevant to the people they support. This included understanding mental health conditions, the Recovery Star approach and supporting people with epilepsy.

All staff had one to one supervision from a senior member of staff. This provided staff and their manager with the opportunity to discuss their role, any concerns they may have and their training needs. Staff told us that they felt supported and could express their views at staff meetings which were held regularly.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. 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 and found that they were.

Assessments had been carried out to establish whether people needed the protection of a DoLS. Where required a DoLS had been applied for. Any restrictions on a person were clearly recorded in their care plan along with the actions taken to minimise them. For example, the front door was locked for the safety of one person living at the home. Other people living there were all aware of this and those who could do so held a key.

People had also signed to agree certain decisions including use of photography, agreement to staff managing their medication and to their care. Signed agreements were also in place for some people with

regards to advanced decisions and use of first aid. The registered manager was aware that some of these required reviewing to check people still understood and agreed with their previous decisions.

People told us that they all planned weekly menus together but could have an alternative when they wanted. One person explained that they planned their own separate menu as they were learning to be more independent with their meals. The registered manager explained that money from the food budget was made available for this person to shop for their ingredients. Another member of staff explained some people did not want to be involved in meal preparation, however they try as much as possible to encourage people to learn or retain these skills.

When required staff helped people to monitor their weight and seek health advice if needed. One of the people living at the home had some risk associated with eating their meals. They had been referred to a Speech and Language Therapist (SALT) who had provided guidance. Staff were aware of and followed this guidance when supporting the person with their meal.

Food was safely stored in the kitchen and we saw that people were able to make drinks or snacks as they chose.

People told us that staff supported them with their health and attended appointments with them if needed. One person told us that staff helped them stay well with their mental health by talking with them when needed. Another person told us that with the help of health professionals and encouragement from staff they had managed to give up smoking.

Records and care plans showed that people were supported to monitor their health and see healthcare professionals as needed.

One person told us, "The house is nice. A lovely house." A second person said, "I like it the way it is." Somerville is an old house that has been adapted. Everyone living there had their own bedroom with en-suite facilities. Shared rooms included a lounge, large domestic style kitchen with dining table, a conservatory with seating and an enclosed back garden. The garden contained a covered smoking area and a staff office.

Adaptations to the building included a ramp to the front door and a large adapted toilet should people need support with their mobility. A member of staff explained that plans were in place to turn this into a wet room so that people with limited mobility could easily use it.

Everybody had their own bedroom with en-suite shower room. We saw that people were able to decorate and furnish their room in accordance with their personal taste and interests.

The lounge was in the middle of the house and as such was a thoroughfare from the front of the building to the back of the building. This meant every time anyone moved from one part of the house to another they walked through the lounge between people and the television they were watching. In addition, the only natural light in this room came from a single door that was half glazed with frosted glass. This meant that the room appeared dark and gloomy and detracted from the homely atmosphere within the house. Since our last inspection soft furnishings and new floor covering had been added to the room, this softened the overall appearance a little. People living there told us that plans were in place for decorating this room and replacing the kitchen within the next few months.

A large dining table in the kitchen provided seating for seven people. We asked a member of staff where they

sat when people were all eating together. Currently there is no place for staff to sit meaning they have to leave the room or 'hover' in the kitchen. We asked a senior member of staff to consider this when planning the new kitchen layout.

People were supported to use technology to improve the quality of their lives and help them stay safe. One person had a pressure pad on their bed to alert staff at night if needed. They also wore a bracelet alarm that they understood helped them to summon staff if required.

Although the home did not have WIFI fitted throughout the registered manager told us plans were in place to provide this. In the meantime, people were supported to access the internet independently. For example, one person had spent time with staff learning to access YouTube and was now able to do this without staff help.

Is the service caring?

Our findings

People living at Somerville told us that they liked living there. One person told us, "We have a good life here." Another person told us, "I find it nice here."

People told us staff worked in partnership with them to support them to be as independent as possible. One person told us that with staff they had set long term goals for themselves, one of which was to improve their cooking skills. They explained that they were able to prepare basic meals at home, staff had supported them to find a cooking class and they now had recipes to try at home. They also explained, "I make my own decisions. They say it's up to you." Another person explained they regularly discussed their care plan with staff telling us, "Me and [staff name] did mine last night."

One person told us that they found it easy to talk to staff. They said staff helped them with their physical health and with their mental health. They explained, "I get upset, I go to them if upset. [staff name] says if you have got anything to talk about, do it." They told us about a recent time when they had become upset and had talked this through with staff and now felt their worries were, "sorted".

Although the front door was locked people were aware of this and those who could safely manage a key had one. People also had keys to their bedroom and we saw that staff did not enter people's rooms without their permission. People were able to come and go as they pleased. People who needed staff support to go out and about were provided with this.

Regular meetings between people living at Somerville and staff took place. One person told us they chaired these meetings and discussed many different issues. They explained this varied from discussing questions to ask at staff interviews through to understanding how to make a complaint and future holidays and activities. A member of staff explained that there was a clear philosophy that it was a meeting for people living there and was run by them with staff attending only to provide support if needed. The registered manager was aware of the need to obtain everyone's views and spent time individually with people who may not be able to or as confident at speaking in a meeting.

Staff knew people well and had built trusting relationships with them. When we asked staff to tell us about the support people needed it was noticeable that they discussed the person as a whole and not just any support needs they had. Staff knew about people's interests and hobbies and gave examples of ways in which they worked with people to look at expanding the things they enjoyed doing. People also told us staff supported them to find new activities and interests and would go with them if they wanted support.

Throughout the inspection we saw that staff spoke respectfully to people and spent time socialising and chatting with people as well as meeting any support needs they had. We also observed that staff were skilled at standing back and supporting people to be independent rather than 'taking over' and attempting to do things on the person's behalf.

A cultural and diversity statement was in place and records showed that staff had undertaken training to

understand how to recognise and meet people's diverse needs.

Is the service responsive?

Our findings

Everyone living at Somerville had their own care plan. Although the provider used an electronic care planning system copies were printed out also. The registered manager explained this was so people could easily read and discuss their plan if they wanted. People living there told us that they were aware of their plan and regularly discussed it with staff.

Care plans were detailed and person centred and provided clear guidance on the support people required. An approach to care planning called The Recovery Star approach was being introduced. A member of staff explained they had training on this and everyone living at Somerville had been assessed using this approach. The premises behind it is that people will have ten person-centred plans in place and assessments which will help people to set goals for their future. We talked to a couple of people living there who told us about this. One person explained that they had used it to set some future goals for themselves. They had a copy of their assessment which they were able to explain. This showed us that the staff team were working in partnership with people to support them to make as many of their own decisions as possible.

People told us that they were able to be as independent as possible and were supported to retain and learn everyday living skills. One person told us they, "Make sandwiches, lay table, do cleaning up." Another person told us, "I go out every day. Social club, college, singing class, meals, chair aerobics."

People living at Somerville had busy lives. Some people went out and about and were a part of their local community without staff support. Other people received staff support to go out if they wished to. At home people were encouraged to be independent in looking after their home and preparing meals. People told us staff supported them to look for new opportunities such as joining a new club or learning a new skill at home. At home people socialised together when they chose. For example, at a recent meeting people had decided to hold a 'pizza night'. At previous meetings people had discussed going on holiday and places they may like to go.

Information was made accessible to people in different ways. Many documents such as how to complain and care records such as consent forms were provided in easy read formats. People living at Somerville also told us that staff spent time talking with them and making sure they understood information.

People knew how to raise a concern or complaint and felt confident to do so. One person explained, "I know how to make a complaint. We are asked at every community meeting if we know." One complaint had been received at the home within the past year. We saw that this had been thoroughly discussed with the person, looked into and the outcome had also been explained and discussed with the person.

Is the service well-led?

Our findings

Somerville had a registered manager. 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'. 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.

The registered manager was due to leave the service shortly and a new manager had been appointed. One of the people living there told us, "I interviewed the new manager. We decided at the community meetings what questions to ask." They told us that they had interviewed with a senior manager who had listened to and taken on board their comments. This showed us that the provider was working in partnership with people living at the home and meaningfully consulting with people about how their home was run.

At our last inspection of the home in December 2017 we found that the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and Regulation 18 Registration Regulations 2009. At this inspection we checked and found that these regulations were now being met.

People living at the home and staff told us that they found senior managers supportive and easy to talk to. Throughout the inspection we found both the registered manager and the newly appointed manager knowledgeable about the service they provided. They were also enthusiastic about continuing to improve the service for the people who lived there. The registered manager knew people living at the home well and spent time with them. This meant people felt confident approaching them and assured they would be listened to. For example, one person told us they had had recent concerns which they had talked through with the registered manager who listened and then supported them to look at different options as to the actions they could take.

The manager promoted a culture within the home of acknowledging that this was people's own home and supporting people to be as independent as possible and to make as many decisions for themselves as possible.

A number of systems were in place at Somerville for checking the quality of the service they provided and planning improvements. This included in house audits in areas including health and safety and medication. A senior manager from the organisation visited monthly and carried out a comprehensive audit in areas including speaking to the people living there and staff, medication, care records, staff records and health and safety. The views of people living at the home and staff were also obtained via regular meetings. All this information was collated into a service development plan.

The service development plan was an up to date document. We saw that actions were regularly recorded and that these were acted upon on a timely manner. Quality assurance systems were used well to enhance the service that people received and ensure their point of view was listened to.

Records were accurate, up to date and regularly reviewed. They were also stored confidentially and used as

'working documents' to help plan and monitor the service to check people were receiving support that was safe and effective.

The provider had notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This meant that CQC were able to monitor information and risks regarding Somerville.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.