Potensial Limited

# Potensial North East Supported Living

## Inspection report

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21 February 2018
22 February 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 21 and 22 February 2018. The inspection was announced. This is a small supported living scheme and we wanted to be sure that someone would be in when we inspected.

We last inspected Potential Supported living in November 2016, at which time it was rated good. At this inspection we rated the service as good.

This service provides care and support to seven people living in their own homes. As well as four people living in two '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.

The service did not have registered manager in post. 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. However there was a deputy manager and a replacement manager was in post and was commencing their registration with us.

People who used the service were confident in the ability of staff to keep them safe. No concerns were raised from people and their relatives.

Care plans were detailed and person-centred. Each contained a one page profile that gave staff relevant information when providing care to people who used the service. 'Person centred' means the person receiving care is central in developing their care and their preferences are respected.

Support plans contained person centred risk assessments. These identified risks and described the measures to be taken to ensure people would be protected from the risk of harm. This supported people to do the things they wanted to live their life fully.

Staff were trained in safeguarding and were able to describe types of abuse and what they could do to protect people.

There were sufficient staff to meet people's needs safely. Spot checks were carried out by the deputy manager to ensure quality and competency of staff.

Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

People were supported to maintain their independence on a daily basis with living skills and with personal care where appropriate. They had choice and control over their own life from being supported by person

centred care approaches.

People were always respected by staff and treated with kindness. We saw staff being respectful, considerate and communicating exceptionally well with people.

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

We saw people were supported to prepare meals, eat and drink sufficient amounts to meet their needs and special dietary needs were supported.

Infection control measures were in place for staff to protect people from the risk of infection through, training, cleanliness and protective clothing where required.

Support staff told us they felt supported to carry out their role and to develop further and that the manager was supportive and always approachable.

Medicines were managed and administered safely. We looked at how records were kept and spoke with the deputy manager about how staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service delivered had been regularly reviewed through a range of internal and external audits.

We found people who used the service and their representatives were regularly asked for their views about the support through questionnaire and feedback forms.

People and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>This service remains Good. | **Good** |
| **Is the service effective?**<br>This service remains Good. | **Good** |
| **Is the service caring?**<br>This service remains Good. | **Good** |
| **Is the service responsive?**<br>This service remains Good. | **Good** |
| **Is the service well-led?**<br>This service remains Good. | **Good** |

# Potensial North East Supported Living

**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 21 and 22 February 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is someone who has experience of using services. The expert by experience at this inspection had experience of receiving support and of people who used supported living services and people with a learning disability.

During our inspection we spoke with three people who used the service face to face and four by telephone to gather their feedback and views of the service. We also spoke with four members of care staff, the manager, deputy manager a consultant manager and three care managers from the social work team.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, safeguarding notifications and complaints. We also contacted the local authority who commissions the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed records including, three staff recruitment files, two medicine records, three support plans and daily records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and updated policies.

Good

# Is the service safe?

## Our findings

People who used the service we spoke with told us that they felt safe being supported at home by the service. They told us, "The carers arrive on time, not sure if they stay the allotted time, I have regular workers and they let me know if a different one is coming. They look after me well and they wear gloves while they're here." Another told us, "Yes they arrive in time, stay all the time they should and they're very nice. They're regular care workers. They let themselves in because I have two dogs the dogs have got to know them and there's never been a problem. They let me know if there's a different care worker."

We saw there was enough staff to support people in their home. Rotas confirmed there was a consistent staff team.

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included; taking medicines or falls. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. When we spoke with staff they gave us examples for example, making sure peoples key safes were locked and trip hazards to avoid.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "I would go to the management if I had any safeguarding concerns."

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

People's medicines records contained safety and allergy information. Medicines administration records were completed when medicines were given to people and we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed regularly by the manager.

People who used the service told us they received their medicines on time and in a safe manner and others that self-administered them told us, "Carers help with my meds they are in packs from the chemist. I take them out and they encourage me to take them."

There were also clear directions in place for medicines that were taken 'as and when required' and for topical creams.

The service had contingency plans in place that were being updated at the time of our inspection. They were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Accidents and incidents were monitored during audits by the manager to ensure any trends were identified. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored.

Staff had regular access to supplies of personal protective equipment for carrying out personal care, medicines and preparing food and staff were also trained in infection control.

Good

# Is the service effective?

## Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. When we asked people who used the service and their relatives about the staff, one person told us, "Yes they are well trained they know what they're doing. I don't have any aids. I'm quite Independent. They wear gloves. They help prepare my meals. They do shopping with me I pick my meals myself. They encourage me to try different things. Nice people look after me well."

We saw how people were supported to access other healthcare services and attend regular appointments such as their GP or the speech and language therapy team.

People's nutrition and hydration needs were met. People were supported with meals and people who required support with special dietary needs were supported and staff followed guidance from the speech and language therapy team. This was recorded in their care plan and we saw food preparation instructions on display in the people's homes too.

During our inspection we spoke with other healthcare professionals including three social workers who were complimentary about the service and the care that people receive.

Staff were trained and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the manager monitored. Courses included; safeguarding, equality and dignity, manual handling, medicines
These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding. We saw that some training was out of date; however sessions were arranged for staff to attend to refresh their learning.

When we spoke with staff they were complimentary about the training they received and one member of staff told us, "I have some more training to update. I have just done safeguarding. I have the mental capacity act to update next. The people I support have capacity but the training is good."

Regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files, we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them. One new member of staff told us; "This is the best induction I've had and I am still training. I asked to extend my shadowing time till I was fully confident to work alone and it was fine, I had an extra two weeks."

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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

We checked whether the service was working within the principles of the MCA, and at the time of our inspection one person had an application through the court of protection granted to protect their finances and the appropriate arrangements were in place for them.

Good

# Is the service caring?

## Our findings

People were supported by caring staff and during our inspection we spoke with people who used the service and received positive feedback regarding staff being caring and considerate. One person told us, "They [care staff] treat us with dignity and respect and talk to us nicely and look after us well." another told us, "Yes they look after me, they treat with respect we laugh and have a joke. I do everything with them shopping etc."

Privacy and dignity was respected by staff and they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. One person told us, "I can talk to them [care staff] we have chats. They respect me."

When we spoke with staff they were also able to give us examples of how they protected people's dignity when delivering personal care, one member of staff told us, "I always make sure the door is closed and the other person who lives at the house is not in the area so I can be private."

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life and when offering personal care. One person explained to us how the staff supported them with their foot care and how this was done specifically to their requirements. Also how staff would enable them to carry out other tasks they could manage.

People were supported to have choice and control and were supported on a daily basis to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. One person told us how staff would support them at home with their personal care and how this would take place only on their terms.

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination. One staff member told us, "I would report anything like this to the manager. If we were out in the community and something happened I would remove ourselves from the situation, to protect the person my main priority."

Advocacy support was available to people if required to enable them to exercise their rights. The deputy manager told us. "We support people to attend regular self-advocacy groups." We saw that information was also available to people about other one to one advocacy support.

People who used the service did not require any support to follow their chosen religion at the time of this inspection. However, we saw from care plans and the assessment methods used when a person joined the service that they were asked if they had any religious, spiritual or cultural requirements.

Good

# Is the service responsive?

## Our findings

People were supported in a person centred way and their preferences were respected. One person told us, "They know what I'm like, they've worked with me a long time. I can look at my care plan whenever I want."

When we spoke with the local social work team they were positive about the level of person centred care provided for people and one social worker told us, "Potens meet my client's needs and are very person centred. The staff go over and above what is required." Another told us, "Without a doubt Potens are person centred. You couldn't ask for more from a company regarding person centred values."

Support plans were developed with people and were an accurate reflection of their personalities, likes, dislikes and choices. This gave a detailed insight into people's background and included a one page profile with photographs for quick reference. Care plans were reviewed regularly. They included the following information; 'All about me', what people admire about me most and how to support me, what I like doing, what makes me happy and what makes me upset.

People we spoke with were involved in their care plans and they told us, "Yes we review the care plan; I attend my meeting once a year. Yes I look at the care plan and read it."

Peoples preferences were adhered to and staff knew how to respond if people didn't like something about the service. People knew how to complain if they needed to. We saw from looking at the records that issues or complaints were recorded and responded to appropriately. Where people had raised concerns the manager had listened and then taken action.

People were supported to exercise their rights and were supported to register to vote and take part in local and national elections if they chose to.

Information could be made available in various formats on request. The manager told us how they could make care plans, or other relevant information in larger print for example or easy to read if needed. Each supported living scheme had an easy read information file that contained useful information for people to access. This included info from the CQC (what good care looks like), how to complain, advocacy information and guidance from the department of health.

People who used the service were not involved in choosing their own staff at the time of our inspection however when we spoke with people they expressed an interest in being involved in the process in the future. We made a recommendation to the manager and deputy manager that this area could be improved and they agreed to develop plans to involve people in the next recruitment exercise.

No one at the service was receiving end of life care at the time of our inspection or wanted to make plans to support this and we discussed this with the manager.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service didn't have a registered manager in post. However there was a manager in place who had begun registering with us and temporary management support arrangements were in place. These included a deputy manager, senior care staff and a consultant manager.

We asked for views on the management of the service and received positive feedback. One person told us, "I'd tell them if there was a problem in the office." One staff member told us, "I love my job and have been supported really well by the management."

The manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs were discussed and their progress and care plans, and staff told us they valued these meetings.

The manager ran a programme of audits and spot checks throughout the service. We saw there were some gaps in the audits. However the temporary management arrangements were addressing this and recent audits had been carried out.

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by relatives and people who used the service. There was one action from the most recent survey and this had been met by the provider and that was to have access to a gardening service.

The manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

The manager had informed CQC of significant events, changes or incidents which had occurred at the home in line with their legal responsibilities in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.