

Potensial Limited

Park View

Inspection report

2a Seedley Park Road
Salford
Greater Manchester
M6 5WR

Tel: 01617378387
Website: www.potensial.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Park View is a care home in Salford which is registered with CQC to provide care for a maximum of 9 people. There were 8 people using the service at the time of the inspection.

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

Not all risks were effectively managed at the home and some safeguarding concerns were not always reported to the local authority for further investigation. Accidents and incidents were monitored, although trends and certain repeated incidents were not always identified.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff supervisions did not always take place consistently.

Although audits were undertaken at the service, they had not identified the concerns found during this inspection. Staff and resident meetings did not take place consistently and recent satisfaction surveys had not been sent to gather people's views.

People living at the home and relatives said they felt the service was safe. There were enough staff to care for people safely and correct staff recruitment procedures were followed.

People received enough to eat and drink and were supported to maintain good health and staff supported people to attend appointments where necessary.

We received positive feedback about the care provided. Staff were described as kind and caring and treated people well.

Systems were in place to manage complaints. The feedback we received was that the care was person centred and that people were able to participate in hobbies and activities of their choosing.

Rating at last inspection

The last rating for the service was good (Published October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park

View on our website at www.cqc.org.uk.

Enforcement and recommendations

We identified a breach regarding good governance and have made recommendations regarding risk management, MCA assessments and safeguarding referrals.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Park View

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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

Park View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection, the home did not have a registered manager.

Notice of inspection

This inspection was unannounced. Inspection activity was carried out between 10 and 23 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. We also spoke with 5 members of staff including the acting home manager, area manager, nominated individual and 2 support workers.

We reviewed a range of records. This included 3 care plans, 3 staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

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

At our last inspection this key question was rated good, although this has now changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected. This had not been reviewed since February 2022 however. We provided this feedback to the service to ensure this was done.
- Accidents and safeguarding incidents were monitored and records maintained, although we found some safeguarding concerns were not always reported to the local authority for further investigation. This included medication errors and altercations between people living at the home, which had not been identified through trends analysis carried out by the provider.

We recommend the service improves oversight of incidents within the home to ensure they are reported appropriately.

- People living at the home and relatives said they felt the service was safe. One person said, "I feel safe and get on great with everyone."
- Staff understood about safeguarding and said they had received training. One member of staff said, "If a person's money was being mis-managed, then that could be financial abuse."

Assessing risk, safety monitoring and management;

- People's care plans contained risk assessments regarding the care and support they received, such as behaviours that challenge, use of alcohol and finances. Risk management plans were in place where any risks were identified.
- Some risk assessments were not in place when incidents within the home had occurred. This included where people often smoked in bedrooms, or communal areas of the home. These risk assessments were put in place at the time of the inspection.

We recommend the service improves oversight of risk within the home to ensure they are reported appropriately.

- Regular checks of the building were carried out including gas safety, electrical installation, fire safety and PAT (Portable appliance testing).

Staffing and recruitment

- There were enough staff employed to care for people safely. Everyone we spoke with said there were enough staff to deliver the care people needed. One person living at the home said, "There are enough staff."

They are kind to me." A member of staff added, "We have enough staff for now to meet people's needs."

- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were arrangements in place for the safe management of medicines.
- Staff had received training in medicines administration and had their competency checked.
- Medicines were stored in a secure treatment room which we saw was locked at all times.
- Medication records were completed accurately by staff with no missing signatures.
- When people needed medicines on an 'as and when required' basis (PRN), there were protocols in place.
- People living at the home said they received their medicines safely. One person said, "Staff sort out my medication and inform me when I need to take it." A relative added, "There has never been problems with any of (person's) medication."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

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 our last inspection this key question was rated good, although this has now changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Correct procedures were not followed if people lacked the capacity to make their own decisions. Several people at the home smoked, although were not allowed to keep their own lighters and cigarettes. This was a restrictive practice and appropriate mental capacity assessments had not been undertaken to ensure this was in people's best interest. We raised this issue with the service and these were completed during the inspection.

We recommend the service improves oversight of any restrictive practices within the home to ensure correct procedures are followed.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained.
- Staff told us they were supported in their roles and were provided with the relevant training to enable them to care for people effectively. A training matrix detailed the training staff had undertaken. One member of staff said, "Yes there is enough training. I've recently done hazardous substances, epilepsy, safeguarding, infection and medication."
- All staff completed an induction and this covered areas such as policies and procedures, relevant training and meeting people they would be supporting and caring for.
- Staff supervisions and appraisals were held, although were inconsistent. A member of staff said, "I haven't had one for a long time. My last one was with the previous manager." We have reported on this further in the well-led section of this report.

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

- People's bedrooms were personalised to suit them with their own belongings.
- There was a large lounge and conservatory, which provided a comfortable environment for people to relax in. One of the settees appeared very worn however and would benefit from being replaced as this could present an infection control risk and make it difficult to keep clean.
- The home had garden areas around the building, although these were not well maintained and were overgrown. We provided this feedback about the environment to the provider.

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

- Each person living at the home had a 'daily living skills' support plan in place which detailed any support they required to eat and drink. In one person's support plan it said they needed to be observed at all times due to having a tendency to rush their food, which could present a choking risk. We saw this was not always done during the inspection.
- People told us they received enough to eat and drink. One person said, "The food is fantastic, there is a varied menu and it's always cooked superbly." A relative added, "(Person) has put on weight and very much seems to enjoy the food."
- Kitchen facilities were available onsite at the home and some people were able to make their own meals which increased their independence. Some people needed more support and encouragement from staff at times.

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

Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before moving into Park View to ensure it was the best place for them to live and to ensure the service could meet their needs.
- People were supported to attend appointments with various health professionals in the community. Records of appointments attended were in people's support plans, along with hospital passports which provided basic information in the event of an emergency. One person said, "I have a hospital appointment every Wednesday for a blood test. Staff take me to that."

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 our last inspection this key question was rated good and has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring people are well treated and supported; respecting equality and diversity;

- People living at the home and relatives told us they were happy with the care provided. One person said, "I was a real mess when I came here, and they have helped me, they are very kind, considerate and patient. I wasn't always clean and tidy but now I am back to being that again. They always genuinely ask you how you are, they talk to you." A relative also said, "I visit and take him out. He looks well cared for. Staff are lovely, very supportive. They seem to know (person) and treat him very well."
- Staff were described as kind and caring. One person said, "Staff are always helpful, they are fantastic. Always on hand. You can have a laugh with them." Another person said, "The staff are kind and calm, you never see them lose their temper. They are brilliant, they support you."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and given privacy when they needed it. One person said, "Everybody's really nice. They treat you like an adult, if you behave like one."
- People were supported to maintain as much independence as possible. Staff knew people well and what they were able to do and what areas they required support with. One person said, "I used to do a lot of cooking. I do cook here sometimes to keep it up which I enjoy."

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

- People and relatives were able to provide feedback about the service through regular conversations and reviews.
- People told us they were involved in decisions about their care and could contact the staff directly with any queries or concerns they had.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was rated good and 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; 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

- Support plans were personalised and contained information for staff about how people wanted their care and support to be carried out. Each person had a one-page profile which detailed people's likes, dislikes and how they preferred their support to be delivered.
- Staff knew the people they visited and had a good knowledge of their individual needs and preferences.
- People said the care provided was person centred and they were able to do activities of their choice and pursue any hobbies and interests. One person said, "I enjoy my own time and space. I go out with my sister Tuesday and Sunday. Tuesday I go out all day. I go to rugby games sometimes." Another person added, "Staff do take me out to the football or fishing."

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Documentation was available in different formats if and when required, for example pictorial aids, although nobody required these at the time of the inspection. People's communication needs were also referenced in their support plans.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place, although this was not displayed anywhere within the home for people to refer to if needed. We spoke with the acting home manager about this and appropriate action was taken during the inspection.
- A complaints file was maintained, although not many complaints had been made. People we spoke with and relatives told us they hadn't had any complaints to make about Park View.

End of life care and support

- At the time of our visit there was no one receiving end of life care. Policies and procedures were in place if people's needs were to change.

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 our last inspection this key question was rated good, although has now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff supervisions were carried out to ensure staff were supported and that standards were being maintained, although as reported on in the effective domain, these were inconsistent.
- Residents meetings were held in order to gather people's views, although apart from a recent meeting in August 2023, the last meeting minutes seen were from May 2022. Staff meetings also took place, although the last meeting minutes available were from December 2021.
- A satisfaction survey had not been sent to people living at the home since 2021.
- During the inspection, we identified concerns regarding risk assessments, MCA assessments, accidents/incidents, staff supervisions, staff/residents meetings and governance. Audits were completed at the service, although they had not identified these concerns and therefore appropriate action had not been taken to improve the quality of service.

The failure to ensure monitor the quality of service effectively meant there was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding good governance.

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

- At the time of the inspection, the home did not have a registered manager. However, a new manager had recently started at the home, with the intention of registering with CQC. Day to day support at the home, also came from a deputy manager, with oversight from the provider (Potensial Limited).
- The provider knew to submit statutory notifications to CQC as required.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw the ratings were displayed at the home from the last inspection and on the provider website.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "I enjoy the job. I enjoy seeing change in people and helping them."
- Everybody we spoke with said they felt the service was well-led, despite the absence of a registered manager. One member of staff said, "The new manager seems to know her stuff and is on top of things." A

person living at the home also said, "The new manager is fantastic since she's been here. She is easy to communicate with." A relative added, "Managers have all been good, it's all fine."

- People living at the home and relatives spoke positively about the care provided which enabled good outcomes for people. People were able to learn and develop new living skills to increase their independence, whilst also receiving support from staff where needed.

Working in partnership with others

- The service worked in partnership with other agencies as required, including local authorities and social work teams.

- Prior to our inspection we sought feedback about the home from various health care professionals, who provided us with an update about their involvement with the home and any good practice they had identified.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure good governance.