

## Making Space

# Parr Mount Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on the 1 September 2016 and was announced. The registered provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Parr Mount is an extra care service that is registered to provide personal care to people in their own homes. Extra care is where live in their own flat, however have the option of receiving care should they need it. At the time of the inspection the service was providing support to 33 people.

A manager was in post who had been registered with the CQC since October 2013. 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.

Systems were not always effective in identifying where areas of improvement were required. For example there was no formal process in place for monitoring accidents and incidents and we found that staff training was not always up-to-date. Systems had also failed to identify where risk assessments had not been completed in people's care records. You can see what action we told the provider to take at the back of the full version of the report.

Personalised risk assessments were not always completed around people's individual needs. For example risk assessments for two people at risk of developing pressure sores had not been completed. In another example, a risk assessment had not been completed around the risks associated with one person's diabetes. We followed up on these issues to ensure these people were safe, and found that they were. We have made a recommendation around completing risk assessments in relation to people's needs.

Training had not always been updated to ensure that staff knowledge was up-to-date. People did not raise any concerns about the competencies of staff, and we did not observe any examples of poor practice. The registered manager had a plan in place to ensure that staff training would be brought up-to-date.

There were robust recruitment processes in place which ensured that staff were of suitable character to work with vulnerable people. New staff had been through appropriate checks, and had been through an interview process which had helped the registered manager determine their suitability for the role.

There were sufficient numbers of staff in place to meet people's needs. The registered provider was changing the staffing rotas to increase the number of staff on shift, in response to a consultation with staff. This ensured that people's safety was maintained, and also showed that the registered manager had involved staff in making improvements to the service.

People had been supported to take their medication as prescribed. Medication administration records (MARs) showed that staff had given these as prescribed. These were stored in people's own homes, and care records outlined where staff were required to administer these, or where people took their own medicines.

Care records contained information around people's life history, and preferred daily routines. This helped staff to get to know people. People told us that positive relationships had developed between themselves and staff, and that staff treated them with respect. People also confirmed that staff maintained their dignity and privacy.

Care records outlined where people required support with meal and drink preparation. People confirmed that staff provided them with the support they required with regards to this. We also observed that staff left people with juice or water to ensure that they did not become dehydrated. This protected people from the risk of poor nutritional intake.

People were supported to access support from health professionals where they required help to do so. This helped ensure people's health and wellbeing was maintained.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Risk assessments were not always completed around people's needs, which means that information around the management of risk was not always available to staff. We have made a recommendation around this.

Recruitment processes were robust and helped to ensure that staff employed were of suitable character. There were sufficient numbers of staff in place to keep people safe.

People were supported to take their medication as prescribed, which helped ensure their health and wellbeing was maintained.

### Is the service effective?

**Good** 

The service was effective.

Staff had not always completed refresher training, however the registered manager had a plan in place to rectify this.

People confirmed that they were offered choice and control over their day-to-day care, in line with the Mental Capacity Act 2005.

Care records contained details around the support people required with their diet. This helped protect people from the risk of malnutrition and dehydration.

### Is the service caring?

**Good** 

The service was caring.

Positive relationships had developed between staff and people. People confirmed that staff were respectful and maintained their dignity.

People's privacy and confidentiality was maintained by staff.

### Is the service responsive?

**Good** 

The service was responsive.

Care records contained personalised information around people's life history and personal preferences, which enabled staff to provide appropriate support.

Information contained within care records was reviewed on a regular basis to ensure that it remained up-to-date and accurate.

People told us that they knew how to complain, and felt that the registered manager would respond to their concerns.

**Is the service well-led?**

The service was not always well led.

Quality monitoring systems were not always effective at identifying where improvements where required.

People felt that the service was well-led, and spoke positively about the registered manager, commenting that she was approachable.

The registered manager was aware of those situations where they needed to notify the CQC of specific incidents that occurred within the service. This ensured that the registered provider acted in accordance with the law.

**Requires Improvement** 

# Parr Mount Court

## **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 was planned to check 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 was carried out on the 1 September 2016 and was announced. The inspection was completed by one adult social care inspector.

The registered provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we spoke with the local authority's safeguarding and quality monitoring teams who did not raise any concerns about the service.

During the inspection we spoke with three people using the service and two of their relatives. We spoke with three members of staff and the registered manager. We reviewed the care records for four people, and the recruitment records for four members of staff. We also looked at other records pertaining to the day-to-day management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe using the service. Their comments included; "I feel safe with staff" and "Yes I feel safe". Relatives also commented that they felt people were safe and well looked after by staff.

Risk assessments were not always completed to reflect people's needs. Care records contained information around people's risk of falls, and we found that those people at high risk had been referred on to appropriate care professionals. However in other examples we found that the risk associated with people's needs had not been documented. For example we found that two people were at risk of pressure areas, however whilst care records made a brief reference to this there was no information around how staff should act to minimise this risk, or any indication of the likelihood of this happening. In another example one person's care records indicated that they liked sugary foods, however also showed that they were diabetic. A risk assessment had not been completed around this. We followed up on these concerns, and found that these people had not come to any harm. It is important to complete effective risk assessments to ensure that there are processes in place to maintain people's safety and wellbeing.

We recommend that the service seek advice and guidance from a reputable source, around risk assessing with regards to people's care needs.

Accidents and incidents were recorded by staff on an incident form. These included details of what had occurred, the time and the location of the incident. An analysis of the incident records had not been carried out by the registered manager. However, using the information from the incident forms we identified those people who were at greater risk of having a fall, and found that appropriate action had been taken following the incident/accident to ensure people's safety. For example people had been referred to the GP and occupational therapist. Whilst this demonstrated that appropriate action had been taken, without analysing the information available from incident forms it is not possible to identify patterns and trends that could be used to adapt people's care to make it safer. We have reported on this further under the 'well led' domain.

Recruitment processes were robust and ensured that staff were of good character and suitable to work with vulnerable people. New staff had been required to provide a written application outlining their qualifications and experience, before attending a formal interview. They had also been required to provide two written references, one of which needed to be from their most recent employer. A check by the disclosure and barring service (DBS) had also been completed. The DBS informs employers of any criminal convictions potential staff might have, and helps them to make decisions about the suitability around their suitability for the role.

Staff had received training in safeguarding, and were aware of how to report any concerns they may have. The registered manager kept a poster in the office which staff were aware of, and which provided contact details for the local authority so that any concerns could be raised. The registered provider had also ensured that people using the service had an understanding about safeguarding issues by giving them a 'protection from abuse' booklet. Where appropriate people had signed to say that this information had been shared with them. There had been no safeguarding concerns over the last 12 months, however the registered

manager had a good understanding of when she would need to raise concerns.

There were sufficient numbers of staff to meet the needs of people using the service. Rotas showed that there were consistent numbers of staff in post. The registered manager told us that agency staff were being used to ensure that the correct number of staff were maintained due to some permanent member of staff being off. An audit by the registered provider had identified that staff did not feel the rotas suited people's needs. In response to the rotas were being changed to increase the number of staff available.

People were supported to take their medication as prescribed. Staff completed medication administration records (MARs) to show when medicines had been given to people. These had been completed appropriately. Medicines were stored safely in people's own homes, and care records contained information around where care staff would find these.



## Is the service effective?

### Our findings

People told us that staff were good at their job, and that they received the care and support they needed. Their comments included, "They look after me good" and "Staff do a good job. They know how to support me". One person commented, "Yes staff are good at what they do".

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community settings an application needs to be made to the court of protection to ensure that any restrictions are carried out in accordance with the law. At the time of the inspection there was no one subject to an authorisation by the court of protection. We spoke to the registered manager who had an understanding of those situations where this may need to be done.

Some staff had not completed training in the MCA, however staff showed a basic understanding of the Act, and gave appropriate examples of how they ensured people had choice and control over their day-to-day care. People confirmed that staff offered them choices, for example what clothes they would like to wear or what their preferred care routine was. It is important that staff have a formal knowledge of the MCA so that they know what the law expects of them. We raised this with the registered manager who showed us that they were in the process of organising training for staff around this.

The training schedule outlined that staff had completed training in areas such as moving and handling, first aid and the safe administration of medicines. However, some staff had not completed recent refresher courses in these areas. For example 12 staff had not completed moving and handling training since November 2014, whilst other staff had not completed this since 2013. This had also been raised following an inspection by the local authority in May 2016. We raised this with the registered manager who showed that she was in the process of organising training for staff to ensure their skills and knowledge were up-to-date. People told us that they felt staff were skilled and competent, and we could not find any examples where this had impacted upon the care being delivered to people.

There was an induction program in place for new members of staff which included a period of shadowing experienced members of staff. The registered provider's induction program incorporated the care certificate, which is a set of national standards that care staff are required to meet. New staff also completed training in areas such as safeguarding, manual handling, food safety and the safe administration of medicines. This ensured that new members had the knowledge and skills required to carry out their role effectively.

Care records indicated the level of support people required with meal and drink preparation. We observed a member of staff supporting one person to write their shopping list, and making recommendations around

what they may need. Staff had ensured that those people who did not have support from family members, had plenty of fluids within reach which helped to minimise the risk of dehydration. People's preferred foods were also documented within care records. We have made a recommendation around risk assessments with regards to people living with Diabetes, which can be found under the 'safe' domain.

People had been supported to access support from health professionals where required. For example referrals had been made to the GP and occupational therapist for one person due to the high number of falls they had been experiencing. This helped to maintain people physical health and wellbeing.

## Is the service caring?

### Our findings

People told us that staff were kind and caring towards them. Their comments included, "Staff are very nice and helpful", "The carers are nice" and "The carers do their best". Relatives also commented that they found staff to be kind and caring towards people. One person's relative told us, "Staff are all very nice", whilst another commented, "They're respectful when they come into our home".

People confirmed that new staff were introduced to them with another member of staff present before they carried out care tasks alone. They also commented that they usually received care from the same member of staff, which helped enable relationships to grow. Staff spoke positively and with kindness about the people they supported. Interactions between staff and people showed that staff were respectful, patient and gave people time to answer questions. We also observed examples where people and staff had a laugh and a joke with each other. This showed that positive relationship had developed between people using the service and staff.

Action was taken to relieve people's distress or discomfort where possible. For example, one person was at risk of repeated falls which staff had reported to the registered manager. Daily records indicated that this person had been referred to the GP and occupational therapist so that they could receive the care and support they needed to minimise this risk. One person told us that staff offered reassurance when they became anxious, and commented that they were grateful to staff for the support they provided.

The registered manager confirmed that one person was receiving support from an advocate. There was also information available on one of the noticeboards within the service around how people could access support from the local advocacy service. An advocate acts as an independent source of support for people to ensure that their voice is heard during decision making processes. This helped ensure that people were involved in their care needs.

People confirmed that their privacy was maintained by staff during personal care tasks. People told us that staff had ensured that doors and curtains were closed, and that they felt their dignity was being maintained. One person commented, "Yes staff are respectful when they're helping me".

People's confidentiality was maintained. Care records were kept locked in filing cabinets in the main office, with up-to-date copies being kept in people's own homes. Staff had also completed training in data protection and security and the registered provider had a policy in place around keeping information secure, which was being followed.

## Is the service responsive?

### Our findings

People told us that they received the care and support that was right for them. Their comments included, "Staff provide the support that I need", "I value the support they give me" and "The care provides me with the support that I need".

Staff had access to up-to-date and relevant information about people's needs. An initial assessment had been completed when people first started receiving support from the service, which contained an outline of their needs. A 'core assessment' was then completed which provided a greater level of detail around people's needs. Where people presented with more complex needs, a 'complex needs' assessment was completed which provided detail on specific areas of people's care needs. For example, the care record for one person who had a high level of need when walking and transferring contained details around how staff should support them to manage this. Where people had a social worker, the most recent copy of the social work assessment was also contained within care records.

Care records were reviewed on a regular basis to ensure that they remained up-to-date and relevant. People confirmed that they had been involved in this process. Updates were made to people's care records as required. This helped to ensure that the care being provided to people continued to meet their needs.

Care records contained personalised information, for example information around people's life history, their preferred daily routines and their likes and dislikes. Records contained a 'how to support me' section, which recorded important information around people support needs. For instance one person's record outlined that they were reliant on support from a friend on a day-to-day basis. Information around people's preferred method of communication was also included and outlined where people may be reliant upon hearing aids, glasses or other methods of communication. Where people were of a particular faith, this had also been documented. This ensured that staff had the information they needed to provide the support that people needed.

Daily notes were completed by staff which outlined what support had been provided to people throughout the day, and whether there had been any issues. A handover was also completed at the beginning and end of each shift. This meant that information on any developments in people's care was shared between staff so that they remained aware of any important developments.

People were supported to engage in social activities which helped to protect people from the risk of social isolation. People told us that there was sometimes entertainment in communal areas. We saw people spending time chatting in these areas talking to one another. Where people had difficulty accessing communal areas, staff provided support and encouragement for them to do so. For example one person's care records outlined that they were at risk of social isolation. This person confirmed that staff offered to support them to access communal areas, however commented that staff respected their wish to remain in their home if they did not want to.

People told us that they knew how to make a complaint, and that they felt confident that the registered

manager would respond to their concerns. Records showed that two complaints had been received over the past 12 months. The registered manager had recorded the outcome for one of the complaints, however the second did not have the outcome recorded. The registered manager told us that a verbal discussion had occurred with the complainant and the issue had been resolved. The registered manager confirmed that in the future this information would be clearly documented as part of the complaint process.

## Is the service well-led?

### Our findings

There was a manager in post within the service who was registered with the CQC. People commented that they knew who the registered manager was, and felt that she was approachable and responsive to any concerns that they may have. Their comments included, "The manager is very nice", "She's approachable" and "Yes I know who the manager is, she would deal with any issues I had".

There were audit systems in place to monitor the quality of the service being provided, however these had not always been completed in line with the registered provider's own guidance. For example registered provider's policy states that medicines must be audited on a monthly and quarterly basis. Some medicines audits had been completed, however those for June, July and August had not been done. The registered manager did not complete an audit of accidents and incidents. We looked at those people who had fallen over the past three months within the service, and found that appropriate action had been taken to refer them to the relevant professionals to ensure their safety. Audit systems had also failed to identify where risk assessments had not been completed. We have reported further on this under the 'safe' domain. We raised these issues with the registered manager who told us that she would ensure medication audits would be completed monthly, and that an audit of accidents and incidents would be introduced.

It had been identified by the local authority in May 2016 that some training had not been completed by staff. During our visit we found that whilst the registered manager had a plan in place, this training had still not been completed. This showed that systems had failed to identify where staff training needed to be updated, and action had not been taken in a timely manner to rectify this.

The registered provider completed a quality monitoring visit every three months. This followed the inspection process used by the CQC, looking at 'safe', 'effective', 'caring', 'responsive' and 'well-led'. Action had been taken to address issues that had been identified by the registered provider.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality monitoring systems were not always being used effectively to identify where areas of improvement were required.

Staff commented positively on the support they received from the registered manager. A recent consultation had been held between staff and the registered provider which had highlighted that staff were not satisfied with the staffing rota. In response to this the registered provider had worked in partnership with staff to alter shift patterns, which would also increase the number of staff on duty during each shift. This showed that the registered provider had involved staff to make changes to the service.

A service satisfaction survey was completed by the registered provider on an annual basis. The results of this survey for 2016 were not yet available, however the results of the 2015 survey showed that overall people felt the service was 'excellent' or 'very good'. This showed that the registered provider engaged with people to ascertain their views, so that they could make improvements where needed.

The registered provider had a set of vision and values in place which were contained within the service user guide. These included the promotion of people's independence, dignity and respect. Staff gave appropriate examples around how they worked to promote these values in their day-to-day work with people. People confirmed that staff worked to promote these, and told us that staff respected their ability to make their own decisions and choices. For example one person commented that staff respected their decision not to go down to the communal areas if they did not want to. We observed another example where a member of staff was lead by one person in writing a shopping list, whilst offering advice where it was needed.

Policies and procedures were up-to-date and available to staff. For example a whistleblowing policy was in place, which staff knew how to access. Whistleblowing is where staff can raise any concerns either internally or externally without fear of any reprisals. This ensured that staff had access to up-to-date information on processes and procedures that needed to be followed.

The registered provider is required by law to notify the CQC of specific incidents that may arise within the service. No recent notifications had been received, however the registered manager demonstrated a good understanding of those situations where they would be required to send through a notification.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring systems were not always effective in identifying where improvements were needed.