

# Making Space Limes Place

## Inspection report

2 Argyle Street  
Colne  
BB8 9FB

Tel: 01282509347  
Website: [www.makingspace.co.uk](http://www.makingspace.co.uk)

Date of inspection visit:  
12 June 2019  
13 June 2019

Date of publication:  
25 July 2019

### 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

Limes Place is a purpose-built supported living setting, containing 11 single occupancy apartments. There is a shared communal lounge/dining room with kitchenette and separate staff offices. The service provides personal care and support for people with a mental illness. At the time of the inspection there were seven people accommodated at the service. Most people had transferred to Limes Place together, from a previously registered residential setting.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe at the service. Staff had received training on safeguarding adults at risk. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Recruitment practices made sure checks were carried out before staff started work, improvements were needed with records and these were put right. There were enough suitable staff available to provide care and support; staffing arrangements were kept under review.

Staff followed processes to manage people's medicines safely. Health and safety was generally monitored and risks to people's individual well-being were being assessed and managed. However, we found some improvements were needed. We have made a recommendation about assessing and managing risks.

Processes were in place to find out about people's backgrounds, their needs, abilities and choices before they used the service. 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.

People were encouraged to lead healthy lifestyles. They were supported with their healthcare needs and medical appointments. Where appropriate, people were given support with meals and drinks, healthy eating was monitored and promoted. People had furnished and decorated their apartments in response to individual tastes and needs. The provider ensured staff had access to training, development and supervision.

People made positive comments about the staff and managers. Staff interacted with people in a kind and friendly manner. Staff knew people well and were respectful of their choices and lifestyles. People's privacy and dignity was respected. People were enabled to be independent and develop their skills.

People received personalised care and support. They were supported as appropriate, to engage in community based and in-house activities. People had contact with families, friends and local

acquaintances. Processes were in place to support people with making complaints.

Limes Place had a friendly and inclusive atmosphere. People were treated as partners in managing their individual support. Management and leadership arrangements supported the effective day to day running of the service. The provider used a range of systems and technology, to regularly monitor and improve the service. There were processes to consult with people, to monitor the quality of their experiences and make improvements.

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

This service was registered with us on 19 December 2018. This is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Limes 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care and support provided. We spoke with six members of staff including, the registered manager, performance and quality manager, a team leader and support workers.

We reviewed a range of records. This included three people's care records and two staff recruitment records; a variety of records relating to the management of the service, including complaints records, meeting records and quality monitoring checks.

After the inspection

We received further information from the registered manager and provider to support the evidence we found.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's individual wellbeing and safety was considered, information in some support plans provided guidance on minimising risks. The registered manager and staff explained how they kept people safe and supported positive risk taking. People spoken with described their lifestyle choices and support needs, they had been involved with assessing their individual risks.
- There were some shortfalls with assessing and managing risk, including people accessing the community independently and supporting people to maintaining a safe and hygienic home environment. Following the inspection, we received confirmation from the registered manager that these matters had been progressed.

We recommend the provider consider current guidance on managing risks and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse, neglect and discrimination. We saw people were relaxed in the company of staff and managers. Staff supported people safely and respected their individual needs. People told us they felt safe, one person said, "I feel safe here it's manned 24 hours with waking watch staff and I have a buzzer if I need them to come."
- The registered manager and staff were aware of safeguarding and protection matters. They described what action they would take in response to any abusive practice. Staff had received training on adults at risk and positively supporting people's behaviours.
- The provider had processes in place to manage and progress safeguarding matters in line with the local authority's protocols. Policies to safeguard adults at risk, including reporting procedures and appropriate contact details were available.

Staffing and recruitment

- The provider's staff recruitment procedures aimed to protect people who used the service. There were disciplinary procedures to manage unsafe and ineffective staff conduct.
- Recruitment checks had been completed. However, recording systems were not always clear in showing all checks were achieved. Timely action was taken to improve the recruitment process during the inspection.
- There were sufficient numbers of staff to support people to stay safe and meet their needs. Staff spoken with confirmed staffing ratios enabled them to provide safe, effective support. Rotas showed staff were deployed in response to people's needs and lifestyles. There were on call emergency arrangements. The registered manager explained staffing levels were influenced by people's individual support agreements and kept under review.

### Using medicines safely

- People were supported with the proper and safe use of medicines. One person told us, "I get my medication on time and I ask for my PRN [when required medicine] when I need it."
- Staff providing support with medicines had completed training, their competence had been assessed or was ongoing. Medicine management policies and procedures were accessible to staff.
- Medicines administration records were kept. Regular checks and audits of medicine management practices were completed. Action plans were in place to identify and rectify any discrepancies and further develop person centred approaches.

### Learning lessons when things go wrong

- The provider had processes in place to monitor incidents, share outcomes and develop the service, to help prevent similar incidents and reduce risks to people. The registered manager and staff fulfilled their responsibility to report and record, accidents and incidents.



# 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

- The provider had processes to ensure people's needs were assessed with their involvement. The registered manager explained how people's needs and abilities were initially assessed. This involved meeting with the person and gathering information from them and others involved with their care and support.
- Care records included copies of initial assessments and information from health and social care professionals. One person commented, "They went through things with me I met with [registered manager] for they assessment."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA. People who used the service had capacity to make their own choices and decisions. Staff understood the importance of gaining consent and promoting people's rights and choices. One said, "We always ask people first and involve them with their support needs."
- Records included signed consent agreements relating to care, including support with medicines. Screening assessments were being introduced to reinforce assumed capacity and monitor changes in people's support needs and decision making.

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

- Staff supported people with their meals, cooking and shopping in agreement with their assessed needs. People's food and drink consumption was monitored as required.
- Staff encouraged healthy eating, this was balanced with supporting people's choice. Specific dietary requirements were known, including any health needs and cultural or religious preferences.

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

- The service liaised with healthcare professionals, as necessary to respond to people's needs. People's support plans contained information about their healthcare needs, including their mental health diagnosis, medical history and any healthcare professionals involved in their care.
- People were satisfied with the healthcare support they received. Some people managed their own healthcare needs and appointments. Others had some assistance, one person said, "I have a GP in the area and I get support with appointments."
- The service used an 'emergency grab sheet' as necessary, for sharing relevant information about people between services. This included details of their behaviours, health needs, communication needs, medication and important contacts.

Staff support: induction, training, skills and experience

- The provider ensured staff could develop their skills and knowledge, to deliver effective care and support. New staff completed an induction training programme.
- Ongoing refresher training enabled staff to understand people's needs and provided effective support. Staff were supported to achieve, nationally recognised qualifications in health and social care.
- Staff confirmed they had access to ongoing training. They had regular one to one supervision meetings and an annual appraisal.

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

- People's needs were met by the adaptation, design and decoration of the premises. Processes were in place to support people as appropriate, with the upkeep of their home environments, including decoration, furnishings and equipment. One person explained, "I chose the colour schemes and furnishings for my apartment before I moved in."

# 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 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

- People were treated with respect, compassion and kindness, they were given emotional support when needed. People spoken with said they liked the staff who supported them. They said, "The staff are nice," "The support workers are very good" and "All the staff are okay."
- Staff were understanding and considerate when responding to people. We observed respectful and positive interactions between people who used the service and staff. People had regular one to one time with staff. Care records included a 'one-page profile' of things important to the person how best to support them. The provider had arrangements in place to further develop support plans with people.
- Staff and managers knew people well. They were aware of their individual needs and preferences. Respecting people's human rights, equality and diversity was central to the delivery of support. The registered manager had proactively sought out local community groups, which may offer people support.

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

- The service supported people to make choices in their daily lives. We observed staff enabling people to make the own decisions and responding their preferences. People had been involved and consulted about the content of their support plans and ongoing reviews. They said, "I make my own decisions. I can do what I want" and "I know what's in it [support plan] they ask about things and we discuss the support plan."
- The registered manager explained how the people accommodated had been involved with setting up the service and recruiting new staff. There were regular meetings, for general discussions, information sharing and involvement. People were due to be consulted on producing a guide to their service.
- A tenant's notice board provided details of local events and other useful information to help with making choices. Leaflets were available from local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld, and their independence promoted. Staff explained how they protected people's privacy, by respecting their private space, knocking on doors and maintaining confidentiality of information. We observed these approaches in practice.
- People's personal information and staff records were stored securely, they were only accessible to authorised staff.
- Staff enabled and supported people's independence. Care records reflected people's rights to independence and autonomy, in line with their commissioned support needs. One staff member explained, "The people here are all very independent. They just need some prompting and encouragement."

# 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 received personalised care and support that was responsive to their needs. Managers and staff described specific examples of the progress individuals had made, resulting from the service being responsive and developing ways of working with them.
- People had accessible support plans, which had been developed to meet their assessed needs, routines and preferences. Some information in support plans lacked detail, however we could see progress was ongoing to further develop person centred care plans with people.
- The provider had process in place to monitor and review people's support with their involvement. There were regular staff 'hand over' discussion meetings to communicate and share relevant information. The registered manager had introduced a 'daily planner' process, this allocated staff team members specific individuals to work with on each shift.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. People's sensory and communication needs were reflected in the assessment and support planning process. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences. Action was ongoing to produce more written information in a 'user friendly' format.

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

- Positive relationships were encouraged. People described how they kept in contact with their families and friends. They all had opportunity to maintain and develop links with people in the community.
- The provider had a system to link people with a staff keyworker. This aimed to provide a more personal service and develop beneficial and trusting relationships.
- People were supported with chosen activities, skill development and community engagement. Staff sought and recorded people's interests and future wishes. People told us about the activities they enjoyed, including, meals out, shopping, church events, arts, crafts and playing card games. The registered manager was pursuing further educational and vocational learning opportunities with people.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and acted upon to make improvements. The provider's complaints procedure was available at the service. This included directions on making a complaint and how it would be dealt with.
- People were aware of the complaints process and were confident to raise any concerns. Their comments included, "I would speak to staff if I had any complaints" and "I would speak to staff if I was not happy. They would try to resolve things."
- The provider's complaints, comments and compliments processes supported the effective management of complaints. Processes were in place to ensure an accountable monitoring and auditing of complaints, including outcomes and any actions for improvement. The registered manager and staff were aware of the procedures to be followed.

#### End of life care and support

- The service did not usually provide end of life care. However, arrangements were ongoing to sensitively obtain people's individual preferences in the event of death, including any funereal plans.

# 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 good, person-centred care.

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

- Limes Place had a welcoming, relaxed and inclusive atmosphere. People were treated as partners in managing their individual support and the wider supported living experience. One person told us, "It's brilliant. I love it here."
- The registered manager was visible in the service and applied a lead by example approach. One person told us, "I see [registered manager] quite a lot she is very nice and sets you at your ease." A member of staff commented, "The management is good here and [registered manager] is approachable. People and staff were fully involved and prepared with the move [to Limes Place] they have all settled in well."

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 provider and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty.
- The registered manager and performance and quality manager were proactive in their response to the inspection process. They described how they encouraged an 'open door policy' to promote transparency, integrity and ongoing progression. They were open and frank about initial problems at the service and there were plans to achieve progress.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management arrangements provided clear leadership and direction. Ongoing training and organisational policies, reinforced a person-centred approach and the efficient management of the service. Job descriptions and contracts of employment outlined management and staff's roles, responsibilities and duty of care. Staff expressed a practical understanding of their role to provide effective support.
- The provider used IT systems to share information, support staff training and for monitoring and improving the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were consulted on their experiences of the service and could influence improvements. The service held tenant's meetings, to involve people in discussions and making shared decisions. People told us, "They have checked to see if I am happy with things" and "We have tenant's meetings we can speak up [and make

suggestions]. I thought it was useful to have a meeting."

- The provider had plans to complete an annual quality assurance survey with people who used the service. The suitability of the surveys had been recently reviewed with people and were due to be distributed in July 2019. The registered manager said responses would be collated, shared and used to influence forward planning.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff told us their ideas and views were listened to and acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider had quality monitoring processes to achieve compliance with the regulations. Managers and staff used various checking systems to regularly audit processes and practices, including accidents and incidents, staff training, support plans and medicine management.
- The provider had arrangements for regular quality monitoring visits. Any shortfalls were identified and reported, to ensure there were timely improvements. An overall development plan provided direction and oversight of the service. Although we found some matters for development, some had been already identified and we were confident progress would be made.
- The service had established links with other agencies and community resources. This included the police, health and social care professionals, care commissioners, neighbourhood groups, local colleges, charities and leisure services.