

Review of compliance

Potential North East Supported Living Potential North East Supported Living	
Region:	North East
Location address:	Springfield Resource Centre 98 Salters Lane South Darlington Co Durham DL1 2AN
Type of service:	Community based services for people with mental health needs Community based services for people with a learning disability Domiciliary care service Supported living service
Date of Publication:	October 2011
Overview of the service:	Potential North East Supported Living (Darlington branch) provides a supported living service to a small

	<p>number of people with a learning disability, so that they can live as independently as possible. The people who use this service live on their own or in shared rented accommodation.</p> <p>This service is registered to provide personal care only</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Potensial North East Supported Living was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that they were fully involved in the arrangements about their care. We saw that they had copies of the staff rotas in their homes. One person said, "I always know which staff are on every week, and I choose who goes on holiday with me."

People also told us that they felt included in their care records and in planning their future support.

People told us that they were fully involved in managing and planning their own care with the support of staff. One person said, "I do lots of things for myself, but my support staff help me with cooking and cleaning and help me sort out bills."

People said that they felt safe and comfortable with service. One person said, "If I was unhappy I would tell the manager and she would sort it out. But I'm happy with everything and the staff are very nice."

People told us that although they can manage some daily housework tasks, staff help them with "larger cleaning jobs". Some people told us that they needed staff to support them with their medication.

Everyone we spoke with commented very positively on support staff and the manager. They described staff as "very good" and "very nice".

What we found about the standards we reviewed and how well Potensial

North East Supported Living was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Some of the information that was given to people about Potential NE Supported Living service was out of date or not in a format that met their communication needs.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Overall Potential NE Supported Living Agency met this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Overall Potential NE Supported Living Agency met this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People's personal care needs were being met but the agency should make sure it complied with the Code of Practice on prevention and control of infections.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

To improve this outcome the agency should ensure that medication records and risk assessments clearly show when a person has been responsible for managing their own medication.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Overall Potential NE Supported Living Agency met this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Overall Potential NE Supported Living Agency met this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC

takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that they were fully involved in the arrangements about their care. We saw that they had copies of the staff rotas in their homes. One person said, "I always know which staff are on every week, and I choose who goes on holiday with me."

People also told us that they felt included in their care records and in planning their future support. Everyone we spoke with said that they were "very happy" with the service they received from Potential NE Supported Living.

Other evidence

At the time of this visit Potential NE Supported Living (Darlington branch) provided support and personal care to nine people to help them live as independently as possible within their own homes. The people who used this supported living agency lived on their own or in shared houses that they rented from a housing association.

People told us that the type of support they received from Potential included help with understanding finances and paying bills, help with medication, and help with some household jobs such as cooking and cleaning.

The manager and the people who used this service told us about their access to

advocacy services, as well as care managers and a tenancy liaison officer, if they needed extra support with their decisions, rights and responsibilities.

Potensial had provided each person with a service user guide (which is like an information booklet) about the supported living service. We saw that much of this information was in easy read and picture format. However we saw that the section on 'complaints' was in complex language and described the complaints process that staff would use, rather than how a person should make a complaint about the agency. This information did not provide people with contact telephone numbers or advice about how their complaint would be managed.

We also saw that the service's statement of purpose was outdated and did not refer to current legislation and standards that the agency must comply with (that is, the Health and Social Care Act 2008). The manager stated that she was updating this statement.

Our judgement

Some of the information that was given to people about Potensial NE Supported Living service was out of date or not in a format that met their communication needs.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were fully involved in managing and planning their own care with the support of Potensial staff. One person said, "I do lots of things for myself, but my support staff help me with cooking and cleaning and help me sort out bills."

Other evidence

The people who used this service needed some support at different times of the day, such as in the morning to help get ready for the day or in the evening after college or work to help with evening meals. None of the people required 24 hour care support, although some people needed staff to be present in their house through the night.

We looked at a selection of care records. We saw care files which showed that each person's individual needs had been assessed. We saw that people had support plans about how they needed help with personal care, shopping, communication, safety, money management, laundry and food preparation. We saw that support plans were very personalised and included good details about how each person wanted to be supported.

We saw that each person had signed their support plans and risk assessments to show that they were involved and agreed with their own care package. Support plans were reviewed every 6 months or more frequently if people's needs changed.

We saw that people had access to their own care records and kept these in their own

homes. Some records were in complex language but there was a statement at the front of each person's file showing how and when these had been explained to people. The manager said that she had plans to make all the care records easier to read for the people who used this service.

Our judgement

Overall Potential NE Supported Living Agency met this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People said that they felt safe and comfortable with service. One person said, "If I was unhappy I would tell Ellen (the manager) and she would sort it out. But I'm happy with everything and the staff are very nice."

Other evidence

Within the past year the agency had dealt with a safeguarding adult incident that involved financial abuse of some of the people who used this service by a staff member. The agency worked with the Police and Darlington Borough Council to investigate this. The agency dismissed the staff member, and referred them to the Independent Safeguarding Authority (which keeps a list of people who are barred from working with vulnerable people).

In discussions the manager was very clear about her responsibilities under safeguarding adult procedures. As a result of the investigation the manager had started to carry out weekly financial checks. Also some people who used the service now had power of attorney or appointee arrangements to make sure their finances were kept safe.

Darlington Borough Council had provided training for the agency staff in safeguarding adult procedures. The manager had achieved level 2 training in safeguarding and most support staff had completed level 1 in this training. Arrangements were to be made for night staff and bank staff to receive this training.

Our judgement

Overall Potensial NE Supported Living Agency met this essential standard.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We did not ask people about this specific outcome area. People told us that although they can manage some daily housework tasks, staff help them with "larger cleaning jobs".

Other evidence

We saw from care records and from discussions with people who use the service that some people needed physical support with their personal care. We saw that the agency had its own policies and procedures on infection control but these were kept at only one house where new staff had easier access to them. We saw that the staff handbook (an information pack for staff) did not include any details about infection prevention and control practices.

We looked at staff training records and saw that all but one of the bank staff, night staff and new staff did not have training in infection control. The manager stated that arrangements were in place for new staff to have this as part of their on-going induction training. The manager stated that she would also arrange for bank staff and night staff to have training in infection control.

In discussions the manager was not aware of the current Code of Practice on the prevention and control of infections guidance, which was published by the Department of Health in 2010. The code of practice stated that every adult social care service should have an infection control lead (IPC Lead), that is, a staff who would take responsibility for infection control and prevention. Potential NE Supported Living agency did not have an IPC Lead.

This small agency provided personal care to service to nine people living in their own homes who were generally well so it would not need to meet the full range of criteria set out in the Code of Practice. We saw that people were not at immediate risk by the lack of knowledge of the code of practice but the agency should have had a working awareness of the guidance.

Our judgement

People's personal care needs were being met but the agency should make sure it complied with the Code of Practice on prevention and control of infections.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not ask people about this specific outcome, but in discussions some people told us how they managed their own medications independently. Other people said that they needed staff to support them with their medication.

Other evidence

We saw from care records and medications assessments that the agency supported some people with all aspects of their medication. This included keeping medication safely stored in their homes and giving them their medication at the right dosage times. We looked at medication administration records and saw that staff kept these up to date and signed to show when they had supported people to take medication.

We saw from care assessments that some people took responsibility for managing some of their own medication, such as inhalers. However we saw that staff had written the code 'M' on the medication record to denote that they had made the medication available to the person. This was incorrect as the person kept their own inhaler with them at all times.

We also saw that other people had been assessed as able to manage their own medication independently but that they were waiting for lockable cabinets for their own rooms. In the meantime staff were supporting them to keep it safe. However a recent review of the one person's risk assessment about this did not accurately reflect the temporary arrangements whilst the person was waiting for the new lockable cabinet.

This did not place the person at risk but would have been misleading for staff.

We saw from training records that most staff had accredited training in safe handling of medication. However the night staff and a bank night staff did not have this training. This meant those staff would not be able to support people if they needed an 'as and when required' medication through the night, for example a painkiller. Instead the night staff would have to contact the on-call staff to come out to the person's house. The manager stated that she would arrange for night staff to have training in medication.

Our judgement

To improve this outcome the agency should ensure that medication records and risk assessments clearly show when a person has been responsible for managing their own medication.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

Everyone we spoke with commented very positively on support staff and the manager. They described staff as "very good" and "very nice".

One person told us, "All the staff are very nice. We've got some new staff who are still learning but they're good and will be OK . Other staff have been here a while and know exactly how to support me."

Other evidence

This agency provided support to nine people. The staff group consisted of a manager, one senior support staff and six support staff. There were also four bank staff who covered gaps in the rota. This meant that the agency had the flexibility to respond to changing circumstances such as staff sickness, staff training or holidays.

The small number of people and small number of staff meant that most staff were very knowledgeable about people's abilities and needs, and also able to recognise any changes in their well-being.

Each person had funding for a set number of hours of support each week. People told us that they were satisfied with their small teams of staff. One person said, "I'm happy with the service. I go on holiday and the staff support me with that." Another person said, "I have moved house so I have different staff, but they all seem ok."

Until very recently the agency had been without a senior support worker for six months.

It was clear that this had had a significant impact on the manager's time, as she had had to cover the responsibilities for both posts and has also had an increase in accountability within her own post (for example, she is now managing the payroll).

This has left little time within the manager's 16 supernumerary hours for her to cover all her management and supervisory tasks. As a result we saw from supervision records that the two-monthly supervision sessions for each staff was not always achieved. However there was a new senior support staff in post so the manager aimed for this agency to address these gaps.

Our judgement

Overall Potential NE Supported Living Agency met this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not ask people about this specific outcome. People told us that they were "very happy" with the service they receive. People told us that they felt involved and included in planning their own care and could say if they wanted to make changes.

Other evidence

We saw that the agency had a number of quality assurance tools that it used to determine if the service was satisfactory for the people who used it. These included annual questionnaires for people, their relatives and for their social workers. Each person also had a six monthly review with the agency, their relatives, advocates and social workers to check that the service was still right for them.

We saw reports of the monthly visits by an Area Manager of the Potential organisation. The reports included opportunities for people and staff to say what they thought about the service.

The manager showed us a development plan which identified planned changes and improvements to the agency over the next year. This included a move to new premises where there will be more space for staff training, meetings and interviews.

Our judgement

Overall Potential NE Supported Living Agency met this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: Some of the information that was given to people about Potential NE Supported Living service was out of date or not in a format that met their communication needs.</p>	
Personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns: People's personal care needs were being met but the agency should make sure it complied with the Code of Practice on prevention and control of infections.</p>	
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns: To improve this outcome the agency should ensure that medication records and risk assessments clearly show when a person has been responsible for managing their own medication.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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