

## Making Space

# Making Space (Warrington) Domiciliary Care Agency

### Inspection report

Goodier Court  
Runcorn  
Cheshire  
WA75GF  
Tel: 01928 500676  
Website: [www.example.com](http://www.example.com)

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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

The inspection took place on 19th October and was announced. We visited Making Space offices in Runcorn and visited people who used the service in their own homes in Warrington. The provider was given 48 hours' notice of the inspection because the location provided a domiciliary care service and we needed to be sure that someone was available in the office as well as giving

notice to people who used the service that we would like to visit them at home. We previously inspected the service in September 2013 when we found they were meeting all the regulations we looked at.

Making Space (Warrington) Domiciliary Care service is owned and managed by Making Space. The service provided care, support and enablement services for people who suffer or have suffered from a mental illness.

# Summary of findings

The services are provided to people who reside in supported tenancies or within their own homes and are tailored to assist and encourage people to gain confidence in respect of their daily living skills. However, the supported tenancy scheme is not required to be registered with the Care Quality Commission and the inspection therefore focused on the services provided to people who lived in their own homes. The office is situated in Runcorn. At the time of our inspection two people were using the domiciliary care service.

The service had a registered manager who had been in post since March 2012. 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.

On the day of our inspection we found the service to be safe as it had systems in place to safeguard people from harm. We spoke with knowledgeable staff who could tell

us the signs of abuse and what they would do if they suspected any form of abuse occurring. Risks to people were managed well to give people freedom, whilst keeping them safe.

The service had a robust recruitment process in place and used a matching process to ensure that there was compatibility between people and the staff who provided them with support. We found staff to have received an appropriate induction, supervision, appraisal and training which allowed them to fulfil their roles to their maximum potential.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the process in place if there was a deprivation issue. People who used the service and those who commissioned these services spoke highly of the staff who provided the service and said it was carried out to a very high standard. Staff presented as encouraging people who used the service to make decisions and choice in their lives to maximise their independence and enhance their life skills.

The service was well led and run in the best interests of the people who used it.

# 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.

Systems were in place for recording and managing risk, safeguarding concerns, whistle blowing and incidents and accidents.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with the differing needs of the people who used the service.

Staff used innovative ways to support people to manage their medication safely.

Good



### Is the service effective?

The service was effective.

Staff had received a thorough induction, ongoing training, regular supervision and performance appraisal to ensure they were effective in their role.

Good



### Is the service caring?

The service was caring.

People spoke positively about the care and support provided by kind and caring staff.

Staff involved people in the support they were receiving and maximised people's independence and life skills.

Staff respected the people they supported and treated them with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People received individualised and person centre care which had been discussed and planned with them.

Activities and interests were tailored to the needs of the individual.

Good



### Is the service well-led?

The service was well led.

The registered manager had been in post since March 2012 and told us she was supported by a strong management team to support the leadership role.

Discussion with the registered manager and staff identified they had a clear vision for the service and this was supported by feedback from commissioning authorities and people who used the service.

Good



# Making Space (Warrington) Domiciliary Care Agency

## 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 19th October 2015 and was announced. The provider was given 48 hours' notice because the provider offered an outreach domiciliary care service and supported living for adults who are often out during the day; we needed to be sure someone would be in. We also needed to ensure staff would be available in the main Making Space office.

The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Making Space (Warrington) DCA. We used this information to help to plan our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We visited one person in their home. We spoke with three care support staff and the registered manager. We also spoke with three health and social care professionals during our inspection.

We looked at one person's care records and a variety of documents which related to the management of the service.

# Is the service safe?

## Our findings

One person said that they were assisted in their recovery in relation to their mental health issues by staff providing them with the resources, skills and support they needed. Comments included; "I have been provided with support with my living skills which makes me more independent"; "I feel very safe and happy here, staff are good and I get lots of flexible support" and "staff work out a support plan using a recovery star which is a tool that sets new goals and helps me to achieve new skills".

One person told us that they had been living in other accommodation in which they felt very vulnerable and unsafe. They said that they had been subjected to abuse and their life had spiralled out of control. They told us that they had been safeguarded by the local authority and had begun to use the services of making space over a year ago and had never looked back.

Health and social care professionals who had been involved with this person told us that they were impressed with the services provided by Making Space and how the service had been a part of the safeguarding planning and had worked in partnership with the local authority to provide the person with safe accommodation and supportive staff to enable the person to lead a safe and fulfilling life.

Staff had received up to date safeguarding training and had a good understanding of the procedure to follow if they witnessed abuse or had an allegation reported to them. Staff were able to describe the signs of abuse and what actions to take to ensure people remained safe. We saw a risk assessment tool in the care records we reviewed. This tool identified whether a risk assessment was required and was regularly updated as situations changed. We saw risk assessments around behaviour harmful to others, self-injurious behaviour, mental health, personal care, diet, risk in the home and activity related risk. For example one person was financially vulnerable and risk assessments clearly identified the systems which would be used to obtain and maintain their finances. Due to the person's limited sense of danger and potential responses to certain external stimuli the risk assessment stated how the staff were to support the person without restricting the person's freedom to undertake certain risks.

We saw that the service obtained posters from local authorities around safeguarding which they put on view in the main office. Staff told us that these were also shown at staff meetings. They said that information about safeguarding and safe care was also provided in the service user handbook and family newsletters. This was confirmed by the person we spoke with.

The two staff files looked at identified that recruitment procedures ensured that applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. We saw records that showed arrangements were in place to monitor staff performance and carry out formal disciplinary procedures if required. In all the files we looked at we saw that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Two references were also seen on each file, in line with the provider's policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed. Application forms and interview questions were also seen. The interview included questions related to safeguarding of vulnerable people. Staff were provided with a copy of the staff handbook and an induction log.

The staff rota, our own observations and what people and staff told us confirmed that there were sufficient suitably qualified members of staff on duty to provide the agreed level of support to the people who used the service.

The registered manager told us about the system in place for reporting accidents and incidents. She told us that incidents were analysed for trends and that after several incidents involving one person who used the service, a GP had been involved to review medication and staff of Making Space had provided positive behaviour support to try to reduce the number of incidents. This showed that staff were implementing changes to minimise harm from incidents and accidents.

As part of our inspection we looked at how the service managed people's medicines. We saw that people's medicines were stored safely. We reviewed one person's medicines. Staff told us they had received training in

## Is the service safe?

prompting and administering medicines and the staff training matrix we looked at confirmed this. We noted that innovative methods had been introduced regarding the medicines prescribed for a person who used the service. Records identified that this person was unable to correctly manage their medicines and as a consequence would overdose and be at risk. Staff of Making Space worked with this person to negotiate a plan to ensure that all medicines were accessed from a health centre on a daily basis. Staff accompanied this person to various health care settings to

ensure that they were provided with the right dose of medicine at the correct time. The person who used the service told us that when medicines were provided weekly they would take everything altogether on one day if the voices told them to do it. They told us that the way the medicines are managed now makes them feel safe and keeps them well. They said that they did not know what would have happened if Making Space staff were not around.

# Is the service effective?

## Our findings

One person told us that they felt their needs were fully met by the staff. Comments included “The staff who come here are great. They look after me; make me feel good about myself and I don’t know what I would do without them”.

Staff told us that they were trained and supported to meet the needs of the people who used the service. Comments included “It’s a good organisation; we get lots of training and support to make sure we know what we are doing”.

We looked to see how new members of staff were supported in their role and found that they had an induction and were supported by a ‘buddy’ for the first month or until staff had agreed their competence or they themselves felt confident enough to work alone. The registered manager told us that a six month probation period was in place during which time staff undertook visits to people who used the service, underwent training on the IT systems, policies, procedures and e learning modules and attended regular staff and supervision meetings. We looked at a completed probationary policy and procedure and learning development record which included details of organisational induction training, common induction and health and safety e learning and policy and procedure awareness.

The training matrix was available for all staff and detailed all the provider’s mandatory training and other non-mandatory training that was available. Training methods included on line, classroom based and distance learning. We were shown a training matrix and noted that staff had undertaken training to include moving and handling, safeguarding, Mental Capacity (MCA), medication and challenging behaviour.

We asked the registered manager whether any staff had been supported to undertake specialist training to support the complex needs of the people who used the service. We were told that all staff had received training from a local counselling centre in connection with suicidal clients. Other specialist training included conflict management, breakaway, managing mental health and making every contact count. Staff told us that the training they were given enabled them to positively support the people who used the service.

Staff told us they were offered both formal and informal supervision. Informal supervision was an on-going process

where the registered manager picked up on issues of particularly good or poor practice. Supervision records showed that formal supervision sessions were held every four to six weeks, were pre-arranged and time managed. Records showed that staff had the opportunity to reflect on their achievements, what had gone well and future development needs.

Staff told us that they were encouraged to develop their skills such as being seconded to a new service development, becoming a champion in safeguarding or mental health or any other areas of interest.

We saw evidence of capacity assessments in the care records we looked at. We saw records of supported decision making and the person who used the service told us that they had been supported to make a list of decisions which included how to manage their money, medicines storage and administration, household furnishings and what clothing to buy.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.’

Staff had a good understanding about deprivation of liberty to include the involvement of the court of protection if required. Although DoLS procedures do not apply to supported living the service had system and procedures in place to make referrals to the court of protection should they feel that a person was deprived of their liberty via their care plan.

We spoke with one person who used the service about consent. They told us that support staff always asked them what they wanted and waited for the answer before they did anything. They said that this involved everything that happened such as when to go out and what to eat.

One person who used the service told us that they made their own meals and staff assisted them to plan their own menu. They said that staff of Making Space accompanied

## Is the service effective?

them on shopping trips and purchased all the food for the week. They said that they always had enough food in to have a good meal and we noted that tuna sandwiches were planned for lunch.

Staff told us that the support plan included support with shopping and they told us that this also included some budgetary assistance.

We saw evidence that people were supported to have access to healthcare services. Support plans had health

care information which detailed which healthcare professionals were involved such as GP, dentist, consultant, and community psychiatric nurse. We asked one person who used the service how they were supported with their health needs. One person told us “I go to the dentist and the doctors. I have had help with my addictions and I have injections from the clinic. These people [staff of Making Space] help me all the time. They have helped me to get better and have changed my life”.



# Is the service caring?

## Our findings

The person we spoke with who used the service was high in their praise of the staff who provided support to them. Comments included “They are wonderful, supportive, caring, loyal and I am much better off now they are here for me” and “They should win a prize for being the best carers in the world”.

We spoke with health and social care professionals who were involved with one of the people who used the service. They told us that the staff and service provision had enhanced this person’s life and enabled them to build a relationship based on mutual respect and trust which had impacted most favourably upon their self-esteem.

Staff spoken with displayed clear knowledge and understanding of people’s diverse needs and their right to live a fulfilling life.

The registered manager told us that the staff were passionate about supporting people to maximise their potential. She said that when people commenced using the service wherever possible they matched care staff to meet people’s individual needs. She said that she monitored how relationships developed once staff had started working with individuals by way of observations of interactions and responses and where necessary ensured that staff were provided with specialist training to enable them to provide care appropriate to individual need.

We observed interactions between staff and a person who used the service and noted the relationship was one of mutual trust and rapport. The staff member displayed clear understanding of the person’s life skills and provided them with encouragement and support to enable them to maximise their independence. The staff member, by his actions and words, instilled confidence in the person and showed awareness of their agitation and provided quiet reassurances. The staff member fully engaged with the person and used appropriate language to provide any information the person requested. The staff member was aware of confidentiality issues and told us that all information recorded on file was maintained securely within the Making Space office. The person who used the service told us that they did not want any information about them left in their property as it was personal. However they told us that staff showed them what they had

recorded each day and asked if it was OK. Staff told us that people were involved in the daily recording process and if they challenged anything that was written it was discussed and agreement reached about the content of the recording.

We asked the person using the service whether they felt involved in their care. They told us that they wished us to record all the comment made. They said that these comments would show people just how good the service was. “I don’t know what I would do without them. They listen to me and help me to get my life back. I was very low when they came here and I did not really help myself. I listened to people who said they were my friends but all they wanted to do was steal my money and abuse me. When X [staff member] came, he helped me and gained my confidence. He has supported me and helped me to enjoy my life again. He has arranged for someone from the local authority to protect me from people stealing my money and he comes with me to get my medication, my shopping and helps me to get my money from a safe place. My home is lovely and he has helped me to get all this stuff and make it a good place to live. X [staff member] has also got me back with my family. They gave up on me but now we meet up each week and they visit my home”.

Staff told us that they were aware of the issues around privacy and dignity and they said this was discussed as a team at team meetings and all staff undertook training as part of their induction. They said that this maintained staff awareness of the importance of maintaining the dignity and respect of the people they supported.

The registered manager told us that people who used the service were supported to be as independent as possible. She said that they supported people to be more involved in daily tasks to enable them to gain more skills. She told us that people were supported to be involved in their local community and arranged transport for those who needed it.

We saw information that showed Making Space had organised events to involve and empower people who used the service. These included government initiatives such as “Think Local act personal” and “Making it real”. Service user meetings were also held on a regular basis with topics such as personal health, sharing of information, and plans for the future being discussed.

# Is the service responsive?

## Our findings

The person we spoke with told us they were more than happy with the way they were supported. Comments included “They have changed my life for the better. They know all about me and they understand me well. They know when I am down and when the voices are here. They are wonderful; I don’t know where I would be without them”.

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs. They told us that this enabled them to provide personalised support. Staff told us that they were able to read signs from the people they supported as to their state of mind. For example we were told that signs included lack of eye contact, lack of communication and apathy.

Staff told us that they worked with people and their families to develop a flexible support and enablement care plan. The care plan viewed included a recovery star which was used to identify what therapeutic recovery interventions had been agreed to enable people to manage their own condition and gain or regain the skills and confidence to achieve their own goals. The recovery star is a ten point plan which covers areas such as individual need, managing mental health, support appointments, living skills, social networks, addictions, identifying self-esteem and plans and hope for the future.

Staff told us that the service was committed to a person centred philosophy of service delivery in which staff promoted rights, facilitated meaningful activities and recognised and built upon abilities preferences and aspirations of the service users. Staff were trained in person centred care planning and were able to make sure care delivery was provided to encompass the mental and physical health needs of the people who used the service. Staff recorded all interventions and activities on a daily basis. This information was used to monitor and review care delivery for all the people living in the home.

We found in the persons home we visited the care records were written in detail and were person centred and written from the point of view of the person receiving support. They included information about the person’s circle of support, a pen picture of the person, what was important to them, what skills and talents they had, what staff needed

to know about them, what they liked and things they did not like. Information had been updated and reviewed and a future review date recorded. Records showed us that staff supported and encouraged people to express their views so they received care and support that met their individual needs and personal preferences. Care and support plans also held signed agreements from people who used the service. These included a service contract, medication and alcohol intake agreements.

The person we spoke with told us they were asked for their agreement and consent in all aspects of daily life and were happy that they were given choices. They said staff always discussed things with them and made sure they were happy with the support they were given. Staff told us that they involved the people who used the service in daily meetings which were named ‘Making It Real Plans’. They said that these were daily meetings which empowered people and enabled them to have choice and make their plans for the day.

We saw that daily logs were kept and detailed how the person had been supported each day. Our observations of staff practice confirmed it was very person centred. We were advised by the registered manager that Making Space provided training to embed person centred culture within their services which included how to record in a person centred way. This would help to ensure that the practice we observed was evidenced on a daily basis.

We saw evidence in care records that people who used the service were supported to undertake activities of their choice. Activities included attendance at a local art and craft club, shopping trips, walking groups, eating out and cooking skills. One person who used the service told us that their support worker enabled them to keep out of trouble but still enjoy a nice life.

One care record had a section about decision making in all aspects of daily life and held details of what choices had been discussed and what decision had been made.

We saw systems were in place for recording and managing compliments and formal complaints. A copy of the complaints procedure was displayed on the notice board in the main office and provided to the people who used the service when the service commenced. Records showed that complaints were logged, actions taken and outcomes recorded within the procedure’s timescale.

## Is the service responsive?

The registered manager told us that the team leader would initially lead on the complaint; however two investigating officers from Making Space organisation would take forward any serious complaints. Escalation of a complaint would be undertaken by a Making Space panel and “Chair”. The registered manager showed us that all complaints were logged on the computer under separate files.

We were given most positive feedback from health and social care professionals about the high standard of care

and support provided by Making Space to the people who used the services. We were told that a person who used the service had been most vulnerable and had been unable or unwilling to access support prior to Making Space offering their services. We saw records that showed how great progress had been made in supporting the person to identify and manage issues affecting their daily life. This had culminated in them being able to live a happy and meaningful existence.

# Is the service well-led?

## Our findings

Staff told us that the management was open and transparent and the registered manager was most approachable with an open door policy. Comments included “Manager very supportive”, “Manager leads by example” and “Well run service”.

The registered manager had been in post for over three years at the time of our inspection. They told us they expected high standards from themselves and from their staff. Their vision was to ensure that the service was open and transparent with the focus on engagement, involvement and inclusion.

Making Space had a variety of quality assurance systems available to assess the quality of the service it was providing to people. These included speaking with people who used the service and giving them the opportunity to make comments about how the service was delivered and to make suggestions for any improvements for the future. Records showed that staff carried out regular care reviews to ensure people could give their perceptions of the services provided.

Staff told us that senior management undertook internal inspection and formal audits of the service which included the involvement of service users. We saw that the service had an on line survey to gain people’s perceptions of the

service and provided ‘Have your say’ leaflets to enable people to comment about the staff and services provided. We noted that no comments had been recorded at the time of our inspection.

Records showed that the registered manager had undertaken visits to the people who used the service and had undertaken a detailed audit. The audit included areas such as standard of the environment, observations of staff interactions with people who used the service, advocacy, risk assessment and documentation.

We looked at systems in place for dealing with people’s financial transactions and saw that the service had checks and balances to ensure the financial security of people who used the service.

Staff told us that people who use the service were encouraged to be involved in various events to promote inclusion, and to have a say about how the service was delivered. This has been from tenant meetings at other services, to ‘Making it Real’ events (as part of the government’s initiative ‘Think local, act personal’)

Records showed that the regional manager from Making Space visited the Halton office on a monthly basis to complete a full audit of the staff and services provided.

We were shown an electronic audit tool called ‘Quick Care’ which can be accessed by both authorised internal and external sources. This is an up to the minute audit of the services provided by Making Space.