

Potensial Limited

Beaufort House

Inspection report

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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 inspection took place on 29 March 2017. The service was last inspected on 15 January 2015 and the service was rated Good. At this inspection we found the service remained Good.

Beaufort house provides residential care for up to five adults with autistic spectrum condition and associated learning disabilities. Beaufort house is a large terraced house in a residential area of Redcar which is close to local amenities. At the time of our inspection four people were living at the service.

Since the last inspection a new manager had been appointed and was in the processing of registering with the Care Quality Commission (CQC).

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 systems in place to ensure that people received their medicines as prescribed. Staff supported people to take their medicines when they needed them and recorded when they were taken. Staff had received medicines training and there were arrangements in place for managing people's medicines in a safe way.

There was enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The manager had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

People were cared for by staff that were trained in recognising and understanding how to report potential abuse. Staff felt confident to raise any concerns they had in order to keep people safe.

People enjoyed a good choice of meals and were supported to maintain a healthy diet.

The service worked with external professionals to support and maintain people's health.

The interactions between people and staff were cheerful, fun and supportive. Staff knew people well and were kind and respectful.

Care was planned and delivered in way that responded to people's assessed needs. Care plans contained

detailed information about people's personal preferences and wishes

Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

Relatives said they were involved in reviews of people's care and said staff listened to them. Relatives and staff felt confident they could raise any issues should the need arise and that action would be taken as a result. The service had a clear complaints policy that was applied when issues arose.

The manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. The service had quality assurance systems in place which were used to drive continuous improvements.

Further information is in the detailed findings below:

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Beaufort House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2017 and was unannounced. This meant that the registered provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector.

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

During the inspection we spoke with four people who lived at the service and two relatives via the telephone after the inspection. We looked at two care plans, and Medicine Administration Records (MARs). We spoke with four members of staff, including the manager, general manager and care workers. We looked at four staff files, including recruitment records. We also completed observations around the service.

Is the service safe?

Our findings

People were relaxed and were happy to sit with staff and talk, which indicated they felt comfortable with staff. Relatives we spoke with said, "[Relatives name] is safe, and much happier especially since [manager's name] took over." Another relative said, "He is safe and we are happy."

Risks to people were assessed and plans were put in place to minimise them. The service used Positive Behaviour Support (PBS). PBS is a way of supporting people who display, or are at risk of displaying, behaviour which challenges services. Care plans documented strategies for staff on how to support a person who was displaying behaviours that might be harmful and pose risk to themselves or others. For example, for one person the strategy could simply be saying 'stop' and increasing their personal space. For another person the strategy was to provide more personal space, keep to routines and talk about favourite subjects such as cars.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as flooding or a fire forced the closure of the service. There was also information about what to do if a person went missing. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly for trends or patterns. However there had only been one accident and incident since our last inspection.

The registered provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely. Staff were trained to administer medicines and had their competency checked annually with an observed practice and a theory test.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff we spoke with said they would not hesitate and would feel comfortable raising a concern.

Staff we spoke with said, "We have a duty of care to protect their [people who used the service] emotional wellbeing and their human rights," and "If I see anything that is unacceptable I would go straight to the manager. We are client based, you have to do it, I could not go home on a night knowing that something could be wrong, we are there for the clients to give them a good quality of life."

We saw there was enough staff on duty to support people throughout the day and night. The service had recently introduced a waking night staff member who worked solely one to one to observe a person in case they had a seizure. There were three staff on throughout the day plus the manager.

Staff we spoke with said, "There are enough staff, we are very focussed on one to one care, not just for the sake of it, but to support people. Routine is very important for people with autism and the one to one time is

for them, even if we just go out for a stroll." Another staff member said, "There is enough staff on duty, if we have to use agency staff they send the same people and they are brilliant."

Robust recruitment procedures were in place to ensure suitable staff were employed.

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "We have lots of training, I have just done my medicines training and training on administering midazolam [an emergency rescue medicine] by the epilepsy nurse."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. 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. One staff member we spoke with said, "The induction felt very professional, it made you want to be good, this is not just a job it is a profession." "Training included safeguarding, food hygiene, moving and handling, infection control, autism, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "I find the supervisions useful, although if I had a problem I would not wait for supervision to discuss it."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection there were three people who had DoLS authorisations. One staff member said, "If someone does not have capacity, they can be deprived of their liberty to keep them safe. We explain it to them [people who used the service] as best as possible."

Staff explained how they always gained consent before providing care for people. One staff member said, "I talk to them [people who used the service] to provide a brief understanding and knowledge so they can make a decision to consent, I find out what they understand first." Another staff member said, "We talk on a level they [people who used the service] understand to get consent."

People were supported and encouraged to maintain a healthy diet. People chose what they wanted to eat for lunch; one person bought a tuna salad and another chose a toasted cheese sandwich. The service had a menu for the evening meal that was chosen by the people who used the service. On the day of inspection it was tuna and sweet corn pasta, however one person did not want this and was deciding whether to eat out or have another option. Staff had recently received training on nutrition to support healthy eating and people who used the service joined in on this training. One person in particular had become very involved and questioned the trainer on certain points. One person who used the service wrote the shopping lists for the menus for each week.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the epilepsy nurse, dieticians, speech and

language therapist and social workers

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were really good. One person we spoke with said, "Yes it is alright living here." They then started singing and showed us a picture of the care worker that was taking them out.

Relatives we spoke with said, "[Relatives name] is happy so we are happy," and "The staff seem really good, they inform us of everything." Another relative said, "We are very happy with the care [relative's name] gets."

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability. One staff member said, "Everyone is treated fairly and equally, taking into consideration their disability, age, sex, beliefs and aspirations, we accommodate how they want to express themselves."

Staff we spoke with all enjoyed working at the service. One staff member said, "This is a very good place to work," and "I am happy working here, I am happy to come to work."

Staff promoted people's privacy and dignity. Staff we spoke with said, "I always keep doors closed and never make people feel intimidated, I also never talk about anything in front of anyone, it's all about privacy."

Staff encouraged and promoted people's independence. We saw staff encouraging people to do things themselves such as clear away their own plates or get their own snacks. Staff we spoke with said, "Some people do their own food, wash the pots, clean their own room and bring down their washing, we encourage independence but support where needed." Another staff member said, "We encourage independence by providing choice, with autism they need structure and routine. One person has an iPad with their routine and they mark off after each one is completed," and "We use social stories to encourage independence and help understanding." Social stories are short descriptions of a situation, event or activity, which include specific information about what to expect in a situation and why. A relative we spoke with said, "They [staff] encourage independent living skills, [relatives name] is doing so much more now."

Throughout the inspection we observed staff interacting with people and showing they knew each person well. For example, when one person came back from the day centre, staff knew the person was tired and sat them down with a coffee and a snack. Another person came in to greet the person back from day centre and there was lots of banter and laughter between the staff member and the two people.

No one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. There was information available for people if they wished to use an advocate.

Is the service responsive?

Our findings

Relatives we spoke with told us staff were responsive to people. One relative said, "[Relative's name] needs things to be the same with very few changes. The staff make sure things are consistent for [relative's name]."

Staff understood what was meant by and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes.

We looked at two care plans and assessments in detail and saw these were comprehensive and included people's likes, dislikes and preferences. The care plan included information on 'how best to support me.' For example, explain what is going to happen in advance, but not too far in advance, use visual clues and countdown calendars. Care plans included information on what is not a good day for me. For example, not getting out, no routine and no structure.

Care plans detailed what the person liked doing now. For example, going to disco's, gym, shopping and riding my bike. The care plan also recorded what a person would like to do in the future; one person had stated they would like to go swimming. We could see that the service had arranged for this to happen. To start with this was an activity supported by two staff members, but now the person had more confidence, only one staff member was needed to support. This person was out swimming when we arrived and also went for a ride on the train and a walk along the beach. The staff member who went with this person said, "Last time we went swimming they noticed the train and pointed it out, shouting train, I asked if they wanted to go on the train, they nodded so we went on the train, it was great."

Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. Care plans detailed people's preferred routines for the morning, day time, evening and night time. For example, one person preferred to get up about 7am weekdays, but on a weekend wanted a lie in.

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, medicines and personal safety and risk. The care plans also contained actions for staff to follow if a person became anxious

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe the care they provided for each person. It was clear they knew people and their needs well. For example, staff described a particular action one person demonstrated to show they were saying hello.

People's relatives said they were involved with the care plans. One relative said, "I get involved, we have just done an autism profile."

People who used the service chose what activities they wanted to do. Some went to play snooker on a Saturday night; others went to discos or out for meals. Staff we spoke with said, "We always encourage new

experiences, but they [people who used the service] make the choices," and "I am trying to arrange a trip to Sea World," and "During the winter we would get a takeaway on a Saturday night and watch a DVD, now the weather is better we are out all the time. We [staff member and some people who used the service] all go out for a walk on a Sunday morning before our Sunday roast, this encourages us to be healthy as well."

Whilst we were inspecting people were in and out all day, whether it was to go shopping, a day centre or swimming. Relatives we spoke with said, "[Relatives name] is doing a lot more now, they are always doing something." Another relative said, "They [people who used the service] all go out a lot most days."

There was a clear policy in place for managing complaints. The service had received one complaint since our last inspection and this was about a meeting being cancelled. Relatives we spoke with said they had no reason to complain. One relative said, "I did complain but it was a long time ago, not since the new manager came, now I have nothing to complain about."

Is the service well-led?

Our findings

The service had a manager in place and who was waiting to be registered with the Care Quality Commission. 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.

Staff we spoke with were complimentary about the leadership and management of the service. Comments included, "The manager is so supportive, brilliant, if you have any issues you can take it to them," and "The manager has made lots of positive changes. They are soft spoken, firm, thorough and honest."

Relatives we spoke with said, "Things have improved considerably since [manager's name] took over," and "Things are so much better since the new manager took over, a lot better and more settled." One relative also commented "Since [deputy chief executives name] came there has been a drastic improvement and they have become more autism specialists."

The manager and the deputy chief executive 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. We saw the latest checks that had been carried out showed how issues were identified and then actions identified to make improvements. The manager spoke of the value of audits and was keen to ensure continuous learning and improvement. Audits we looked at reviewed areas such as health and safety, training, incidents and medicines.

Managers from the registered providers other services were also planning to complete 'cross audits.' This was aimed at promoting consistency of standards across the services. For example, one manager would go round every service and review the medicines and another manager would review finances.

Feedback was sought from people's relatives and visitors for example a trainer, via a questionnaire form and an annual survey, lastly undertaken in July 2016. We saw all feedback was positive from the forms. Comments included, "Good communication from staff," and "Very positive and always smiling staff." The manager was planning on doing another questionnaire after they had been at the service for about a year.

We asked staff what they thought the culture of the service was. Staff we spoke with said, "Our culture is to be open and honest. Staff need to be open and honest with each other and with the people, we think about the person's anxieties. The culture is to also be supportive and encouraging," and "Our philosophy is the more information the better, we are encouraged to look at everyone as an individual. We look at their aspirations and give things a go, encourage positive risk taking, independence and inclusion. For example [person's name] likes to bake, so they bake."

Staff meetings took place every two months. Senior staff from two services also met up. Topics discussed

were activities, each person who used the service records and care plans.

People who used the service had their own meeting every two months. During these meetings people had the opportunity to say what was important to them, whether they were happy and any preferred activities. They also discussed safety topics such as what to do in the event of a fire.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. 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.