

Potensial Limited

Potens Dipton Supported Living and Outreach

Inspection report

Dale House
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Stanley
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Tel: 01207570652

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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 18 September 2017 and was announced. This meant the provider; staff and people using the service knew that we would be carrying out an inspection of the service. The provider was given 48 hours' notice prior to inspection because the service extra care living services to people in their own flats and we needed to be certain staff and people would be available to speak to us.

The service was previously inspected in June 2016 and received a rating of Good. The service then deregistered as a residential care home and registered as supported living

Potens Dipton Supported Living and Outreach provides accommodation and personal care for up to nine people living with learning disabilities. There were eight people using the service at the time of our inspection.

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 directors, 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 found the storage, administration and disposal of medicines were safe.

Risks to people arising from their health and support needs as well as the premises were assessed, and plans were in place to minimise them.

There were sufficient numbers of staff on duty in order to keep people safe and meet their needs.

Safeguarding principles were well embedded and staff displayed a good understanding of what to do should they have any concerns.

There were effective pre-employment checks in place to reduce the risk of employing unsuitable members of staff. People who used the service were involved in the interview and selection process.

There was prompt and regular liaison with GPs, nurses and specialists to ensure people received the treatment they needed.

We saw certificates to show staff had completed a range of training, such as safeguarding, health and safety and first aid. Staff had a good knowledge of people's likes, dislikes and life histories.

Staff had built positive, trusting relationships with the people they cared for. Staff were supported through regular supervision and appraisal and confirmed the manager was supportive and approachable.

People enjoyed the food they had and confirmed they had an input into the menus. People had access to the kitchen to make drinks and snacks throughout the day, supervised by staff where necessary.

People were supported to access activities of their choice. In house activities took place such as arts and crafts and pampering sessions.

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

The atmosphere at the service was relaxed, homely and welcoming. We saw numerous instances of caring and supportive interactions during our inspection.

The manager completed a number of audits to ensure the quality of the service.

Staff, people who used the service and relatives we spoke with were positive about the manager's impact on the service. We found the culture to be one where people received a good standard of care in a setting they found homely, safe and secure and were happy to live in.

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

People received their medicines as prescribed

Risks to people arising from their health and support needs as well as the premises were assessed, and plans were in place to minimise them.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

There was enough staff on duty and the provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Good ●

The service was effective

Staff training and supervision were effective in equipping staff with the skills they needed for their roles.

People's health was monitored. Staff ensured people had access to external healthcare professionals when needed.

People received enough to eat and drink and were complimentary about the choice and quality of food provided.

Is the service caring?

Good ●

The service was caring

Staff acted sensitively to protect people's privacy and dignity.

Staff engaged well with people. Staff spoke with people in a caring, dignified and compassionate way.

People were supported to be independent where possible.

Is the service responsive?

Good ●

The service was responsive

Care planning was person-centred and people's individual choices and preferences were supported.

People participated in activities that they enjoyed. Staff had a good understanding of people's needs and preferences.

There was a complaints system and people knew how to complain.

Is the service well-led?

Good ●

The service was well-led

Audits and checks were in place and effective.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

Events which affected people using the service had been appropriately reported to the Care Quality Commission.

Staff were clear about their roles and responsibilities and felt supported

Potens Dipton Supported Living and Outreach

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.

We visited the service on 18 September 2017. The inspection was announced. This meant the provider; staff and people using the service knew that we would be carrying out an inspection of the service. The provider was given 48 hours' notice prior to inspection because the service extra care living services to people in their own flats and we needed to be certain staff and people would be available to speak to us.

The inspection team consisted of one Adult Social Care Inspector and one expert by experience. An expert by experience is a person who has relevant experience of this type of care service

Before our inspection we reviewed all the information we held about the service, including notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales.

The provider had completed a Provider Information Return . This document asks the provider to give some key information about the service, what the service does well, and any improvements they plan to make. We used this information to inform our inspection.

We spoke with five people who used the service and one relative over the telephone. During the inspection visit we spoke with the manager, the deputy manager and three care workers. We looked at three people's care plans, risk assessments, staff training and recruitment files, a selection of the service's policies and procedures and meeting minutes.

Is the service safe?

Our findings

People we spoke with explained they felt safe at the service and had a strong bond with the staff. One person said, "I feel safe and secure living here, I know that the staff are always around to make sure I'm ok." Another person said, "I have no safety issues; because the carers are by your side all the time to make sure I'm kept safe at all times."

The relative we spoke with said, "I have no concerns whatsoever about my relative being looked after in this home, it is well looked after and safe."

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. Identified risks included finances, eating and drinking, medicines, mobility and accessing the community. These had been rated as high, medium or low and strategies had been put in place to minimise the risks. There was also an environmental risk assessment in place that identified potential risks and how these could be minimised. This enabled staff to have the guidance they needed to help people to keep safe.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded. We saw documentation and certificates to show that relevant checks had been conducted of fire extinguishers, gas safety and emergency lighting. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and were up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider supported people in their tenancies by carrying out checks to ensure a safe environment.

With regard to potential emergencies, we saw there were personalised emergency evacuation plans (PEEPs), detailing people's communication and mobility needs. These meant members of the emergency services would be better able to support people in the event of an emergency. We saw evidence of fire drills taking place at different times of the day to cover both day and night staff. The service had an emergency box which included high visibility jackets, whistle, torch and batteries, body blankets, note pad and pens, water and chocolate bars. It also contained the PEEPs, emergency numbers and names of alternative accommodation and taxi numbers. This meant in the event of an emergency staff were able to support people.

There was sufficient staff on duty to meet people's needs. The majority of people who used the service were very independent and needed little support. There were three staff on duty through the day and one staff member through the night. One person who used the service needed additional support following an operation. The manager had increased staffing levels by one for day and night to support this person with mobility. Staff we spoke with said there was enough staff.

We reviewed three staff records and saw pre-employment checks including Disclosure and Barring Service checks had been made. The Disclosure and Barring Service maintains records of people's criminal record

and whether they are restricted from working with vulnerable groups. References had also been obtained from previous employers and proof of identity was also on file. This meant that the service had in place a thorough approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people. People who used the service were involved in the interview process and fed back their thoughts on each applicant. The manager said, "People's views are very important, if they don't feel comfortable with someone we will not employ them."

We saw medicines were stored securely and kept in a locked cupboard. Temperatures were taken daily of the room that stored medicines, to ensure they were within an appropriate range. We saw that medicines were obtained in a timely way so that the person did not run out of them, were administered on time, recorded correctly and disposed of appropriately. Night staff completed a daily count of all medicines and a weekly check of expiry dates. The relative we spoke with said, "I am confident that medicines are delivered in a professional timely way."

One person received their medicines covertly (hidden in food). We saw evidence that this had been agreed by their doctor, next of kin and social worker.

Staff had received training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they were confident the manager would take the appropriate action about any issues raised with them. Staff also said they would not hesitate to use the home's whistle blowing (telling someone) policy and felt that any issues they raised would remain confidential. One staff member said, "If I saw anything I would report it; I would feel comfortable doing this to whoever it might be, even the police."

We saw incidents and accidents were acted on, documented and analysed to try and identify any trends and patterns. At the time of inspection the accidents and incidents were too few to identify any trends or patterns. Any incident that did occur was discussed during staff meetings so staff could learn from them. For example, a person's behaviour had changed as a result of taking a new cholesterol medicine. The medicine had been discontinued, with good effect. A staff member said, "We buy the drinks, butter and yogurts that reduce cholesterol for this person now, anything to help."

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I feel very relaxed and happy here."

We found people who used the service received effective care from staff that had sufficient knowledge and skills to perform their roles. Staff confirmed they received regular training. One person we spoke with said, "Carers are specially trained to help me get in and out of the shower, they support you all the way through the process."

Records showed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, medication awareness, emergency first aid, food safety, equality and diversity, epilepsy and positive behaviour support (PBS).

Staff we spoke with said, "We always have some training going on or a different work book, I am doing my NVQ level 3 as well." and "I have the e learning and find its a really good refresher; we have just done PBS training for challenging behaviour, which is really a form of communication."

Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The manager said, "The induction lasts for 12 weeks and the new staff member shadowed a more experienced staff member for as long as they needed." New staff had a meeting with the manager or deputy manager on their first day, then every week for four weeks then once a month until they were signed off their probation. The meetings were to check how the new staff member was feeling and if any extra support was needed. One staff member said, "I felt very supported throughout my induction, I knew exactly what I had to do and did about 40 shadowing shifts. I did not start working on my own until I was ready and comfortable. If I needed any extra help they [staff and managers] were there to help."

We saw evidence and staff confirmed they received regular supervision and an annual appraisal meeting. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. During the yearly appraisal staff scored themselves as to how they thought they were doing and the manager also scored them. This was discussed during the appraisal and a personal performance plan was put in place. One staff member said, "I find supervisions and appraisals useful I have completed NVQ's because of them." Another staff member said, "You can say exactly what you think."

the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. There was no-one subject to a DoLS at the time of our inspection. We saw best interest decisions were documented for people who received their medicines covertly.

Staff had received training in MCA and DoLS and we found that they had a good understanding about people's rights and the importance of obtaining people's consent to their care. Care plans recorded whether people were able to consent in writing, verbally or by using gestures.

We asked people if they enjoyed the food provided. People said, "My favourite is spotted dick with jam, [named staff member] goes out of their way to deliver this meal." Another person said, "I like the food and there is plenty of choice, you always get something you like." And another person said, "Food is always nice, staff process special requests for people on special diets. Sunday is very appetising with a full Sunday roast."

The manager said, "We have takeaways of their choice each week. We also offer a homemade takeaway if they would prefer that but they always choose the takeaway."

There was no set routine for the lunch time meal; people ate what they wanted, when they wanted. We saw some people had soup, a tea cake or a sandwich. We saw picture menus were in place and we were told these were very flexible and more of a guide. For the evening of the inspection people had a choice of garlic chicken, chips or wedges, salad and garlic bread, beef casserole or personal choice.

We saw evidence in care plans of regular input from external health and social care professionals such as GPs, occupational therapists, social workers and district nurses. Where people had a specific condition, for example diabetes, we saw they had a specific care plan in place which set out additional information for staff, such as how to meet their dietary needs, plus information on diabetic complications.

We observed that the service was maintained in a clean and hygienic condition. Staff were in the process of supporting people to have their rooms decorated. We saw records for one person who was non-verbal, to show staff had asked the person if they wanted their room decorated, they had smiled to say yes. Staff then sat with different pictures of wallpapers and bedroom furniture and ordered what they had smiled to show they liked. One person who used the service said, "I think the home is very pleasant, it's nice and bright and a real home to me."

Is the service caring?

Our findings

People who used the service gave positive feedback about the caring attitudes of staff. One person told us, "The carers are excellent, they are always there for me at all times and when I'm having a shower they make sure I'm dry, warm and free from danger of falling." Another person said, "Staff look after me well and know exactly what I need and when I need it." And another person said, "This care home is a great place to live. The staff and carers are great company to me. There's a lot of love and trust; they treat you just like your own flesh and blood."

The relative we spoke with said, "I have no concerns whatsoever about my relative being looked after in this home. The carers treat her like one of their own family; they are superb I could not fault them."

Staff we spoke with all enjoyed working at the service. One staff member said, "I love it, I would never give it up." Another staff member said, "This is the best place I have ever worked."

Staff promoted people's privacy and dignity. We saw that staff were courteous towards people who lived at the service and asked permission before entering a person's room. Staff we spoke with said, "I always knock on the door and ask if it is okay to come in." And "I always keep people covered when providing personal care." Another staff member said, "My manager promotes dignity and privacy all the time, she makes sure everyone is treated the same, they [people who used the service] all respect her as well."

People who lived at the service were independent and staff encouraged people to maintain their independence. Staff we spoke with said, "I try to get them [people who used the service] to do things such as taking their plates out after a meal and putting them in the dishwasher, helping to fold washing and putting their clothes away. I am still with them and checking they are okay." Another staff member said, "They [people who used the service] can do quite a lot for themselves, we intervene if they are struggling. Sometimes I say look I did it this way and it worked well do you want to try it, so to encourage people."

One staff member said, "I feel stability is very important to people living here meaning the same staff and their independence."

Throughout the inspection we observed staff interacting with people with care and kindness. Staff knew people well. People were very relaxed and comfortable with staff and we could see that people felt happy to express their feelings. One person said, "Staff repeatedly ask if we are okay and if there is anything we need." Another person said, "And another person said, "Staff know me, I love the way staff don't leave me on my own if I am feeling in a low mood, they ask what is the matter. When I feel sad, staff come and talk to me."

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

No-one at the service was using an advocate. However the manager was in the process of arranging one for one person. Advocates help to ensure that people's views and preferences are heard. Information was available to people if they needed this support.

At the time of inspection no one was receiving end of life care. We saw evidence of end of life care plans in place which documented the person's wishes and preferences for this time. For example, burial or cremation, hymn choices, flower, clothing and food choices. One person had wrote, "I don't want people to cry and want them to be happy for my life."

Is the service responsive?

Our findings

We found care files contained a good amount of information specific to individuals, including their likes, dislikes and personal histories. Pre-assessments were undertaken prior to people joining the service. This ensured there was information available to staff regarding, for example, people's medicinal, dietary and mental health needs. We saw that personal details were very detailed and included family history, education, work and hobbies. Where people demonstrated certain anxieties or behaviours, the care file documented how staff should support the person and reduce the anxiety or minimise the behaviours.

The service used a tool called the DisDAT tool (Disability Distress Assessment Tool). This tool helps identify distress cues for people who have severely limited communication. We saw detailed plans recorded how the person may look if they were content or if they were distressed. What vocal signs they may make or habits and mannerisms.

Care plans also included communication passports which contained information about the person, what they do such as mannerisms and what they mean. This meant that people who had never met the person will have an understanding of what the person may be trying to communicate.

We saw people had signed the care plans which showed their involvement and agreement to what the plan included. The relative we spoke with said, "I am aware of the care plan and staff discuss them with me frequently."

Staff we spoke with were extremely knowledgeable about the people who used the service. They could easily explain each person's background along with their wishes and preferences. Care plans included what was important for the person. For one person this was to continue to receive treatments from the local beautician and we saw evidence of this taking place. One person we spoke with said, "I was invited to a wedding last month and I couldn't praise the staff enough for how effective they were in preparing me for this. They dressed me up so beautiful and professional and they did all my makeup."

People who used the service had access to many activities both internally and externally. On the day of inspection people were looking forward to their weekly exercise class. Someone comes in and does an exercise class with everyone who wants to join in on a Monday. The manager said, "They do arm chair exercise class and they throw and catch soft balls and things like that." The person who provides this class also spends some time individually with people doing manicures and pedicures.

People went on different outings to the country, the seaside or the fair. Recently people had been to a bike festival, the sea life centre and to Stanhope. There were lots of photographs on display of people enjoying these activities. One person said, "We had a trip to Heartbeat Country which was great to relate to the places in real life from the television series." And "We watch carry on movies in the lounge they entertain us and we do arts and crafts." Another person said, "I love listening to smooth radio." There was an event planned the week of the inspection where people were going to the theatre to see Dirty Dancing. A staff member said, "There is so much going on, there is not a day when something is not happening."

The manager had developed an outcome file. This recorded if a person asked to do something such as a meal out or have their bedroom decorated. Staff recorded how they would support the person to achieve this outcome then follow up if it was achieved. For example one person wanted to help with the morning walk around and log down any maintenance jobs that were needed. We saw this took place as often as the person wanted. Another person wanted to spend their birthday with their family having a meal, which had been achieved and documented. The manager said, "I don't want anyone to miss out on something they want to do and found this was a great way of achieving this." Staff we spoke with said, "Potens want people to have whatever they want." Another staff member said, "All staff pull together when there is an outing."

The relative we spoke with said, "The staff always invite my relative to take part in activities and they [staff] are very effective in keeping the family circle together."

The service had a clear complaints policy in place. People we spoke with and their relatives knew how to make a complaint and who to approach, as per the provider's policy. The relative we spoke with said, "I have no complaints." The service had received no complaints.

Is the service well-led?

Our findings

People and relatives spoke highly of the manager. One person said, "The manager [name] has such a nice personality and is really a family person, she gets involved with everyone not just sitting behind a desk all day." The relative we spoke with said, "I find the manager very approachable indeed, she gives me a warm welcome with a smile, and she has even visited my house just like any friend to discuss my relative in depth."

Members of staff we spoke with consistently told us they had confidence in the manager and they were well supported. Staff we spoke with said, "The manager is fantastic, they both are [manager and deputy] easy to approach with problems and deal with it in a good way." Another staff member said, "The manager is very approachable, we have a deputy who is very supportive." And another staff member said, "This is the best place I have worked and I thank the management because they make sure things get done."

The manager and area manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits we looked at reviewed areas such as health and safety, finances, incidents and care plans.

The manager completed a service development plan which they reviewed every three months with the area manager. The purpose of this plan was to assess the service, realise the services visions and values, act on any intelligence gathered, determine how they would meet the company's aims and objectives and to implement an action plan to state how any changes would be implemented to achieve current goals. We saw the majority of the action plan was now green meaning all completed. There were still some amber actions which meant work had started but not yet completed. For example, people who used the service wanted to improve the back garden and an event was planned for November 2017 to raise funds for this.

The manager had implemented three staff teams to support the service. The three teams were 'team amazing' who worked on activities, 'team brilliant' who completed the paperwork and some audits and 'team creative' who evidenced everything that had happened such as outings. The manager said, "Each staff member is working to their strengths so where they are good at putting on activities they joined team amazing but if you were good at records they joined team brilliant, it is going really well. The same staff don't do the same jobs within the teams they swap around and having fresh eyes really helps highlight things."

During the inspection we asked for a variety of documents to be made accessible to us, including policy documentation and care records. These were promptly provided and we found the manager had ensured records regarding people's care were accurate and up to date.

Staff meetings took place monthly and staff were encouraged and asked to share their views. Topics discussed at the meetings were any relevant incidents, cleaning, fire drills, safeguarding, health and safety and infection control. Any examples of good practice were also discussed at these meetings such as

discussing recent activities and feedback. One staff member said, "The meetings are good, we can speak up about anything and also if we think something isn't working. The manager always listens and implements any changes we suggest."

People who used the service had 'service user forums.' During this meeting they went over the minutes from the previous meeting, discussed menus, activities, how to report any complaints, any way the service could improve and any other business.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.