

Potensial Limited

Potens Surrey: Supported Living and Outreach

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Potens Surrey: Supported Living and Outreach is a supported living and homecare service providing personal care and support to adults and young people living in an adapted house and people living in their own homes. Not everyone using Potens Surrey: Supported Living and Outreach received a regulated activity at the time of our inspection. The only person receiving a regulated activity lived in the adapted house supported living service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The person using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The person received care and support that was safe. The provider took steps to protect the person from risks, including the risk of abuse or avoidable harm. Recruitment processes were in place to make sure when staff were employed they were suitable to work with the people they supported. The provider actively promoted safety around medicines and infection control.

The person received care and support that was effective and based on their assessment and care plans. Staff were trained and supported to deliver care according to the person's needs; and worked with other agencies to deliver consistent and effective care. The person was 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 person had a caring and kind relationships with staff and the management team. The management team and staff worked to respect and promote the person's privacy, dignity and independence by encouraging the person and their family to be involved in their care.

The person received care and support which met their needs and reflected their preferences. The provider complied with best practice guidance with respect to meeting the person's communication needs.

The service was well led. There was focus on meeting the person's individual needs, working in cooperation with others and continuous learning. This was supported by an effective management system appropriate for the size of the organisation.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for the person using

the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The home has been rated good overall as it met the characteristics for this rating in all five of the key questions. More information is in the full report, which is on the Care Quality Commission (CQC) website at: www.cqc.org.uk

This service was registered with us on 10 March 2016 and this is the first inspection as they had not previously been supporting people with a regulated activity.

Why we inspected

This was a planned inspection based on their registration.

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 ●

Potens Surrey: Supported Living and Outreach

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 was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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; only one person in the supported living location was receiving a regulated activity so this inspection looked at that person's personal care and support. The service also provides care to people living in their own homes, however, none of the people receiving care in their homes was receiving a regulated activity.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 August 2019 and ended on the same day. This included a visit to the office and the supported living location.

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 judgements in this report. We reviewed information we held about the service including statutory notifications which providers are required to inform the CQC of, such as accident or incidents that have happened at the service. We used this information to plan our inspection.

During the inspection

We spoke with the person who was receiving a regulated activity about their experience of the care provided. However, they were unable to answer complex questions. We spoke with four members of staff including the registered manager, the service manager, and two care staff.

We reviewed a range of records. This included the person's care records and their medicine administration record. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, quality assurance audits and accidents and incidents were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We looked at records relating to the management of medicines, the Mental Capacity Act capacity assessments and best interests decisions. We contacted, and received feedback from a family member. We also contacted five health and social care professionals but did not receive any response or further feedback.

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; Learning lessons when things go wrong

- The provider had appropriate systems and processes in place to protect people from the risk of abuse. Staff had received safeguarding training and could recognise abuse and knew how to protect people from the risk of harm.
- The person we spoke with told us they felt safe when staff supported her. The family member told us they felt their relative was safe. They said, "Yes she is safe. They [staff] are on the ball and understand [my relative]."
- Staff we spoke with were clear on their roles and responsibilities to ensure the person remained safe. Staff were confident any concerns they shared would be listened to and investigated where appropriate by the service manager and the registered manager. One member of staff said, "If I had any concerns I would speak to [the service manager or registered manager] or use the whistleblowing policy which is on the notice board." Another member of staff was able to give an example of when they had raised a safeguarding concern which the registered manager had dealt with appropriately.
- We reviewed records which demonstrated the registered manager and senior staff completed thorough investigations when concerns were shared, which included actions that had been taken to keep people safe and lessons learnt.
- Accidents, incidents and safeguarding concerns were recorded on the provider's computerised system, which allowed the registered manager and provider to have oversight and identify any trends or lessons learnt.

Assessing risk, safety monitoring and management

- Support was delivered in ways that supported the person's safety, welfare and choice. Staff understood where the person required support to reduce the risk of avoidable harm.
- Risks to the person were appropriately managed. These were robust and detailed risk assessments in place for them. These related to the environment and their healthcare needs. They were personalised and provided information to help staff understand how to reduce those risks for the person. For example, the person had a risk assessment related to epilepsy and mobility in place to inform staff how to support them when they were not in bed. The person told us staff followed their risk assessment and ensured they were safe.

Staffing and recruitment

- Staffing levels ensured that the person received the support they needed safely and at the times they needed. The registered manager told us that staffing levels were based on the needs of the people they were supporting.
- Recruitment processes protected people from being cared for by staff that were unsuitable to work in their

home. A range of recruitment checks took place before staff started working at the service.

Using medicines safely

- The person was supported to take their medicines by staff who had completed training in administering medicines and had their competency checked before supporting people.
- Staff administering medicines were required to initial the medicine administration record (MAR) chart to confirm the person had received their medicine. All the MAR charts we looked at were accurate, complete and up to date.
- The provider had procedures in place for the safe management, administration and storage of medicines. Medicines were stored securely and in line with best practice guidance.
- Although no one was receiving 'as required' (PRN) medicines, such as paracetamol for pain relief, the registered manager was aware of the need to have a PRN protocol in place if they were prescribed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received infection control training and were provided with personal protective equipment (PPE), such as disposable gloves and aprons, to use.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team and staff had a good understanding of the principles of the MCA and the person was supported wherever possible to make their own decisions. During the inspection we observed staff engaging with the person and seeking consent before providing any support. A member of staff said, "I always check it is okay first. [The person] knows you are wanting to help and what you are saying."
- Although the person could make day to day decisions the registered manager told us they lacked the capacity to make complex decisions regarding their health and care needs. Staff supported them to make decisions in line with the principles of the MCA and in their best interests. However, the documents did not always reflect individual best interests decisions. We discussed this with the registered manager and signposted them to the local authority's MCA tool kit. Following our inspection, the registered manager sent us copies of the correct documentation for the individual best interests decisions made in respect of the person.
- The registered manager told us they were working with the person's family and the local authority with regard to a Court of Protection application, which had been made in respect of the person being deprived of their liberty.

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

- People's needs were assessed before they moved into the service. The registered manager told us they worked collaboratively with the person, their family and other healthcare professionals and the local

authority to meet the person's needs. A family member told us, "[The registered manager] came out and assessed [my relative] it was detailed and I was happy they understood [my relative's] needs."

- The information gathered during the assessment process included people's preferences, backgrounds and personal histories. This provided staff with the information necessary to enable them to understand the person they were supporting.
- The person's care and support plan was based on current best practice guidance and was reviewed in line with their changing needs. For example, the person's care plan had been amended following an assessment from the Speech and Language Therapy (SALT) team.

Staff support: induction, training, skills and experience

- The person was supported by staff that had ongoing training that was relevant to their roles, such as safeguarding training, moving and handling, fire safety and medicines management. Additional training around the person's specific conditions was also available to staff. For example, training in respect of supporting the person who was epileptic and displayed behaviours which some staff or other people using the service might find challenging. A family member told us, "Staff have the right skills. Their training is quite robust. Things like positive behaviour strategies and epilepsy training."
- The provider had a system in place to monitor what training staff had received and when it needed refreshing. The registered manager told us, "The training is a mixture of face to face training and e-learning. We also arrange bespoke training to meet people's needs."
- Staff who joined the service carried out a comprehensive induction process, including a period of shadowing a more experienced member of staff. All new staff were also supported to complete the care certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care.
- Staff received regular one-to-one sessions of supervision. These provided an opportunity for the managers to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff. One member of staff told us, "Supervisions are good for reflections and other people's points of view. [the registered manager] is a good communicator."

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

- The person was supported by staff who were aware of their preferences and dietary needs. The person's care plan provided information for staff on their likes and dislikes and the support they needed with their meal, in line with their SALT assessment. The person told us they enjoyed the food and staff helped them with their meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the managers worked closely with other agencies to maximise the support and care the person received.
- The registered manager told us they worked in partnership with epilepsy nurses, physiotherapists, GPs, social workers and other health and care professionals to ensure the person's needs were met. We saw evidence of this in the person's care files.

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

- The person was supported to access healthcare services when needed. Care records confirmed they were regularly supported to be seen by doctors, specialist nurses and other healthcare professionals when necessary. A family member told us, "Yes, they do call on health professionals for advice and help when needed."

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

- During our visit to the person in their room, we observed that staff treated them with kindness and compassion. Staff spoke respectfully with them and engaged with them in a friendly, relaxed way. They called the person by their preferred name. The person told us they felt staff were "nice and gentle." A family member said, "[My relative is happy there [at the supported living location]. When she is with me she always talks about the home and what the other people are doing."
- The registered manager told us that they would use their assessment process to speak with people and their families regarding their needs in respect of their religious cultural and sexuality needs. Once they started providing support they discussed with the person and their family the individual support they needed in respect of promoting their diversity, choices and preferences. Staff had received equality and diversity training and told us they were open to support people of all faiths and belief systems. There was no evidence that people protected under the characteristics of the Equality Act 2010 would be discriminated against.

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

- The registered manager told us, and the records supported the fact that, the person and their family had been involved in discussions about their care.
- Staff ensured that the person's family members were kept updated with any changes to their care. A family member told us, "I am very hands on with decisions about [my relative's] care. They tell me what has been going on and when a GP is called."

Respecting and promoting people's privacy, dignity and independence

- The person was supported by staff who understood the importance of treating them with dignity and respect. All of the staff we spoke with explained how they supported the person in a way that maintained their dignity, such as explaining what they were doing, seeking consent, knocking doors and covering people. The person told us staff treated her with respect. A staff member said, "I talk to her throughout [providing support] so she knows what is happening. I knock on her door and ask if it is okay before doing something. I treat her how I would want to be treated myself."
- The person was given choices about their care and encouraged to be as independent as possible. Their care plan detailed the support they required and the areas they could manage themselves. For example, their care plan stated they were able to brush their own teeth. An electric tooth brush had been obtained to assist them to brush them effectively on their own. The person told us staff supported them to be independent and told us they, "help do food."

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

- The person was supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled staff to provide them with personalised care tailored to their needs and wishes.
- The person had a care plan, which contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. It also included detailed information about their health needs and the care they required to manage their long term health conditions, such as epilepsy.
- The provider had an electronic care planning system, which was supported by additional hard copy care records held in separate folders. This mixture of systems made it difficult to find information regarding the person's care easily. We raised this with the registered manager who acknowledged that plans needed to be clear and easy to follow for any staff who needed to access them as part of their day to day duties. Following the inspection, they told us they had raised this concern with their senior managers and they were undertaking a review of the system across all of their services.
- The person's daily records of care confirmed that care and support had been delivered in line with the person's needs, wishes and preferences.

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.

- The registered manager had developed a communication care plan for the person, which conformed to the AIS. This included information about how the person was supported to use the picture exchange communication system (PECS) which is a pictorial communication aid and picture of themselves doing activities to aid their communication.

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

- The person was supported to engage in activities they wanted to engage with. Staff supported her through the use of her PECS and photos of doing activities to identify which activities she wanted to engage with. A family member told us, "[My relative] goes out shopping, to the cinema and bowling, which she really loves. She also has an interest in bats and they had taken her to a bat talk in the local nature reserve."
- The person was supported to maintain contact with friends and family, including friends she had made

within the home. A family member told us they frequently visited them and they took them out for trips.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints, these were also available to the person in an easy read format. Although they had not received any complaints the registered manager was able to explain the action they would take if one was received. They said they had an open door policy and minor issues were dealt with informally. A family member said, "I have never had to complain. There have been some minor niggly things, which was dealt with straight away."

End of life care and support

- At the time of our inspection the provider did not support and had not supported anyone with end of life care. The registered manager was aware specific training was required if they were to take on an end of life care package in the future.

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 service was well led; there was an open and transparent culture at the service which promoted person-centred care, with the underlying principle of supporting people to live as full a life as possible and achieve the best possible outcomes. The basis of this was a set of policies, processes and procedures which promoted compliance with relevant standards and legislation.

Staff were encouraged to embrace this ethos, which was reinforced through the induction process, supervisions, and regular informal contact with staff.

- The management team understood the person's needs and had developed a good rapport with them. They were positive and encouraging in their approach to working alongside staff, putting the onus on them to take responsibility by delegating key tasks in running of the home.

- A family member told us they felt the service was well led. They told us, "From my first meeting with [the management team] I have been more than happy with leadership. When I have spoken with the managers they have been very good and responsive. I have recommended the service to a friend who is looking for a placement."

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

- The registered manager was aware of their responsibilities under the duty of candour. Records showed the service was managed in an open, transparent way with honest communication with people and their families.

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

- There was a clear management structure in place which included the regional director, area manager, the registered manager, service manager and senior care staff. Staff were aware of the different roles, delegation of tasks and who they could seek advice and support from.

- There were systems and processes in place across all levels of the organisation to assess, monitor and improve the quality of the service provided. The area manager provided oversight of the service through a series of audits and reviews every four to six weeks. There was also a regular meeting of managers across the provider's services where organisational learning and updates regarding new legislation and best practice guidance took place.

- The registered manager also regularly completed a range of audits based around their regulatory

requirements. This supported the service to continually review their performance, service delivery and identify areas for improvement. Where issues were identified these were monitored through an action plan and reviewed as part of the area managers oversight review.

Continuous learning and improving care

- There was a focus on continuous improvement and learning. This was based on reflection across all of the provider's services in response to safeguardings, accidents and incidents, comments made in surveys and complaints with a view to identifying lessons which could apply to other people's care and support. Regular and frequent contact with people and their families led to continuous learning about their needs and preferences, and how these could best be met. The registered manager updated the person's care plans to reflect this.
- The registered manager kept up to date with changes in legislation and best practice through professional updates, such as from CQC, updates from the provider and training courses.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and management team used a range of ways to involve people and staff. This included speaking with the person and their family on an informal basis. A family member told us, "I speak with [the service manager] all the time and [the registered manager] occasionally. They check whether I am happy. I have told them if I wasn't happy I would tell them."
- The provider also carried out an annual survey and an impromptu quality assurance feedback form, which was available at the supported living location for visitors and professionals to complete. The last annual survey was completed before the person receiving a regulated activity joined the service.
- We saw a number of completed feedback forms from a range of people, which were all positive and included comments such as, "The team of support workers were extremely polite and professional. I was impressed with their dedication and enthusiasm for the home" and "Always a warm welcome from [service manager] and staff. Tenants happy. Glad to see everyone doing so well."
- The registered manager told us that if any concerns were raised they would be addressed and monitored through their meetings with the area manager.
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. The management team had an open-door policy for staff to raise any concerns they might have. One member of staff told us, "I feel supported [by the management team] they are really good. There is an open-door policy so just knock on the door and you can talk about anything."

Working in partnership with others

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs.