Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Potensial Limited - 31 Balfour Road

31 Balfour Road, Birkenhead, CH43 4UD

Tel: 01516512032

Date of Inspection: 26 November 2013

Date of Publication: December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Potensial Limited
Registered Manager	Mrs. Angela Bain
Overview of the service	Potensial Limited - 31 Balfour Road is a two story terraced house that is registered to provide accommodation and personal care for up to four people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Four women lived at the home and required 24 hour support from staff due to learning disability and, in some cases, mental health issues. A 'health action plan' was in place for each person and there was a record of medical appointments people had attended. Care records identified people's needs and the support required to meet their needs. Care plans were written in the first person and included details about people's interests and hobbies. Risks associated with daily living, life style choices and hobbies had been assessed and actions put in place to minimise identified risks. Each person's care file had a 'consent' section which contained a number of forms that had been signed by the person. The team leader told us that all of the people who lived at the home had capacity to make decisions and were able to communicate them.

All parts of the home were clean, tidy and well maintained. People's bedrooms were furnished and decorated to their taste. Services and equipment were tested and serviced regularly.

The home had a small team of staff who had good knowledge of the support needs of the people living at the home and had attended relevant training. The staff we met had a calm and caring manner.

People were protected from the risks of unsafe or inappropriate care and treatment by a very good standard of record keeping in all areas.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Each person's care file had a 'consent' section which contained a number of forms that had been signed by the person. These included consent to staff accessing their bedroom, consent for the safekeeping of their money, consent for emergency medical treatment and first aid, consent for staff to accompany them to appointments, consent for the sharing of confidential information with professionals, and consent to staff administration of their medicines. The team leader told us that these had been discussed with, and explained to, people by staff who knew them well, and each of the forms was presented in both written and pictorial format to aid understanding.

The company had a 'Deprivation of Liberty Screening Checklist' that could be used to identify any issues about consent that needed to be referred to the person's social worker. The team leader told us that all of the people who lived at the home had capacity to make decisions and were able to communicate them. Training records showed that the staff working at the home had attended training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

There were no restrictions on people's movements and doors were not locked during the daytime when staff were around, however the team leader told us that a restrictive practice assessment was in place for the back door being locked from 10pm.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Four women lived at the home. They were aged between 46 and 73 years and required 24 hour support from staff due to learning disability and, in some cases, mental health issues. All were registered with a local health centre and had an annual health check and other visits as and when needed. People were also registered with a dentist and a chiropodist visited the house. People used a local optician as needed. The team leader told us that people were generally in good physical health and were independent for personal care and mobility. A 'health action plan' was in place for each person and there was a record of medical appointments people had attended. Two people had regular contact with a community psychiatric nurse. One person had a history of self harm and a behaviour management plan was in place to provide guidance for staff in dealing with this. The team leader told us that some of the people who lived at the home required "a lot of emotional support and reassurance".

We looked at a sample of care records. The records contained historical and current information and were very lengthy. Records identified people's needs and the support required to meet their needs. Care plans were written in the first person and included details about people's interests and hobbies. Risks associated with daily living, life style choices and hobbies had been assessed and actions put in place to minimise identified risks. A monthly key worker report reviewed every aspect of the person's support. There were records of any accidents or untoward incidents that occurred.

We spoke with two members of staff during our visit and they showed good knowledge of the support needs of the people living at the home. The team leader told us that the staff team had the right skills and personal attributes to meet people's needs and had done training about mental health, mental capacity, communication, and self harm.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The home is a terraced property that blends in with its neighbours and is not identified as a care home. On the ground floor there was one bedroom, a comfortable lounge, a large combined kitchen and dining room, and a shower room. On the first floor there were three bedrooms, a bathroom and an office. At the back of the house there was an enclosed yard with a storage shed, plants in pots, and a smoking shelter. People's bedrooms were furnished and decorated to their taste. Smoking was not permitted in the house.

Records we looked at showed that services and equipment were tested and serviced regularly. These included electrical installation, fire alarm, emergency lighting, fire extinguishers, portable appliances, gas, and water systems. Staff carried out a weekly test of the fire alarm and of hot water temperatures. There was a locked cupboard for in the kitchen for substances that may be hazardous to health. All parts of the home were clean and tidy.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home had a registered manager who also managed another small care home close by. Other staff were a team leader and six support staff. The manager had a national vocational qualification (NVQ) at level 4, the team leader had NVQ level 3, and nearly all of the support workers had NVQ level 2. All of the staff employed at the time of our visit were female.

When we arrived at the home there was one member of staff on duty and the team leader came on duty in the afternoon. We looked at weekly staffing rotas which showed that there was always a member of staff on duty during day and sleeping in at night. People who lived at the home were funded for one to one support for a specified number of hours each week. This time was mainly used for supporting people to go out and participate in leisure activities. Cover for holiday and sickness was provided by members of the staff team. Because staff generally worked alone, only staff familiar to the people who lived at the home and who knew them well, worked there. A lone worker risk assessment had been completed for each member of staff and an on call system was available at all times if a member of staff working on their own required support.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

We looked at a sample of service user records, staff records, and other documentation relating to the running of the home. All confidential records were kept in the office in locked storage. Records relating to food hygiene and menus were in the kitchen.

We found that records relating to the people who lived at the home were well maintained, personalised and accurate. Any risks associated with a person's care had been identified and actions put in place to minimise risk. These records had been put onto the company's computer system which was password protected.

Staff records were also well maintained and each staff member's file included recruitment records, training certificates, and evidence of regular individual supervision meetings with the manager.

We looked at the minutes of monthly service user meetings, the most recent had been held on 5 November 2013. The meetings included what people would like to do, what activities they would like to attend, what food they would like, and any complaints or concerns. The minutes had been signed by all of the people who lived at the home.

The team leader was readily able to show us all of the records we asked to look at and there was a very good standard of record keeping in all areas.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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