

Making Space

Making Space Domiciliary Care & Outreach Service

Inspection report

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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 

Overall summary

We carried out an inspection of Making Space Domiciliary Care & Outreach Service on 3 and 4 March 2015. The service is registered to provide personal care to adults affected by mental ill health, living in their own homes. The service is operated from an office base, located amongst tenanted flats owned by a housing association.

The service provides support to some of the people accommodated in the flats and provides outreach

support to people living within the local area. The aim of the service is to maintain people's independence, promote their wellbeing and support their chosen lifestyle. The range of services provided includes support with personal care, daily living activities, social inclusion and emotional support. The office base was an accessible resource to people using the service, for informal and formal discussions, sharing information and group activities.

Summary of findings

At the previous inspection on 25 July 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with indicated they experienced good support. One person said, "The support is very good, I don't know where I would be without them" another commented, "It's brilliant I get as much support as I need."

We found arrangements were in place to help keep people safe. Risks to people's well-being were being assessed and managed. People using the service had no concerns about the way they were supported. They had been informed about matters relating to safeguarding and protection.

Support workers were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Proper character checks had been done before new staff started working at the service. Staff said they had received training on safeguarding and protection. They had also received 'breakaway' training to enable them to proactively respond to behaviours of concern.

Arrangements were in place to maintain appropriate staffing levels to make sure people received their contracted support. There were systems in place to ensure all staff received regular training and supervision.

People were receiving safe support with their medicines. However, we found improvements were needed with some records, to make sure staff had clear instructions to follow on providing safe support.

We found people were supported to live their chosen lifestyles. They had agreed to the support and care provided by the service. People were supported with their healthcare needs and medical appointments. Where appropriate they were supported with eating and drinking. Changes and progress in people's life and circumstances was monitored and responded to.

People made positive comments about the staff team including their approach and how they were treated with respect. The considered their privacy was maintained and they were actively encouraged to be independent.

People were aware of their care plans and said they had been involved with them. There were regular tenants meetings to discuss day to day matters and group activities. People were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests.

Arrangements were in place to gather information on people's backgrounds, their needs and abilities, before they used the service. People's life and circumstances were monitored and reviewed in consultation with appropriate others, including care coordinators and mental health care professionals.

There were effective complaints processes in place. There was a formal system to manage, investigate and respond to people's complaints and concerns. People could also express concerns or dissatisfaction within their support reviews and tenants meetings.

Summary of findings

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. We had no concerns about the way people were treated or supported. Processes were in place to keep people safe. Risks to their wellbeing and safety was properly managed.

Staff recruitment included all the relevant character checks. There were enough staff available to provide people with safe care and support. Staff were trained to recognise any abuse and they knew how to report any concerns.

We found there were some safe processes in place to support people with their medicines.

Good



Is the service effective?

The service was effective. People indicated they experienced good care and support. People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA)

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported as appropriate, to eat and drink healthily.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring. People made positive comments about the caring attitude and approaches of support workers. We observed positive and sensitive interactions between people using the service and staff.

Support workers were knowledgeable about people's individual needs, personalities and preferences. People had care records which described their attributes, needs and choices and how their support should be provided.

People's privacy, individuality and dignity was respected.

Good



Is the service responsive?

The service was responsive. Processes were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their support.

People had opportunities to develop skills, by engaging in meaningful activities at the service and in the local community. They were supported as appropriate, to keep in contact with families and friends.

Processes were in place to manage and respond to complaints, concerns and general dissatisfactions.

Good



Is the service well-led?

The service was well led. The management and leadership arrangements promoted the smooth running of the service.

Good



Summary of findings

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Making Space Domiciliary Care & Outreach Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 March 2015. We contacted the service the day before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by

one inspector. Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. We also spoke to the local authority contract monitoring team.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we spoke with four people who used the service. We talked with two support workers and the registered manager. We spent some time observing people being supported and looked at a sample of records. These included two people's support plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe with the service. Two people told us, “Oh yes I feel safe with them” and “I feel very safe with the support workers.”

During the inspection we did not observe anything to give us cause for concern about people’s wellbeing and safety. People spoken with did not express any concerns about the way they were treated or supported. They said, “They have never abused me, verbally or physically”, “They don’t shout and they are not abusive” and “I have no issues about how they treat me, there’s no discrimination.”

There was some information displayed on the tenant’s notice board on abuse and keeping safe, including leaflets from the health authority and local advocacy services. There was a Making Space ‘keeping you safe’ policy leaflet. We were told safeguarding information was included in the tenants information pack and this was discussed with people annually. The registered manager explained how a support worker had devised and introduced a game, to convey to people issues around safeguarding and protection.

Information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported for the wellbeing and protection of people using the service. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff were aware of the service’s ‘whistle blowing’ (reporting poor practice) policy and expressed confidence in reporting concerns. Staff said they had received training on safeguarding and protection. They had also received ‘breakaway’ training to enable them to proactively respond to behaviours of concern.

We found individual risks had been assessed and recorded in people’s care records. Management strategies had been drawn up to guide staff on how to manage and minimise these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. One person who used the service told us, “They go through the risk assessments with me.” Support workers spoken with told

us they were aware of people’s risk assessments and how they provided support to keep people safe. One support worker explained, “We are all aware of the risk assessments and we contribute to them.” Records were available to show health and safety risk assessments had been completed on environmental matters in people’s homes. This meant there were processes in place to minimize risks and help keep people safe. We did find copies of one person’s environmental risk assessment was not readily available at the office base, however we were assured this had been completed but would be done again.

We looked at the recruitment records of two members of staff. Face to face interviews had been held. The process included applicants completing a written application form with a full employment history. The required character checks had been completed before staff worked at the service and most of the checks had been recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The registered manager explained the processes in place to maintain staffing levels in response to people’s individual support package and contracted arrangements. During the inspection we observed staff were available to provide people with support and respond to their needs. One person who used the service told us, “They always arrive at the agreed time.” Support workers spoken with considered there were sufficient staff available at the service; they said “There are no problems covering shifts” and “If someone is off it gets dealt with, no-one misses their support.” We looked at the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements.

We looked at the way the service supported people with their medicines. Each person’s ability to manage and have involvement with their medicines had initially been considered by their ‘care coordinator’ as part of their care package agreement. Arrangements were in place to assess and review their involvement as part of the individual risk assessment process. We found people received minimal support with their medicines. They were responsible for ordering and collecting their own prescriptions. We asked people about the support they received and two

Is the service safe?

commented, “They ask to see if I have taken my meds” and “They remind me each morning to take my pills.” Support workers confirmed their role in promoting and monitoring people with their medicines.

We found individual care records included instructions for staff to follow on promoting or advising people with their medicines. Records were kept of each prescribed item for staff reference. However we found the recording sheets for staff to indicate their actions in providing support with medicines were not explicit in describing each prescribed item and the dosage instructions. This meant the process was lacking in clarity around support delivery and accountability. We discussed this matter with the registered manager who acknowledged our concerns and agreed to address this matter.

Staff had access to medicine management policies and procedures which were readily available for reference. Staff responsible for providing people with support with medicines had completed medication management training.

The service had defined contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. The procedures included the contact details of the relevant agencies and contractors. This meant managers and staff had information at hand to guide and respond to risks associated with unforeseen circumstances.

Is the service effective?

Our findings

People we spoke with indicated they were satisfied with the service. They made the following comments: “They are very professional people”, “It’s brilliant I get as much support as I need”, “I feel I have a good level of support I would like to think I can trust them” and “The support is very good and I don’t know where I would be without them.”

We looked at how the service trained and supported their staff. There were systems in place to ensure all staff received regular training. We asked people who used the service for their views on staff abilities. Two comments from people were, “I am fairly confident they know what they are doing” and “The staff know what they are doing.” Support workers told us of the training they had received and confirmed there was an ongoing training and development programme at the service. We looked at records of the training completed and planned for, which reinforced this approach. Support workers had completed induction training to a nationally recognised standard. They were also enabled to attain recognised qualifications in health and social care.

Support workers explained they received regular one to one supervision and ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. We saw records of supervisions and noted plans were in place to schedule appointments for the supervision meetings. Staff also had annual appraisal of their work performance, with a formal opportunity to review their training and development needs.

People told us they had agreed to the support and care provided by the service. We found records were kept of people’s consent to aspects of their support and various signed agreements were in place. This indicated people had been involved and consulted about decisions and that they had confirmed their agreement with them.

The MCA 2005 (Mental Capacity Act 2005) sets out what must be done to make sure the human rights of people

who may lack mental capacity to make decisions are protected. The service had policies and procedures to underpin an appropriate response to the MCA 2005. Records showed that staff had received training on this topic. The registered manager explained that people’s care coordinators and/or psychiatrists took a lead role with capacity assessments and any applications to the Court of Protection. Support workers indicated an awareness of MCA 2005 and Court of Protection matters, including their role to uphold people’s rights and monitor their capacity to make their own decisions.

We looked at the way the service provided people with support with their healthcare needs. People confirmed with us they had received attention from healthcare professionals and that support was provided for routine appointments. Comments included, “They support me and remind me about things including healthcare appointments” and “They always ask about my health care appointments.” We found the monitoring of people’s general welfare, emotional needs and mental health was included within the care plan process. One person told us, “They know when I’m not well.” Individual risk assessments included relapse triggers, which directed support workers on monitoring behaviours and responding to needs. This meant support workers could identify any areas of concern and respond accordingly.

We found most people using the service received minimal support with eating and drinking. People independently chose, prepared and cooked their own meals. Support workers explained they may offer advice on healthy eating and practical guidance with general cooking skills. Increased support could be provided in response to people’s assessed needs. Support workers told us of the processes in place to monitor people’s food and drink intake as necessary, in accordance with care package and that they liaised with GP’s and care coordinators when needed. We discussed with the registered manager the value of nutritional screening. This would help identify and respond to those who may be at risk of malnutrition/ dehydration.

Is the service caring?

Our findings

People spoken with made positive comments about the staff team. They told us, “Staff are fine with me, very understanding and supportive”, “I don’t have a bad word to say about any of them, they are always up to help me with anything I need”, “No problems with any staff” and “They are really good.”

People told us they were happy with the approach of support workers and managers at the service. They said, “The staff are alright, very pleasant with me”, “They are never disrespectful” and “No problems with how they speak to me, they are very friendly, polite and understanding.”

We observed people at the agency office engaging and interacting with support workers. We saw support workers speaking to people in friendly and respectful manner, involving them in routine decisions and consulting with them on their individual needs and choices. One support worker explained, “I treat people how I would expect to be treated.”

We spoke with people about their privacy and independence. They said staff knocked on their doors before entering and respected their homes. One support worker said, “We wait until they answer the door and wait

to be invited in.” People indicated they were supported to do as much for themselves as possible. They told us, “They let me have my independence, they don’t take over, they are very professional” and “They don’t take over or anything like that, I feel in control of things. They encourage me to be independent.”

Support workers spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people’s independence and choices. They were knowledgeable about people’s individual needs, backgrounds and personalities. Support workers were familiar with the content of people’s care records. They explained how people were actively involved in the care planning their support and the review process.

There were regular meetings held at the agency office, which provided the opportunity for people to be consulted, kept informed and make shared decisions. One person explained, “We have tenants meetings for general discussions and for planning various group outings.” We looked at the records of meetings and found various matters had been raised, discussed and actioned. There was a notice board in the office which displayed various information and advice leaflets, including Making Space initiatives and details of the local advocacy services.

Is the service responsive?

Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities.

The registered manager and a support worker described the service's referral and assessment process. Support packages were initially devised by care coordinators and/or social services, based upon people's assessed needs. The process involved gathering information from the person and other sources, such as health professionals, families and staff at previous placements. Arrangements were made to meet and interview prospective service users and complete an initial assessment /application.

We looked at the care records of one person who had recently started to use the service and found there was detailed assessment information produced by the care coordinator. We spoke with the person about their assessment and they confirmed they had been involved with the process. However, the application/assessment details completed by the service were missing. We were assured by the registered manager this was an oversight. We also noted that although there was a comprehensive support package in place completed by the care coordinator, the person did not have a Making Space support plan. However, this matter was rectified during the inspection.

People spoken with were aware of their care and support records and confirmed they had been involved with them. Two people commented, "They go through the support plan and risk assessments with me", "I have gone through my support plan agreed and signed it." One support worker explained, "The service users are involved, they sign off their records. They are all aware their files are available to them and we offer duplicate copies."

We looked at two people's support plans and other related records. This information identified people's needs and provided guidance for staff on how to respond to them. The information included a 'one page profile' on their background history, likes and dislikes. Support plans were written in a 'person-centred' way and included sections such as, 'how best to support me' and 'reminders for staff.' We found reviews of people's needs and levels of support were being carried out on a regular basis. Records and discussion confirmed people had been involved with this

process. Daily records were kept to monitor and respond to people's wellbeing. There were staff 'handover' meetings to share and update support workers on changes and events in people's life and circumstances.

We asked people for their views on the support they received and they made the following comments: "It's brilliant I get as much support as I need, they are always around, they help with filling forms, paying bills and emotional support, or just a chat", "The call to see me every day and I call in the office for a brew and a natter", "I very much get the right support" and "We talk about things, about our lives, they are very professional people." Support workers described how they delivered support in response to people's individual needs, abilities and preferences. This involved working flexibly in response to people's changing needs and choices.

Support workers told us they had received training on person centred care planning and equality and diversity. They expressed a practical awareness of responding to people as individuals and promoting their rights and choices. People were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and others. We were made aware of an initiative to promote skill development, information sharing and opportunities 'to meet and greet' with others in the local community.

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure and processes. We got the impression they would feel at ease and confident in raising any concerns. One person said, "I would tell them at the office if I was not happy, I would feel comfortable telling them, they would sort it out", another commented, "I have not needed to complain but I would just tell them."

We found the service was proactive in seeking people's views and opinions during discussion meetings and reviews. One person told us, "I have never needed to complain, but they always ask us about complaints." There were information leaflets/prepaid envelopes at the office base which provided guidance on making comments,

Is the service responsive?

complaints and compliments. There had not been any complaints at the service in the last twelve months, however we found there were processes in place to record, investigate and respond to complaints.

Making Space Domiciliary Care & Outreach Service had management and leadership arrangements to direct and support the day to day running of the service. There were systems in place to consult with people and regularly assess and monitor the quality of the services provided.

Is the service well-led?

Our findings

People spoken with had awareness of the management structure at the service. They did not express any concerns about the management and leadership arrangements. Their comments included, “They stick to all their procedures and protocols they run a tight ship” and “The new manager is very nice, brilliant I think it will work out okay.”

We noted at the office base, people using the service and staff had produced together a “Vision and Values” statement. This activity had shared with people the aims purpose of the service and helped clarify their expectations. There were systems and processes in place to consult with people who used the service, other stakeholders and staff. The manager operated an ‘open door policy’, which meant arrangements were in place to promote ongoing communication, discussion and openness. One person told us, “I can call in the office for a brew anytime” another said, “The manager is nice; I think I could tell her if I had any problems.”

There was a manager in post who had been registered with the Care Quality Commission at the service since October 2014. The registered manager also had responsibilities for another service in the organisation, but spent regular designated time at Making Space Domiciliary Care & Outreach Service. The registered manager told us the service was currently in transition and the provision of support was to be extended into other areas. The registered manager was being supported and monitored by an area manager and there were regular meetings with managers from other services in the organisation. Support workers spoken with indicated the service was well organised and managed. They described the managers as supportive and approachable.

Support workers described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. There were clear lines of accountability and responsibility. The registered manager was in regular contact with the service and if not present at the office base, support workers on duty were aware of their responsibilities and confirmed the registered manager, or area manager could be contacted at any time. One support worker told us, “All the staff here are on board with things, we are passionate about what we do.”

People using the service and staff, had opportunity to develop the service by participating in regular meetings and as part of consultation surveys. We looked at an example survey people who used the service, this included questions around satisfaction, quality and areas for improvement. The registered manager explained that people had been supported to complete surveys in December 2014 and the results were pending. One support worker told us, “I feel respected and listened to, opinions matter here and we get a response in good time” another said, “I feel there are some mechanisms for innovation within staff meetings and we are kept in the loop on up to date care.” The registered manager expressed commitment to the ongoing improvement of the service and explained the plans in place to develop the range of services provided.

There were processes in place to monitor and audit the service. This included various formal and informal checking systems, such as ongoing reviews, meetings and annual health ‘flat inspections’ with people who used the service. Making Space also had an internal ‘provider visit’ system which involved managers from other services carrying out audits and reporting on their findings. The process involved identifying and planning for improvements and sharing best practice. We noted any shortfalls were resolved and monitored as part of an action plan.