

# Potensial Limited

# Beaufort House

## Inspection report

2 St Vincent Street. Redcar TS10 1QL  
Tel: 01642 481114

Date of inspection visit: 15th January 2015  
Date of publication: 25/02/2015

### 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 

### Overall summary

The inspection visit took place on the 15th January 2015 and this was unannounced.

We last inspected the service on 12th January 2014 and found the service was not in breach of any regulations at that time.

Beaufort house provides residential care for up to five adults on the autistic spectrum condition with 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 there was no registered manager in place. The area manager and senior carer were overseeing the service. The previous registered

manager left in December 2014 and they were in the process of recruiting a new 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.

People living at the service received good, kind, attentive care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. People we spoke with were positive about the care they received and said that they felt safe.

# Summary of findings

There were procedures in place to keep people safe. The service had processes in place to minimise risks to people whilst ensuring their independence was promoted. Staff were trained and understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Accidents and incidents were monitored each month to identify trends. The area manager explained that if trends were to be found remedial action would be taken. At the time of our inspection there were no significant accidents and incidents to alert to trends.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We saw medicines were being managed and stored appropriately. Daily room temperatures had been missed seven times so far in January 2015. Room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges.

The service was very clean and tidy. We observed the cleaning rota that highlighted how cleaning should be carried out. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE. One member of staff was the infection control lead.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the area manager and senior carer.

The area manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They understood when an application should be made, and how to submit one. At the time of our inspection the service had three DoLS authorisations in place for people who lived there.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met.

We saw people had access to advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them).

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Information was person centred with information that included how I like to communicate and what I enjoy doing. Person-centred care sees people who use the service as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting people at the heart of all decisions. The care plans included risk assessments which were sufficiently detailed for each individual.

We saw people being given choices and encouraged to take part in all aspects of day to day life at the service, from going to the shops to helping make dinner.

Although three people needed one to one support with outings, the service encouraged people to maintain their independence and people were supported to be involved in the local community as much as possible using public transport and accessing regular facilities such as the cinema or local leisure centre.

We were shown an excellent transition plan for one person who started using the service in November 2014. This was due to a step by step transition programme being implemented.

The service had a system in place for the management of complaints.

There were effective systems in place to monitor and improve the quality of the service provided.

# Summary of findings

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Staffing levels were appropriate. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were policies and procedures to ensure people received their medicines safely and they were stored appropriately.

Personal emergency evacuation plans (PEEPS) and a disaster box was implemented for each person in case of any emergency.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and were provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services.

Staff were trained to meet the needs of the people using the service and had regular supervision.

The area manager and all staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

The service was caring.

People who used the service and their relatives told us they were very happy with the care and support they and their relative's received.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were person centred and reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed.

People were supported to access the community, with one to one support.

Good



# Summary of findings

Complaints and concerns were managed appropriately. There was a clear complaints procedure in easy read format.

## Is the service well-led?

The service was well-led.

There was no registered manager in place at the time of our inspection.

From our observations and speaking with people who used the service, staff and relatives, we found the culture within the service was centred around each individual, staff always sought to make improvements and were very open.

The area manager and staff delivered care that was person centred and incorporated the values expected by the provider.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the area manager to ensure any trends were identified and lesson's learnt.

**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 the 15th January 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the service. We looked at notifications that had been submitted by the service. This information was reviewed and used to assist with our inspection.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with two out of the four people who used the service, the area manager and four members of staff. We spoke via telephone with two relatives of a people who used the service and two healthcare professionals (social work team leader and community nurse). We undertook general observations and reviewed relevant records. These included two people's care records, three staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas

# Is the service safe?

## Our findings

People who used the service had difficulties with communication but were happy to be asked questions and could reply “Yes or no”, one person was able to communicate with small sentences. People showed they were happy and nodded that they felt safe. One person said, “I like it here.”

Relatives we spoke with via telephone said, “I think my relative is safe, they call me at least three times a day from their mobile, for a chat.” Another relative said, “They are happy and I am happy.”

Staff we spoke with said, “Everyone is very comfortable here, they can talk to the staff about anything.” And “People are safe as the right people are living here.”

From our observations, staff took steps to ensure people living at the service were safe. We spoke with three members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the person in charge and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures.

There were individual risk assessments in place. These were supported by individualised plans which detailed how to manage the risk. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Each person who used the service had a disaster box which contained essential information and supplies to be used in an emergency situation. The box was accessible and, an appointed member of staff was responsible for collecting

the disaster box in an emergency and during fire or emergency evacuation drills. Each disaster box was individualised to each person’s needs, and covered both day and night scenarios and different extremes of weather. The contents of each disaster box were checked weekly and all dates checked on bottled drinks and snacks.

Accidents and incidents were managed appropriately. At the end of every month all accidents and incidents were reviewed to see if any themes or patterns emerged.

We saw a three week staffing rota for two weeks before and one week after the inspection day. Staff we spoke with thought there was enough staff on duty but it could be difficult on a weekend if all the service users wanted to go out. They overcame this by taking people out in turns, if someone wanted to do an activity that could involve two carers support, they asked if they could wait until the next day, then another member of staff would be rostered on to make sure this could happen. We were also told by the area manager and staff that if a person who used the service was showing behaviours that may challenge, this could mean they were not well, so if someone’s behaviour changed they got a member of staff to work extra during the night, so they have both a waking and sleeping member of staff. The area manager said, “We are lucky we can make decisions at a moments notice as and when needed.”

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the service. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. The service had relevant disciplinary procedures in place.

We looked at the storage and administration of medicines. We looked through the medication administration records (MARs) and it was clear all medicines had been

## Is the service safe?

administered and recorded correctly, with full explanations if they had refused. There were some omissions in the daily temperature records of the room that stored the medicine, there were seven gaps so far in the month of January 2015.

The service had no drugs liable to misuse called controlled drugs.

The service had protocols for when required medicines (PRN) and these were individual to each person, explaining why and how each PRN should be administered and when to be repeated.

Medicines training was up to date and all staff were trained to National Vocational Qualification (NVQ) Level 3. We saw evidence of competency checks which were carried out every six months.

We spent time looking around the service and found it to be in very good condition, we also found it to be homely, comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them.

The service was clean and tidy. We observed the cleaning rota which detailed what cleaning needed doing and when. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and the boiler. Water temperature checks were recorded weekly.



# Is the service effective?

## Our findings

Relatives we spoke with said, “Staff are all very good.” And “I have not issues at all with the staff.”

Staff we spoke with said, “I have done a lot of training such as de-escalation and epilepsy.” Another said, “I understand the importance of interaction and the service users really value their one to one time.” And “We have monthly supervisions, I find them very useful, I asked to do training to administer medicines, I am now doing that training.”

The healthcare professionals we spoke with said, “Historically they have not communicated well and still don’t feel they communicate as often as they could.” “They did not communicate well at all.” And “I felt I had to provide them with the autistic tools to help the service, that was all when the previous manager was in post.” Another comment was, “We had a lot of issues at the end of last year with the lack of communication which had a detrimental effect on a person who used the service, the then manager was not supportive but the area manager did step in and support.” Both healthcare professionals reiterated that the comments were about the previous manager. We have passed all these comments onto the area manager.

People living at Beaufort House all had a condition called autism. Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. All staff had received training on autism and understood the need to keep things consistent for the people who lived there. One staff member said, “If plans are made and then cancelled, they can show anxiety.”

All training was up to date and we saw evidence of certificates to match what was stated on the training matrix. Staff had received training on topics such as safeguarding, food hygiene and manual handling. Staff we spoke with confirmed that they had access to further training as required.

The area manager told us that they have signed up to the Social Care Commitment. The Social Care Commitment is a voluntary agreement about workforce quality. The Social Care Commitment’s primary purpose is to ensure public confidence that people who need care and support services will always be supported by skilled people who

treat them with dignity and respect. Employers promise to give their workers the development they need and staff promise to put social care values into practice in their daily work.

Staff received good support through supervision every six to eight weeks and an annual appraisal, which ensured they could express any views about the service in a private and formal manner. Topics discussed during supervision were training and development, concerns, people who used the service, achievements and any other relevant business.

Staff also received a yearly appraisal. The provider Potensial had just introduced self assessment on the yearly appraisal so staff could assess themselves and bring any evidence to the meeting. Both the manager and the member of staff would discuss each others thoughts and a personal development action plan would be written up. The area manager explained this was working really well as it involved the member of staff more.

We saw an overview of the services induction process. This included what was expected on the first day, first week etc. and lasted for three months, longer if necessary. Each outcome had a competency rating on a scale of 1-3 and a rating of at least level two was required before the manager would sign a new member of staff off as fully inducted.

The area manager and all staff demonstrated a good understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interests guidelines were followed. At the time of the inspection, three people who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The area manager was aware of the supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty.

## Is the service effective?

We saw evidence of consent in the care files had been signed. Consent was sought for medicines administration, treatment and holding money on behalf of the person who used the services behalf.

We observed the lunch time meal was flexible to suit each persons needs and preferences. People could chose what they wanted to eat. On the day of inspection people had sandwiches with crisps and a piece of fruit. People who used the service were very much involved in preparing and clearing away after meal times.

Staff we spoke with said, "They like to know what they are having in advance, so at lunch time they will know what will be for tea." The day of inspection they were having chicken fajitas for tea. One person who used the service helped

prepare this. Once it is decided what will be for tea a picture menu goes on the wall. If someone wanted to have something different staff said they could change or adapt the meal to suit them.

Staff said they always try to keep to a healthy, balanced diet with the occasional treats such as spicy curry's which we were told they loved. No one using the service at the time of inspection had any special dietary needs. One staff member said, "X would eat all day if we let them, so now we make sure we have healthy snacks in."

Drinks were made freely throughout the day by both staff and people who used the service. If someone was making a drink they asked everyone if they wanted one.

# Is the service caring?

## Our findings

One person who used the service said, “My key worker helps me with washing and shaving.”

We discussed the people who used the service with staff. All staff could clearly explain about each person, they knew their preferences and routines. One staff member said about a person who used the service, “They like repetition and are unsure of new things, they show anxiety when new things are introduced.” The staff member explained clearly what they would do to reduce the anxiety.

There were four people who were living at the service at the time of our inspection. One person was at a day centre and another was able to come and go as they pleased, so was out for the day.

We spoke to the two people who were in the majority of the day, although they had difficulty with communication, one especially. One person said, “I like all the staff, they are happy.”

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with people. Staff were aware of people’s likes and dislikes. One staff member was discussing an outing with a person who used the service, into Middlesbrough that afternoon and the person was offered choice of going on the bus or train. The person chose the bus and told us, “I like the bus, I go on them a lot.”

The service had policies and procedures in place to ensure that staff understood how to respect people’s privacy, dignity and human rights. They were also planning to make a member of staff the dignity champion.

We asked staff about maintaining people’s privacy and dignity and they explained how they told the person exactly what they were doing with any type of care such as ‘I am lifting your arm to wash under it,’ they knocked and gained permission before entering peoples rooms and they ensured that doors were closed when carrying out any personal care. They also explained how they cover people with towels whilst performing personal care.

The service had developed a who is on duty picture board. This had staff pictures with Velcro on the back, these were placed on the board to show what time of day they would be on duty. This helped settle the people who used the service, as they liked to know what is happening and who would be in at what time.

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service went to visit their relatives regularly. One person who used the service said, “I am going to see my parents this weekend.”

Relatives we spoke with said, “X often comes over to sleep, but when I take him back they are so happy, their face lights up.”

Easy read information was on display about advocacy services that were available and the area manager told us that advocates would be sought if anyone felt this was required.

One person who used the service was independent and liked to go out on their own. Staff encouraged this as they were aware this person values their own space. This person tells staff where they are going and when they will be back.

# Is the service responsive?

## Our findings

We looked at care plans for two people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating for example, "How I like communicate, what activities I like, what I like to be called and what I enjoy doing". Each file contained a 'health passport' which helped improve the hospital experience for people with learning disabilities.

Each person using the service had a keyworker who helped them maintain their care plan, liaise with relatives and friends and to support the person to attend activities of their choice. We saw keyworkers undertook a monthly report called the 'Monthly Key Worker Summary.' This was a monthly assessment where all healthcare appointments such as GP, dentist and social worker were documented. Incidents were looked at to see if any trends were identified, usage of when required medicines that month. Support plans, risk assessments, 1:1 hours, care plans, activities, health and safety of the persons room and environment were reviewed and any changes were documented. If any updates were made on the back of these reviews they were approved by the person in charge and implemented straight away.

We saw that everyone got one to one time to do activities of their choice. Staff said, "They can do or go where they want." Staff explained about one person who was very anxious about going out and how they overcome this. They said they did little bits at a time, first of all they would walk to the bus stop and do this a couple of times or until they got used to it, then they would get on the bus, and each time they worked hard with this person to manage their coping strategies. This person has recently used this system again to enable them to go swimming. Staff told us, "They find crowds and loud noises upsetting", so staff took them to the leisure centre, then the next time, to watch the swimming, until they actually went swimming. The person said, "I went swimming, I raced (staff member) and I won."

One person who used the service had tried working in a charity shop. The senior staff member explained that this was no longer happening as the shop was too crowded for this person and due to the nature of their illness, they like structure and found it difficult if they were not provided with the next job to do in a timely manner. We discussed this with the Community Nurse who was not aware that this person no longer worked there. They said they could have provided support and trained the other shop assistants on how to manage and work with someone with autism. None of this had communicated with them by the previous manager.

The majority of the activities were carried out with an individual such as reading a book, jigsaws and colouring in. Each person had their own likes and dislikes, one person said, "I go to Middlesbrough to look at the DVD's, I love Only fools and horses." And, "I go to Kirkleatham for a cup of tea." One person had been out to feed the ducks and swans.

One person who used the service showed us their daily schedule board. This was a picture board where they placed pictures on one side of what they would like to do that day, as well as what they have to do such as washing, having breakfast etc. Once they had done each activity they put the picture onto the other side of the board to say it was done. This helped staff with communication, they could discuss what they wanted to do as well as discussing what they had done.

One member of staff told us how they recently came up with the idea of theme days and nights. For example the people who used the service choose a country, such as Mexico, they then did an activity around this country that day such as making sombrero hats. On the evening they would then make and eat a Mexican meal.

We saw the complaints policy and a record of complaints. There was information on how to make a complaint in picture format on the wall. The service had received two complaints since the last inspection, both were from healthcare professionals. We looked at how these complaints were managed and they were managed appropriately.

The area manager explained how they managed the transition for new people who used the service. One person who recently came to live at Beaufort House started off by coming for a look around, they then come for a visit for tea,

## Is the service responsive?

if they were still happy they would come for an overnight stay, they two overnights. All of this was done gradually at the persons pace until they were comfortable to move in permanently. The area manager also said that they make sure all the paperwork from the previous provider is in place and if needed a 'buddy system' was set up, this is

when a member of staff from the previous provider comes along with them for the tea visit and more if needed, to make sure they are settled and happy. If the person decides they want to continue at Beaufort House, they would then assign a suitable key worker and ensure all staff were aware of the persons needs.

# Is the service well-led?

## Our findings

At the time of our inspection there was no registered manager in place. The previous registered manager had left in December 2014 and the service was in the process of employing a new manager.

Staff we spoke with said, “We have a good, settled team even though there is not manager at present.” And “I feel very supported by management.” Another staff member said, “I think we are kept aware of everything, they are quite open.”

Relatives we spoke with said, “My relative is very happy, I am always kept informed of everything and anything.”

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. One staff member said, “We definitely have a voice, also if we are concerned about someone who lives here we all work together consistently to overcome what these concerns could be.”

Staff explained how they have links with the community. They said they were part of the local walking group, they were all registered or as in the new person who used the service about to be registered with the local leisure centre and the local snooker club. One person who used the service liked to go shopping and has made close links with the shop assistants.

Topics discussed at staff meetings were people who used the service, recording and communication, infection control, appointments and the recent transition of the new person who used the service.

They also have monthly ‘resident’ meetings. They did do this as a group but found this was not to each persons liking. Now they go round each person individually and discuss topics such as 1:1 activities and a topic like fire safety.

The service sent out surveys annually to relatives, healthcare professionals, staff and people who used the service. The results of these surveys were collated and any actions which needed a plan would be put in place. The main concerns raised were activities and one person had raised an issue regarding communication. Both of these had been addressed appropriately.

There was a system of audits that were completed daily, weekly and monthly that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. The area manager carried out monthly audits at the service which was followed by an action plan if needed. These were checked the following month to make sure they had been completed.

The service used an electronic system called Caresys. This had an alert system on it that if something was due such as a review or supervision it would turn orange, if something was overdue it would highlight red. This easily alerted everyone of what was required urgently.

The area manager explained that the service was registered with the National Autistic Society and they are hoping they will achieve accreditation by the Society on the 20th March 2015. To achieve accreditation the service must provide evidence that it has a specialised knowledge and understanding of autism. The Autism Accreditation programme provides a unified standard of excellence and a systematic framework for continuous self-examination and development, they aim to continuously improve the quality of service provision for people with autism.

The service had a business plan and improvement plan which we saw covered environmental changes such as replacing carpets and décor. They had plans to lay astro turf in the back yard, the area manager said, “They (the people who used the service) like to come out here and play swing ball or X likes gardening, we introduced the raised beds but we need to get rid of all the cement, so we came up with the idea of astro turf.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.