

Potensial Limited

# Potensial North East Supported Living - 6 High Street

## Inspection report

6 High Street  
Loftus  
Cleveland  
TS13 4HW

Tel: 01287201036

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16 October 2018

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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

The inspection took place on 16 October 2018 and was unannounced. This meant the provider did not know we would be visiting.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Potensial North East Supported Living is a domiciliary care agency. It provides personal care to people living at 6 High Street in one large property. It provides a service to older adults and younger disabled adults. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

On the day of our inspection there were five people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The goal is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service manager was overseeing the operation of the care service and had applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they worked well as an individual team but every staff member we spoke with expressed concerns over the imminent future of leadership at the service. We did see that the outgoing manager had arranged staff meetings to update staff as far as they were able.

Staff had been trained in safeguarding issues and knew how to recognise and report any abuse. We saw the service worked proactively to support people to manage any anxiety or distress and they had worked well with other services to maintain people in their home environment.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety requirements were met.

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

There were enough staff to meet people's needs. Any new staff were appropriately vetted to make sure they were suitable and had the skills to work at the service. The staff were given support by means of regular training, supervision and appraisal.

People's dietary needs were fully understood and people told us staff encouraged them to eat a healthy diet.

People were supported, where appropriate, to manage their health needs. Staff responded promptly to any changes in the person's health or general demeanour.

People told us they knew how to raise a concern if they were unhappy with anything and we saw people were asked about their views of the service.

People were supported to access a variety of learning, employment and leisure opportunities and were an active part of local community life.

Systems were in place for auditing the quality of the service and for making improvements. We saw the manager was keen to share learning from incidents and to take forward improvements they had identified through their quality assurance process.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Potensial North East Supported Living - 6 High Street

## **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 16 October and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted care professionals involved in supporting people who used the service, including commissioners and a contract compliance officer of the local authority. Information provided by these professionals was used to inform the inspection.

The provider completed 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 inspection we spoke with four people who used the service, a senior support worker and two support workers. We looked at the care records of two people, medicines records of two people and the personnel files of three staff members. We also viewed records relating to the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People we spoke with told us they felt safe being supported by the staff team. One person told us, "Yes sometimes [Name] shouts but the staff are always there so I don't get worried."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

We discussed staffing levels with the manager. Staffing levels depended on people's individual needs and we saw that people were supported by the same staff team in their home to promote continuity of care.

Accidents and incidents were appropriately recorded and reviewed by the manager. Any lessons learned from accidents, incidents, and complaints were discussed at staff supervisions and meetings.

Risk assessments were completed where appropriate and described potential risks and the safeguards in place. These included health, eating and drinking, personal care, physical or verbal aggression, falls and accessing the community. Staff were supported to assist people in terms of behaviour when they became anxious. The team had been working with the police, the local safeguarding team and healthcare professionals to actively support one person who had been very distressed over the last few months. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents and incidents from occurring.

Health and safety checks were carried out regularly. We saw that fire and electrical equipment were tested along with water temperatures. The premises were clean and people were protected from the risk of acquired infections. Monthly infection control audits were carried out and staff supported people to keep their own spaces clean and tidy.

Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents.

We looked at the management of medicines and saw people had medication support plans in place. These described the medicines people were taking, what they were for, how they preferred to take their medicines, dosage, any possible side effects and what assistance they required. One person was supported to manage their own medicines and they told us they were happy doing this.

Medicines were appropriately stored, staff training was up to date and regular audits were carried out.

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

Staff training needs were regularly monitored by the manager meaning people received care and support from staff who benefitted from well-planned training provision. One staff member told us, "I feel very supported, I had a good induction."

Staff received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

Staff worked to support people in transition by welcoming other providers and their staff team who may be working with people currently living at 6 High Street in the future.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. People they supported had varying capacity to make decisions and where they did not, action had been taken by the service to ensure relevant parties were involved in making best interest decisions. There were currently applications to the Court of Protection for people using the service that the manager was monitoring.

In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case. People confirmed that staff asked for their consent when performing individual aspects of care, such as administering medicines or helping someone with aspects of personal care.

Staff supported people to shop for and prepare meals. One person said, "I am having pie, chips and gravy. It's my favourite," whilst another person told us, "I've been out for dinner today so I won't have a big meal tonight."

Care records contained evidence of involvement from health and social care professionals such as GPs, learning disability community nurses, dietitians and speech and language therapists.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People who used the service gave positive feedback about the caring attitudes of staff. Comments included, "I like everyone here," and, "I like to go out with the staff, I am going to the shop today."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. Everyone we spoke with had information about the service included in their care file, so that they could access it at any time.

We saw that at the regular tenant meetings people were encouraged to speak up about any issues or concerns and we saw that the manager reviewed these meeting minutes and had actioned any areas people raised. This showed people were listened to.

We observed that staff treated people with dignity and respect. During our visit we noted that staff members referred to people as 'tenants' which showed that staff respected that this was people's own home and they had been invited into it.

We asked staff how they promoted people's independence. One staff member told us, "We encourage people to do as much as they can for themselves. Even if they can only do a little bit of cleaning." One person told us they had chosen the new wallpaper for the lounge and they were going to help staff put it up.

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form relationships.

We saw that people using the service were supported to maintain relationships. There were two people using the service in a relationship and we saw how staff supported them to have time in private.

We saw the staff team had developed ways of promoting communication with people. One staff member showed us a bracelet that a person had drawn a face of how they felt on it. The bracelets had helped the person show staff whether they were feeling sad or happy. Another staff member told us about a social story [a technique of describing a social event for someone on the autistic spectrum] that they used with someone. They told us, "We try and encourage them and give them positive feedback and so they engage with the process, it's working well."

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included important information about the person, such as family history, things they enjoyed doing and their personal care needs. We saw these had been written in consultation with the person who used the service.

Support plans were in place and described each person's individual needs and what support was required from staff. Records described in detail what was required from staff and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information. We also saw that goals and outcomes for people to achieve with staff support were at the forefront of their support plans.

The management team were responsible for reviewing and updating support plans and assessments, and there was evidence that people and external professionals all had input into this. One staff we spoke with said, "We have been working with Positive Behaviour Support practitioners and social workers and we have amended our plans for one person and it has definitely helped all of us."

People were supported to access a wide range of social, employment and leisure opportunities in the community. We met with one person who told us they had been working on the farm on the day of our visit. It was evident they enjoyed this very much.

The provider had an effective complaints policy and procedure in place. One person told us, "I know any problems I have I can do and talk to the staff." We saw that easy read complaint information was available and people were regularly asked their views in tenant meetings. We saw the manager even recorded minor, non-formal complaints and any actions they had taken to address these concerns.

Where appropriate, the end of life wishes for people were recorded in their support plans.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service required improvement to be well-led.

At the time of our inspection a service manager was overseeing the operation of the home and had applied to become the registered manager for the care service. A registered manager is a person who has registered with CQC to manage the service.

Staff we spoke with expressed concern over the future leadership at the service. One person was transitioning to a new service provider and there were several concerns and risks present with this move. One staff member said, "We need a captain to steer the ship, we are doing lots of liaison with social workers and other professionals and we aren't in the position to be able to give them answers. Another member of staff said, "We all feel unsettled, we can't really plan anything." We saw the outgoing manager had arranged meetings with the senior staff team to hopefully alleviate concerns but they admitted they did not have any information to tell them at this time about a future manager.

We looked at the arrangements in place for quality assurance and governance. The provider had a structured approach to governance and quality assurance. The manager carried out regular audits on the environment, support plans, records and they spoke with people. Any areas for improvement were recorded in an action plan. Any accidents and incidents that involved staff or people who used the service were monitored to ensure any trends were identified. We saw the service was forward planning and anticipated concerns about someone's reaction to an event and had plans in place to reduce any absconding risk.

We saw the service worked well with other organisations. We saw that feedback from a recent inspection by the local authority where recommendations had been made had already been incorporated into the service's development plan, had been actioned and completed.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with data protection laws.

Potensial Supported Living undertook surveys about the quality of life people experienced receiving care and support from the service and people also had access to forms which they used to raise an issue, concern or give thanks about the scheme. "One person told us, "I like it here, I like having my own personal space."

We saw regular staff meetings took place and that they were encouraged to share their views. We viewed records to confirm this.