

Potensial Limited

# Potensial Limited - 1 Newlands Drive

## Inspection report

1 Newlands Drive  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

1 Newlands Drive is a 'care home' that provides accommodation and personal care for up to 13 people who have a learning disability and/or mental health support needs. Two domestic style properties had been adapted and adjoined. Three people lived in one property and seven people lived in the other property. People on either side of the home had access to their own front door, communal living areas, kitchen and laundry facilities as well as well-maintained garden areas. The care home is in a residential area of Wallasey, there were no identifiable signs to suggest it was a care home and people had access to the local community and amenities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, somewhat bigger than most domestic style properties. However, due to the adaptations that had taken place, the size of the service was not having a negative impact on people who were living there.

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

Quality assurance measures were in place although these were not always effective. The manager was aware of the improvements that were required and told us they were committed to making a positive difference in this area. We have made a recommendation in relation to overall governance and quality assurance processes.

Risk management and safety monitoring procedures were in place. People's level of risk was managed and supported by staff who were familiar with their support needs.

A recent recruitment drive meant that staffing levels had started to improve; people were receiving support from Newlands Drive staff and regular agency staff who were familiar with people's support needs. Recruitment systems were in place; although a recent recruitment audit identified areas of development that were required.

Staff told us that they received support from the manager, supervisions and appraisals were also scheduled in with each member of staff. A variety of different mandatory and bespoke training courses were also provided.

Safeguarding and whistleblowing procedures were in place. Staff knew how to report their concerns and

understood the importance of keeping people safe.

Safe medication procedures were in place. Staff received medication training, regularly had their competency levels checked and supported people with their medicines in a safe and effective way.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible, providing new skills and maintaining independence.

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

Care records contained relevant nutrition and hydration information, that staff needed to follow. risks were effectively managed, and staff provided the relevant care and support people required.

We observed staff providing kind, friendly and compassionate care. It was evident throughout the inspection that staff knew people well and were able to provide a person-centred level of support that people needed.

Staff primarily supported people with one to one activities however 'group' activities were taking place when this was requested. Activities were specifically tailored and centred around people's individual hobbies and interests.

The registered provider had an up to date complaints policy in place. Complaints were appropriately managed and responded to in line with company policy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was 'good' (published 3 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our 'Well-led' findings below.

# Potensial Limited - 1 Newlands Drive

## **Detailed findings**

### Background to this inspection

The 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 checked whether the registered 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

1 Newlands drive is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been recruited; they had submitted all the necessary registration forms to CQC and was awaiting their registration interview.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by

law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection:

We spoke with the manager, two senior support workers, one support worker, four people who were living at the home, and one person's relative over the phone.

We looked at care records of two people receiving support, a sample of staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

After the inspection

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

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's support needs and level of risk were safely and effectively assessed. Although areas of risk were managed, we identified that risk management reviews were not being completed as regularly as the provider had identified. The manager and senior support staff were in the process of reviewing all care records and updating them accordingly.
- Although health and safety checks and regulatory compliance certificates were in place as a measure of keeping people safe, we identified a number of gaps in relation to quality assurance measures. For instance, monthly health and safety audits had not been consistently completed. This will be further reported on in the well-led domain.
- Individually tailored risk assessments were in place for each person who lived at 1 Newlands Drive, staff were aware of the support people needed to remain safe.
- The service used minimal restrictive intervention practices as a last resort, in a person-centred way, and in line with positive behaviour support principles. Care records contained all the relevant information in relation to the interventions that may be needed.
- Staff were familiar with people's 'positive behavioural support' strategies and were able to explain why and how different strategies may be needed to keep people safe.

### Staffing and recruitment

- Staffing levels had recently declined but a recent recruitment drive meant that new staff were in the process of being recruited. People received support from regular agency staff when staffing levels reduced.
- People living at 1 Newlands Drive were involved in the recruitment process of new staff.
- Safe recruitment procedures were in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks. A recent recruitment audit identified some areas of development that the manager was aware of and following up on.

### Systems and processes to safeguard people from risk of abuse

- Safeguarding training was provided for staff; new staff were yet to complete this and some refresher training was still outstanding. This was being followed up on by the provider.
- All four people we spoke with during the inspection told us they felt safe living at 1 Newlands Drive.
- One relative also told us, "Yes, I do feel [person] is safe there, [person] is as content as [they] have ever been."
- Staff were familiar with safeguarding and whistleblowing policies and procedures and knew how to report any concerns they had.
- Safeguarding incidents were reported to the Local Authority and CQC accordingly.

#### Preventing and controlling infection

- The home was clean and, well maintained by both the staff and people who lived there.
- Routine cleaning schedules were in place; people and staff understood the importance of complying with infection control policies and maintaining a safe environment.

#### Using medicines safely

- Safe medication processes were in place. People received support by trained members of staff, competency levels were checked twice a year and medication was stored and discarded of appropriately.
- People had medication support plans and risk assessments in place; these contained all the relevant information and guidance that staff needed to follow.
- Medication audits were routinely completed, and medication stock balances were regularly checked.

#### Learning lessons when things go wrong

- There was an 'Accident and incident' reporting procedure in place.
- Accident and incidents were routinely recorded and regularly reviewed as a way of managing any trends that were emerging.
- During the inspection the manager explained how they reviewed accident and incident and put measures in place to reduce risk and keep people safe.



# 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.

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they received the support they needed from the manager.
- Staff supervision and annual appraisals were beginning to take place, the manager told us that they had recognised that these were not taking place as routinely as they should have been.
- A large percentage of staff had completed mandatory and bespoke 'on-line' training that was suitable for their roles. The manager told us that staff needed time and support to complete face to face and refresher training. Following the inspection, we received confirmation that the relevant support was being provided.
- One relative said, "They [staff] are very good."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's support needs were assessed from the outset and the care and support they received was delivered in line with legislation, standards and best practice. For instance, people received effective oral healthcare support; care records contained an appropriate level of detail that staff needed to consult and follow.
- Staff worked in collaboration with other healthcare professionals as a way of providing holistic and tailored level of care.
- People received consistent and timely support. Care records contained 'health passports' and appointment monitoring forms. People were supported to attend a variety of different health checks as a way of supporting them to maintain and monitor their health and well-being.

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

- The design, decoration and facilities met the needs of the people who lived at 1 Newlands Drive.
- The environment was homely and reflected people's individual's tastes and preferences. For instance, bedrooms were individually designed and decorated to the persons preference and choice.
- The home had been adapted as a way of supporting people's independence. For instance, the home offered wheelchair ramps and wet rooms to aid accessibility.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to discuss and design their daily meal options. People were encouraged to share their views and suggestions about the food they wished to eat.
- People prepared their own food and drink as a way of promoting and maintaining levels of independence.
- People received effective nutrition and hydration support from the outset. Care records contained the

appropriate level of guidance that staff needed to follow.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Principles of the Mental Capacity Act, 2005 were complied with; training in relation to the MCA and DoLS was provided to all staff.
- People's level of capacity was appropriately assessed; people (where possible) were involved in the decisions that needed to be made around their care and support.
- People were not unlawfully restricted. Care records contained all the relevant information in relation to the support people required and any restrictions that were in place.
- 'Best interest' decisions were made, and the appropriate applications were submitted to the Local Authority.

# 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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. 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

- We observed staff providing kind, compassionate and considerate care. Staff were familiar with the people they supported and offered support and care that was tailored around their needs. One person told us, "The staff are kind" and another person said, "Staff support me well."
- It was clear to see that positive relationships had developed between staff and people receiving support. Staff addressed people by their preferred names, described specific levels of support people needed and adapted their style of communication with people who required communication support.
- People's equality and diversity support needs were established, promoted and encouraged from the outset. For instance, people were supported to access their local church on a Sunday.

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

- Care records indicated that people were involved in the care planning process and supported to express their views. During the inspection, we observed one person requesting specific changes to be made to their care record, this was completed by a member of the support team.
- 'Resident' meetings were regularly taking place, quality surveys were circulated, and people had the opportunity to share their views with their dedicated key workers.
- People told us they had opportunities to have their 'voices' heard, and staff were responsive to any suggestions and ideas that were made. For instance, a variety of different activity suggestions had been made. We saw that their suggestions had been followed up on and the activities had taken place.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect; privacy and choice was supported.
- All four people we spoke with during the inspection told us that staff were kind and they enjoyed living at the home. People had the opportunity to make choices about the care they needed, and staff encouraged, and respected the decisions people made.
- We observed staff engaging and communicating with respect, consideration and in one instance in a sensitive manner.
- Confidential information was safely stored and protected in line with General Data Protection Regulations (GDPR).

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. 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

- The care and support people received was tailored around their individual support needs, wishes and preferences. For instance, care records contained information such as '[Person] enjoys accessing public transport' and 'I am able to shower myself and complete personal care.'
- Care records contained 'communication passports' and one-page profiles. This information provided staff with specific details about the tailored care and support each person needed.
- People received support from a regular and consistent staff team. It was evident during the inspection that staff knew people well and were familiar with the different levels of support that needed to be provided.
- We observed staff supporting people to have choice and control over their own care and support. For instance, one person was supported to discuss their care plan and helped to make the relevant changes to specific documentation.

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 a range of different activities they enjoyed and were interested in.
- Activities were largely provided on a one to one basis and enabled people to remain as independent as possible. One relative said, "[Person] needs to be kept busy and occupied; I sometimes feel they [staff] have difficulty keeping [person] busy but I do feel this has improved."
- Activities were tailored around each person receiving support. For instance, one person enjoyed accessing a local church, one person enjoyed going to Southport and one person enjoyed going on days out with their relatives.
- People's loved ones and relatives were actively encouraged and supported to visit the home.

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.

- People's communication support needs were assessed from the outset. People received a responsive level of care in relation to their communication abilities and staff were familiar with the level of support people required.
- People received 'easy read' material and we observed staff communicating with people in a variety of different formats.
- Care records contained communication passports and 'accessible information awareness' guidance.

- Staff told us that people's level of communication was regularly reviewed and assessed.

#### Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and procedure in place. 'Easy Read' complaint information was also available to people living at 1 Newlands Drive.
- Complaints were recorded and responded to in line with organisational policy.

#### End of life care and support

- At the time of the inspection nobody was receiving 'End of life' care or support.
- The provider did have necessary 'end of life' documentation in place and the manager was sourcing end of life training for staff to access.

# 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.

At the last inspection this key question was rated 'good'. At this inspection this has now deteriorated to 'requires improvement'. This meant the service management and leadership was not always consistent. Leaders and the culture that was created did not always maintain quality assurance standards that were expected.

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

- Quality assurance measures were in place. However, these were not always completed as a way of monitoring and measuring the provision of care being delivered. For instance, a number of health and safety compliance checks were missing, and service audit tools were not identifying the issues we identified.
- Risk management review paperwork was not routinely completed. For instance, people's level of risk was assessed and monitored but records did not always contain risk review information.

We recommend that the provider reviews quality assurance measures and ensure that robust governance procedures are maintained.

- The manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- There was a range of different policies and procedures in place; policies contained the necessary guidance and best practice for staff to consult and follow.

Continuous learning and improving care

- Areas of improvement and development were identified during the inspection. The manager was responsive to our concerns and explained that all actions would be addressed.
- There was an on-going action in place and actions that had been identified by the manager were being addressed in a timely manner.
- All accidents and incidents were closely monitored; a trend analysis was completed and measures to mitigate and manage risk were put in place.

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

- People received person-centred care that was delivered and tailored around their preferences, wishes and choices.
- The manager and staff team were committed and passionate about enhancing the experiences of people living at 1 Newlands Drive. People were empowered to make decisions, were involved in the care they received and encouraged to develop skills to support their independence.

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

- The manager was aware of their legal responsibilities; accidents and incidents were investigated, measures were put in place to keep people safe and open, honest and transparent communication processes were adopted. One relative told us, "They [staff] are very good at communicating [when incidents occur]."

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

- People received the required level of support in relation to specific equality and diversity support needs.
- People were provided with different opportunities to offer feedback and suggestions about the quality and safety of care being delivered.
- Regular 'resident' meetings took place and quality questionnaires were regularly circulated.
- Staff meetings were arranged; they also had the opportunity to complete satisfaction surveys. Staff told us they felt valued and part of a team working at 1 Newlands Drive.
- We received positive feedback about leadership style of the manager. Staff told us, "[Manager] is great" and "[Manager] has a lot of new ideas, she wants to put these in place." One relative also told us, "Any dealings with [manager] have been positive and she's been responsive."

Working in partnership with others

- People were supported and encouraged to access their local community and engage in different social activities that were taking place.
- People living at 1 Newlands Drive received a holistic level of care. The provider had developed positive working relationships with external healthcare professionals as well as the local authority.