

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

Potensial Limited - 2 Belgrave Terrace

2 Belgrave Terrace, South Shields, NE33 2RX

Tel: 01914545542

Date of Inspection: 17 December 2013

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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
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Potensial Limited
Registered Manager	Ms. Joy Kerr
Overview of the service	Potensial – 2 Belgrave Terrace is based in South Shields in a victorian terraced house close to the town centre and local amenities. The service can accommodate up to 8 people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 17 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with two people and one relative during our visit to 2 Belgrave Terrace and they all said they were happy with the service they received. One person told us "The staff are lovely, they know how to look after me and we have just been out for our Christmas meal". Another person told us "It's so quiet and peaceful, they asked me if I wanted to go on holiday to Blackpool but I said no as I love my bedroom."

A relative we spoke with said the care was "Very good, they look after my relative 24/7, I have no complaints and they manage all of their hospital appointments. The staff are amenable and supportive."

We found that people were involved in deciding what care and support they needed and they were kept safe from the risk of abuse. People were cared for by staff who were trained and supported to an appropriate standard. The provider had systems in place to identify risks and monitor the quality of service provided.

We found the provider had not ensured that people were protected against the risks of unsafe or unsuitable premises.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

We saw that the provider had a consent policy. This set out how to seek consent for those who had capacity to do so and for those who did not. We were told and had this confirmed from a person's care file that people had access to advocates where needed. An advocate is an independent person who can help people to make sure their rights and needs are recognised.

We looked at two people's care files out of a possible five. Both care files contained a sheet which was signed and dated by the person and gave their consent to the service to provide them with care and support. There was also permission to disclose and to share information sheets which were signed and dated. Each care plan we saw was signed by the person when it was drawn up. There were also reviews every year with people, their families where appropriate and social workers and care staff from the care home.

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

Whilst visiting the care home we were able to observe care. Staff knew people's needs and while we were talking to people they were looking to staff for reassurance. One person told us they were really excited for Christmas and were hoping to receive lots of presents. Staff encouraged people to be independent, we saw one person discussing what they would like for lunch and being assisted to make a cup of coffee.

We looked at two care files out of a possible five. The files were comprehensive and had a photograph of the person at the front with a "This is me" sheet which contained a summary of the history of the person and their needs. There were care plans for personal hygiene, communication, food and drink, continence, environment, behaviours, relationships and finances. Each care plan was updated monthly. There were risk assessments for issues relevant to the person and they were updated every three months or as necessary.

Each person had a separate health file. This contained a hospital file in case the person had to be taken to hospital to assist the hospital in knowing the person's needs. The health file contained information on weight, allergies, medicines, healthcare appointments and records of any hospital admissions. One person had a separate file regarding the management of their diabetes which had been constructed with the assistance of the district nurse. Staff had received diabetes training to help them care for this person.

The registered manager explained that the care home employed its own staff which included two bank staff to ensure that people received continuity of care. This meant that care was planned and delivered which met people's needs.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We discussed safeguarding matters with the registered manager. We also discussed this with the two members of staff we spoke with. All of them were able to demonstrate to us that they were able to respond to any allegation of abuse or potential abuse.

We saw that the service had a safeguarding vulnerable adult's policy. The telephone number of South Tyneside Council's safeguarding adult's team for where to report any suspected abuse was on the information board in the kitchen in the care home.

We looked at two member of staff's training files and confirmed they had both received safeguarding training and this was recent. Two people we spoke with said they felt that the staff kept them safe.

We found that the provider had suitable arrangements in place to protect people from the risk of abuse, training for staff and information was available for people regarding safeguarding and arrangements were in place to respond to any allegation of abuse.

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

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our visit we looked around the premises. We could see there had been improvements made to people's bedrooms. The registered manager explained that new hand basins with vanity units had recently been installed in bedrooms. People's bedrooms were personalised with pictures and their own items, some rooms had just had new carpets laid.

There were two bedrooms in the basement of the premises. There was also a kitchen and shower room in the basement opposite the two bedrooms. On entering the kitchen we noticed a strong pungent smell. The registered manager told us she believed it was from the "saniflo" system. She explained that the shower room including toilet in the basement was on an internal wall and the waste from here was sucked away via the saniflo system which came through the wall from the shower room into a sealed unit in the kitchen and she believed this was causing the smell.

The registered manager explained the floor had recently been replaced in the kitchen and scrubbed but this had not solved the problem of the smell. She said the kitchen was not used for food preparation only for making cups of tea. The registered manager explained that the smell was worse at certain times and sometimes it could be noticed at the top of the stairs to the basement. We observed at 10:00am and 14:30pm the smell was there and very noticeable. Following our visit we raised our concerns with the environmental health department at South Tyneside Council.

There was paint flaking off the walls down to the basement and the carpet had holes in it and was stained. One of the bedrooms which was currently not being used had damp in the corner of the room and the wallpaper was coming away and blackened from the damp. The registered manager said this was awaiting attention from the maintenance team.

A bathroom on the first floor had recently been subjected to flood damage, this bathroom was still in use. There was paint flaking off the walls and in some parts part of the plaster had come away from the wall. There was also water damage on the ceiling. This room was

also awaiting attention from the maintenance team.

When we spoke with staff they all said that repairs to the property took too long and they mentioned that there was a need for new settees in the lounge. The wooden bases in the chairs were worn and people had problems getting out of the chairs. The staff also said the chairs were difficult to clean as they were not washable and some people had continence issues which made the chairs smell. The issue of the chairs was raised in a recent service user and staff questionnaire and also the television in the main lounge did not always work, the registered manager told us this was one of the main sources of people's entertainment. This meant that the service was not creating an environment which promoted people's well-being.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with two members of staff who confirmed they received regular training and supervision sessions. They said they particularly thought they received enough training to do their job however both said that e learning was not an ideal way to learn for them and they preferred classroom based training.

We saw a staff training matrix which showed the training staff had received and when they were due to receive refresher training. Basic training included safeguarding adults, fire awareness, control of substances hazardous to health (COSHH), infection control, food safety, moving and handling, health and safety, safe handling of medication and mental capacity act principles. Additional training included diabetes care, values and principles of care and equality and diversity. The registered manager told us all staff were to have dementia awareness training.

We discussed staff appraisals and supervisions with the registered manager, she said staff should have a supervision six times a year however sometimes they were not this frequent. From the staff files we saw staff received supervisions approximately four times a year. From the two staff files we looked at one person was due their appraisal in October 2013 however this had not yet been booked in due to sickness, the other was up to date. We asked to see an additional member of staff's appraisal and that had been carried out in April 2013.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We discussed with the registered manager how she monitored the quality of service provided. She showed us audits which are carried out, these included audits on infection control, medication, service user files and staff training. There was also a health and safety audit every month. We asked how the provider then audited the service. The provider may wish to note that there was no recent area manager audit available.

We saw minutes of staff meetings, the last one was held in September 2013 and items discussed were health and safety and appraisals. We saw a book where the minutes of the service user meetings were documented. The meetings were held on the 1st of every month. At the last meeting people's likes and dislikes and activities were discussed. After our visit the results of the latest service user and staff survey were emailed to us, the service user survey was positive and included comments such as "friendly staff" and "warm atmosphere". The staff survey was also positive.

We saw the provider's complaints policy and were told there had been one complaint in the last year. We saw that this had been dealt with appropriately and brought to a conclusion.

We saw the service had a maintenance folder; the maintenance operative came to the service weekly. There were current gas safety and portable appliance (PAT) testing certificates. The service had a legionella risk assessment. There was a fire risk assessment and copies of the servicing on fire equipment. Each service user had a personal emergency evacuation plan (PEEPs). We saw the service had an accident book. This meant the service had systems and procedures in place to monitor the quality of service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: 15.-(1) The registered person did not ensure that service users and others having access to the premises where the regulated activity was carried out were protected against the risks associated with unsuitable premises by means of (c) adequate maintenance and the proper – (i) operation of the premises

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 to us by 08 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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