

## Making Space

# Our Place

### Inspection report

29 Harboro Road  
Sale  
Cheshire  
M33 5AN

Tel: 01619693393

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Our Place is a residential care home situated in Sale, Greater Manchester. It was previously known as Kara House under its registration with a different provider. It provides accommodation and personal care for up to 39 people. There were 28 people living at the home when we inspected. At the time of our inspection some people has been moved temporarily from another residential care home to live at Our Place, while their own care home was renovated.

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

People received safe care and support and they told us they felt safe living at Our Place. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's health and safety had been assessed and were well managed. There were sufficient numbers of staff on duty to provide care promptly. The necessary employment checks had been completed, to ensure new staff were suitable to work with vulnerable people. Apart from a few minor issues, which were dealt with promptly, we found medicines were managed safely. The building was undergoing redecoration and renovation to improve the facilities and environment for people living there. Infection control measures were in place. However, we noticed several staff not wearing their face masks correctly. The registered manager assured us they would remind staff to follow correct guidance around the correct use of personal protective equipment (PPE) in future.

People's care needs were assessed before they went to live at the home, and the information was used to develop person-centred risk assessments and care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had completed a range of training, and all staff received regular supervision. People were supported to eat and drink enough and special diets were catered for. The service had good relationships with local health services and referred people when appropriate.

Staff provided support in a kind and caring manner. People told us they were happy living at 'Our Place'. A range of activities was available for people to take part in.

The service was well managed. Staff were positive about the leadership of the service and praised the management team. The registered manager completed a range of checks and audits of the service to ensure any issues were identified quickly, and actions were taken to put things right. Accidents, incidents and complaints were investigated fully, and any lessons learnt were shared with staff to minimise the risk of reoccurrence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The service was registered with us on 11 February 2021 and this is the first inspection. The last rating for the service (under the name of Kara House) while registered with a previous provider was Good, published on 28 August 2018.

#### Why we inspected

We completed a comprehensive inspection as the provider for this service has changed. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Our Place

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Our Place is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Our Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 14th July 2022 and ended on 18 July, at which point we had received all the additional information we had requested from the provider. We visited the service on the 14th and 18th July 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed feedback we had received from the local authority. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We also spoke with the registered manager, the chef, the activities organiser, a senior support worker and a support worker.

We reviewed a range of records. This included four people's care records, eight people's medicines records and two staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records, health and safety checks and minutes of meetings.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living at 'Our Place'.
- Staff had completed training in safeguarding adults and knew how to recognise signs of abuse and report their concerns.
- There was a system in place to document, report and learn from safeguarding incidents. This included reporting to local authority safeguarding teams and the CQC.

Assessing risk, safety monitoring and management

- Annual servicing of equipment was up to date.
- Weekly and monthly maintenance checks and fire safety checks had been completed.
- There were systems in place to minimise risks to people's safety and well-being. Care records included a range of risk assessments which identified potential risks and how these should be managed.

Staffing and recruitment

- Staff were recruited safely as the provider had a robust recruitment process in place. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough suitably qualified staff working at the service to support the current occupants. The service used some agency staff to fill gaps in rotas due to staff sickness and leave.
- People told us they felt there were enough staff to help them. One person said, "There is always someone walking around at night."

Using medicines safely

- All staff administering medicines had completed their medicines training and competency assessments.
- Medicines were stored safely and not overstocked. However, two bottles of eye drops were found in the fridge with no opening date on them. This meant there was a risk they might be used beyond their expiry date.
- A medicines disposal procedure was in place and being followed.
- Medicines administration records were being completed accurately. One medicine recording error was detected through robust auditing and dealt with accordingly.
- Paper records for recording thickener which is added to drinks to prevent choking did not include how many scoops were added per drink. These records were being updated to help make improvements.

- Variable doses for PRN 'when necessary' medicines did not include how much to give and when. We were told these were being reviewed and updated by the doctor and more detail added to the medicine instructions.

#### Preventing and controlling infection

- We looked at infection control processes and procedures and observed staff practice. PPE was available throughout the home. However, we saw several staff not wearing their face masks correctly. Current government guidance is for all staff to wear face masks at all times. We spoke to the registered manager about this and she assured us she would remind staff to follow the guidance in future.
- There was a COVID-19 screening process in place at the entrance for any visiting professionals to follow.
- The service followed current government guidance in relation to COVID-19 testing of staff and facilitating visits for people living at the home.

#### Learning lessons when things go wrong

- There was a system in place for reporting and analysing incidents, accidents and complaints so that any trends could be established. Lessons learned from these events were shared with the team to prevent recurrence.
- The service used the 'Safe Steps' App to document and analyse falls. Safe Steps is a falls risk screening, review and care planning tool used by some health and social care organisations.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed prior to people moving into 'Our Place'. These helped ensure the home was suitable and staff could meet people's needs and wishes.
- People's likes, dislikes and preferences had been captured as part of the assessment process. These were used to develop people's care plans.

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

- People were provided with a choice of meals. We observed the lunchtime meal and found it was well-organised. Staff were attentive and supported people who needed help.
- People's food preferences were taken into consideration when menus were planned.
- Special care was taken to make pureed food more attractive, by using food moulds.
- People's weight was monitored and appropriate referrals made to a dietician or GP when people had lost weight. The chef told us they helped boost people's calories by fortifying meals with full fat milk and cream.

Adapting service, design, decoration to meet people's needs

- The home was undergoing renovation and redecoration to improve its facilities. The main dining room was currently closed while building work was carried out to add a kitchenette, and one of the lounges had been converted temporarily into a small dining room.
- Some carpets were of poor quality. We were told these would be replaced once redecoration had been completed.
- Money awarded to the service from the Heritage Lottery fund was being used to create 'memory boxes' for each resident, which were displayed outside their bedrooms. These contained items that were significant and special to each person.
- The home had a large garden. We were told there were plans to improve this with the introduction of raised beds so people could take part in gardening activities.

Staff support: induction, training, skills and experience

- Staff had completed a range of training courses, both on-line and face-to-face. New staff completed an induction.
- Staff received regular supervision and support from senior staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored, identified and recorded changes in people's health and made appropriate referrals to health professionals when required.
- People received support to stay well. Staff had access to a variety of medical and health related services, such as general practitioners, speech and language therapists and dieticians. Information following appointments or consultations had been documented in care records and the advice given had been followed by staff.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service followed the principles of the MCA. People were asked for their consent before any support was provided and their rights were respected.
- DoLS were requested appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection we observed staff to be caring and kind. People spoke positively about the care and support they provided. One person told us, "The staff are more like friends."
- Staff were respectful when talking with people, and in their attitude and behaviour towards them. The manner in which they spoke to people was gentle and calming.
- People's cultural needs and faith were respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and do tasks for themselves if they were able. For example, during lunch people were asked if they needed help or could manage the meal themselves. After eating they were offered cloths to clean their hands, rather than staff doing it for them.
- We saw that people looked clean and well presented, dressed in appropriate clothing and footwear.

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

- Staff knew people well and respected their choices with day to day tasks. For example, staff asked people where they would like to sit and what they would like to eat and drink.
- People told us they were able to go to bed and get up at the time they preferred.
- Care plans contained information about the support people needed to make decisions. Where people did not have capacity to make decisions the appropriate people had been consulted.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service had care plans which described how they wished to be supported. These had been written using a person-centred approach and included information about what was important to the person.
- Staff were responsive to people's individual needs and wishes. People told us they had been consulted about the care they needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and assessed through the admission assessment process and ongoing reviews.
- People had care plans which described any communication needs, such as poor hearing, eyesight or understanding. Care plans helped staff identify effective ways to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed activities coordinators to support people with a range of different activities, including karaoke, discussion groups, and card games.
- Activity logs were used to record what people had enjoyed and if there were improvements or changes needed to the activity schedule.
- The service helped people participate in religious activities, if they wished to.

End of life care and support

- Where they chose to, people shared information with staff about their wishes and preferences around end of life care.
- The service provided care to people approaching the end of their lives, in conjunction with community health professionals, such as district nurses.
- The service was in the process of arranging training in end of life care so that staff could enhance their skills in this area.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to follow if a complaint was received. This included identifying if there was any learning for staff.
- People we spoke with were all happy with the care provided at the home and did not have any current concerns.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone we spoke with was happy about living at 'Our Place. Comments included, "I do like being here" and "Oh yes, it's a nice place to live."
- The registered manager spoke enthusiastically about wanting to provide a good service and high-quality care. From talking to people and through our observations on inspection we found people were settled and content and happy with the care provided by staff.
- We received positive comments from staff about how the home was run. Comments included, "[The manager] is very approachable. If you have a problem she will sort it out."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills and knowledge to manage the service effectively.
- Governance processes, such as audits and checks helped to keep people safe, drive forward improvement and ensure good quality care and support.
- Processes were in place to ensure the provider maintained oversight of the service.
- Staff understood their roles and responsibilities. The staff support systems ensured they received regular training and supervision.
- The provider's policies and procedures were available for staff guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff had good working relationships with local GPs, district nurses and other health professionals. The home held weekly meetings with GPs to discuss people's health problems.
- Team meetings ensured vital information about the service was communicated to staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care or treatment.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

