

Potton Services Ltd

Potton Services

Inspection report

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22 April 2021
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14 May 2021

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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

About the service

Potton Services is a domiciliary care service, supporting young people and adults living in their own houses and flats with personal care. At the time of the inspection, the service was supporting 52 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives consistently described staff as compassionate and kind. Staff knew people well and expressed commitment to ensuring people received high-quality care.

Risks to people's safety were assessed and acted on. Medicines were managed safely. There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and lessen risks.

Staff understood how to reduce the risk of the spread of infection.

People and relatives had confidence in the staff and felt safe in their care. Staff were well supported by the provider and had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat a healthy balanced diet and access relevant health care services.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received care which focused on their support needs with the primary aim of achieving personal goals and maximising independence. Staff supported people in a kind and friendly manner and ensured people's human rights and dignity were protected. The values and culture of service was open, inclusive and empowered people to make choices about their lives and explore new opportunities.

People had been comprehensively assessed to ensure the service could meet their needs. Information about people's likes and dislikes and how staff should support them were in place. The service was proactive in its response to concerns or complaints and people and relatives were given the opportunity to feedback their experiences.

The values of the service placed people at the centre of its decision making. There was an open and transparent culture which empowered people and staff to voice their opinions and focused on continuous improvement. Without exception, people and relatives told us the service was well-managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25/03/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Potton Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, one working remotely and one who completed the site visit, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure the management would be in the office to support the inspection.

Inspection activity started on 22 April 2021 and ended on 14 May 2021. We visited the office location on 22 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgments in this report.

We reviewed information we had received about the service. We sought feedback from organisations and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four care workers and the registered manager. We reviewed a range of records, which included the care and medication records of four people using the service. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We spoke with one service user and five relatives of people using the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and reviewed feedback received from the Local Authority (LA).

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to reduce the risk of people being abused or harmed.
- Staff and managers had completed appropriate levels of safeguarding training for their roles and understood their responsibility to report any concerns. A staff member said, "I would be confident on knowing what to look for. We have full training."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Assessments had been completed to support people and minimise risk. Staff had access to clear information about people's personal risks and how they should be supported.
- Guidance on the actions staff should take when there were changes in people's behaviours or physical needs were in place.
- Staff reported any changes in people's well-being and accidents and incidents to the management team and families in a timely manner so immediate action could be taken.
- The management team monitored incidents to identify trends or concerns. Any lessons learnt were shared with the staff team to mitigate the risk of reoccurrence.

Staffing and recruitment

- Sufficient well-trained staff were available to meet people's needs.
- People were supported by a stable and familiar staff team who understood people's support requirements. Relatives told us, "They are so supportive of [relative]. They were always on time and regular." And, "Staff are always on time and if they're ever running late, they give me a call beforehand."
- Staff had been safely recruited. Employment and criminal checks had been carried out to ensure staff were of good character to work with people.

Using medicines safely

- Staff had been trained and assessed as being competent in the safe management of people's medicines.
- Medicine administration records (MARs) recorded when staff had supported people to take their medicines.
- Regular medication audits were completed. Where any errors had been identified action was taken to help ensure the issues did not reoccur.

Preventing and controlling infection

- Staff had received additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection such as wearing personal protective equipment

(PPE) and supporting people to wear masks in the community.

- Staff comments included, "We are tested twice a week and were encouraged to get our COVID-19 vaccinations." And, "There is a constant supply of PPE. During a team meeting the manager showed us how to wear it all." A new staff member told us, "From my induction period I was told straight away what would need to happen. Like being tested two times a week, what PPE we need to wear and when we need to wear it."
- The provider's infection prevention and control practices, policies and COVID-19 contingency plan was being continually reviewed and updated in line with government COVID-19 guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed before they were supported by the service to ensure their physical, mental and social needs could be fully met.
- Relatives praised the ability of staff to support people with complex needs and effectively communicate and adapt their approach to help reduce unnecessary stress for people. A relative told us, "Staff are phenomenal in dealing with the behaviours [relative] displays. They just adapt to how things are on the day which really helps things to stay calm."
- Systems were in place to assess and continually review people's individual needs and preferences. This information was used to develop each person's care plan and ensure it reflected their current care and support needs.

Staff support: induction, training, skills and experience

- Staff were supported in their role through induction, training and supervision.
- There was a positive approach to the training of staff. This ensured they had the necessary skills to support people. Where required, person specific training, such as epilepsy training, had also been delivered to staff. Comments from staff included, "We are encouraged and supported to access training. If I needed more guidance I can just ask, and someone will be there to help." And, "I can raise concerns [about someone's care] immediately with the manager on a call. If it can wait, I send an email and get a call straight away in the morning. I constantly get updated and regularly speak to my manager."
- Relatives told us, "Staff are very knowledgeable and well trained." And, "[Person's name] the manager has gone out of their way to make sure everything is correct, including any training that may be required for the staff."

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported with their nutritional needs.
- People's care plans detailed the support they required to eat and drink safely and their preferences in snacks, meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with health care professionals for the benefit of people in the service and kept them informed about people's progress and any changes in their wellbeing.
- Relatives informed us they were always kept updated on their family member's health. Comments included, "The care staff are always aware and attentive, reporting all details back to family, such as dietary

changes, mood changes and anything else the family need to be aware of."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received MCA training and understood the principles of the MCA. They gave examples of how they applied the principles when supporting people and understood their responsibility to report if they had any concerns a person may be lacking capacity.
- The management team had a multiagency approach when making best interest decisions on behalf of people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Without exception, relatives spoke about how staff treated people in a caring, respectful and dignified manner.
- Relatives spoke highly of the staff and the "excellent" care they provided. Comments from relatives included, "They are phenomenal," "Lovely and very experienced", and, "Absolutely brilliant! We couldn't ask for better care for [relative]." Another relative described staff as, "Like guardian angels."
- Everyone we spoke with told us how staff placed the needs of people using the service at the forefront of all decision making. A person using the service told us, "I always feel listened to. I have early onset dementia and can get quite anxious, worried and upset, but the staff are always there supporting me and calming me down."
- A staff member said, "I think there is more than enough time to build relationships with the clients and the families. I never feel rushed."
- Some people using the service had complex needs. A relative explained how they had initially felt concerned staff would not be able to meet the needs of their family member. However, any concerns were quickly alleviated. They spoke about the positive relationship which had developed between staff and the person, "They really enjoy their time with [staff]. They talk about what they had done and clearly feel comfortable and safe with them."
- For many relatives the lock down period during the COVID-19 pandemic had been a particularly difficult time. One relative told us, "Lockdown has been horrendous, but Potton Services have been amazing. The staff have been an absolute rock to me. Always coming up with new strategies to support [relative] and providing care to their best of their abilities." Another said, "Throughout the pandemic, there's been no big changes which have affected us, or the care received. Everything has been running well and smoothly. It's been such a relief."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were respected and empowered as partners in their care. People's views and preferences were incorporated into person centred care plans.
- Staff treated with dignity and respect and maintained people's privacy.
- Staff supported people with activities of daily living and to access the community.
- Independence was encouraged, and people were involved with decisions about their care. A relative told us, "Whenever anybody wants to speak to my [relative] regarding their care needs, the staff are always there to support her through the process."
- Staff told us, "We support people to make choices and be as independent as possible. Sometimes it's by

showing people options, like what there is to eat for lunch. Sometimes they may need a bit of prompting to do something, like have a wash. Usually they just need a bit of time. We always get there together in the end."

- The management team monitored people's care and frequently spoke to family members to check their experiences of the approach of staff. Regular questionnaires were also sent out to people and relatives to provide feedback on the quality of the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- Before using the service people's needs were assessed to ensure staff would be able to support them effectively. People's care records included information about personal preferences for the way they wanted their care to be provided.
- People and relatives had confidence in the staff and were extremely positive about the support they provided. All the relatives we spoke with told us that planned visits were always on time and they could request visit times which worked for people.
- Staff were proactive in responding to people's changing needs. Care was adapted to ensure people continued to be supported safely and effectively.
- Staff promptly discussed any changes in people's needs with the management team to determine if care plans needed to be reviewed. One staff member told us, "If we feel someone needs more time, we can discuss what is happening and if needed get more time allocated or changes are made to their care."
- Other comments included, "When [care plans] get up-dated we get emailed them. If it's an immediate change we get a telephone call as well telling us about the changes." And, "If care plans change, we get an email to say there's been an update and what the update is. It would tell you what changes would be made and why they have been made."

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 needs were assessed and recorded in care plans.

Improving care quality in response to complaints or concerns

- A complaints process was in place which recorded the nature of the complaint, and included the steps taken to resolve the complaint and the outcome.
- People and relatives were aware of the complaints process and felt confident to raise any concerns. Comments included, "It's a great service. I'd feel comfortable approaching the service manager at any time if I was unhappy with anything."

End of life care and support

- At the time of our inspection the provider was not supporting anyone with end of life care. The

management team told us, they would work closely with people, their relatives and relevant healthcare professionals and would provide the necessary training for staff if end of life care was required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team led by example and promoted a positive culture across the service based on person centred values which promoted choice and inclusion and aimed to achieve positive outcomes for people.
- People, relatives and staff were all positive about the leadership of the service. Comments from staff included, "I feel completely supported. You're very included in what's going on in the company." And, "It is extremely supportive."
- Relative's told us how during the COVID-19 pandemic the management team had remained in regular contact with them. Where appropriate review assessments had been completed via video link and regular telephone calls were made to "check in" and make sure everything was alright. For many of the relatives this level of support had been invaluable to them during an incredibly difficult and isolating period, One relative told us, "The support they have given during all of this has been amazing, I'm not sure what we would have done without them."

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

- Managers and staff were clear about their roles within the organisation and understood their responsibility in relation to quality performance, monitoring and managing risks and meeting regulatory requirements.
- Effective quality assurance systems were in place to monitor the quality of care being delivered and drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider valued feedback from staff, people, relatives and other stakeholders. They were open to learn and reflect on their practices to improve the service people received.
- Relatives told us staff continuously engaged with them about people's well-being. Everyone we spoke with told us they had been fully involved in the planning of people's care delivery and reviewing their care needs.
- Staff felt valued and respected and were encouraged to contribute to the development of the service and make suggestions about people's care. This was facilitated through supervisions and staff meetings. Staff said, "We have team meetings once a month. They are really helpful. We put forward ideas, have training

and discuss all of our cases to see if anything can improve." And, "I can definitely discuss any concerns. We all speak quite openly. It's very supportive."

- We saw that the service worked in partnership with external agencies and health and social care professionals to maintain the health and wellbeing of people.