

Making Space

Making Space Domiciliary Care & Outreach Service

Inspection report

Caxton House
Dorning Street
Wigan
WN1 1HW
Tel: 01925 571680
Website: www.makingspace.co.uk

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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

Making Space Domiciliary Care & Outreach Service provides care and support to people who reside in supported tenancies or within their own homes. At the time of the visit there were eleven people within the supported living scheme, living in their own individual tenancies and 17 people receiving outreach support within their own homes. The service was registered to support people with a range of mental and physical health difficulties.

There was a registered manager who was responsible for both supported tenancy and outreach support. 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.

Summary of findings

People we spoke with, within the supported living scheme, felt safe within the service and told us staff were kind and respectful towards them. People who used the service were encouraged to contribute to their care plans to ensure they were person centred.

Medication systems were in place to help minimise the risk of harm to people who used the service. Staff were recruited safely and the service had robust induction processes in place. Staff undertook regular on-going training and supervisions.

Safeguarding policies and procedures were in place and staff we spoke with were aware of these and were confident to follow them if necessary. The service also had whistle blowing and lone working policies in place to assist staff to feel safe and help ensure any poor practice could be reported appropriately.

We saw that activities and outings were person centred so that people were supported to pursue their individual interests and hobbies. A good range of information was given to people who used the service and efforts were made by the service to involve them in their care and listen to their opinions and views.

Care plans included a range of health and personal information. Consent forms for care plans were signed by people who used the service. People's preferences, likes and dislikes were taken into account so that support could be individualised to allow people to follow their

own interests. Tenants meetings were held on a regular basis, for those in the supported living scheme, and people who used all aspects of the service were supported to make their views known via feedback forms, by telephone to the office and informal chats with care staff.

Staff meetings were held regularly and staff encouraged to make suggestions and raise concerns. The management staff were approachable and staff and people who used the service were comfortable to discuss any opinions or concerns with them.

All staff had completed induction and mandatory training and further on-going training was offered throughout their employment. Some staff members had undertaken autism awareness training or personality disorder courses. Others had attended end of life care training.

The service worked within the requirements of the Mental Capacity Act (2005) when supporting people who used the service with decision making. There was evidence within the care plans of discussions around capacity issues and best interests decisions.

Complaints and concerns were dealt with appropriately and accidents and incidents were recorded and reported as required. Audits and checks were carried out on a regular basis and the results analysed to help facilitate continual improvement to the service delivery.

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.

People we spoke with, who used the service, said they felt safe.

Safeguarding policies and procedures were in place; staff were aware of them and had received safeguarding training. Issues were followed up appropriately.

Recruitment of staff was robust and staffing levels were flexible depending on the level of support required.

Staff had received training in administering medication and systems were in place to ensure the safe ordering, administration and disposing of medication.

Good



Is the service effective?

The service was effective.

Staff had a thorough and robust induction procedure and training was on-going throughout their employment. Supervisions were undertaken regularly.

Care plans demonstrated that consent was sought from people who used the service, for care and treatment administered.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA). Some staff had completed training in this area and others were to complete the training as part of their on-going development.

Good



Is the service caring?

The service was caring.

We observed staff offering care in a kind and friendly manner.

Activities and outings were person centred so that people were supported to pursue their individual interests and hobbies.

A good range of information was given to people who used the service and efforts were made by the service to involve them in their care and listen to their opinions and views.

Good



Is the service responsive?

The service was responsive.

Staffing levels were determined based on the needs of the people who used the service to help ensure the correct level of support for each person.

Care plans were person centred and there was evidence of the involvement and participation of the people who used the service in their own care provision.

Tenants' meetings were held regularly to ensure people had opportunities to voice their opinions and raise any concerns.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff told us they felt well supported by the management and other professionals said partnership working with the service was good.

There were regular staff meetings and annual surveys were sent out to people who used the service to encourage comments about the service.

A number of audits and checks were carried out regularly to help ensure continual improvement to the service.

Good



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 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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team would be available on the day.

The inspection took place on 30 December 2014. The last inspection was carried out in November 2013 when the service was found to be meeting all regulatory requirements inspected.

The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

Before our inspection we contacted four health and social care professionals who work with the service to provide care and support. This was to ascertain their experience of the care offered by the service.

We contacted the local Healthwatch service for information. Healthwatch England is the national consumer champion in health and care.

We spoke with three people who used the service, five members of staff including the manager. We looked at records held by the service, including three care files and three staff files.

Is the service safe?

Our findings

We spoke with three people who used the service. All three lived within the supported living scheme. When asked if they felt safe they all said yes, one of them saying, “I feel very, very safe”.

The service had two safeguarding champions within their staff and we saw that safeguarding training was a priority and was accessed via the local authority and followed up with e learning courses. The training matrix confirmed that staff at the service had completed safeguarding training.

All staff had access to the service’s safeguarding policy and there was an alert form for them to use if required. The two staff members we spoke with confirmed that they were aware of the policy and were confident they would recognise and report any concerns.

We looked at the safeguarding processes within the service. We saw that processes were in place and were followed appropriately by the service. We saw that there had been a safeguarding issue with finances. The service had looked at what had gone wrong and had amended their systems to ensure people who used the service would be safeguarded better in the future. This demonstrated a commitment to improving safety measures and a willingness to learn from experience and make changes.

We saw the company had a whistle blowing policy in place. There was a poster in the office, which staff would all see, with information about safecall. This was an anonymous reporting system. The telephone number of this service was put into each staff members work phone when they

commenced work to ensure they were able to access it at any time. Staff we spoke with were aware of the policy and reporting procedure and felt confident they would be supported if they needed to use this.

We looked at records kept securely in the office. We saw that each staff member had undergone a Disclosure and Barring Service (DBS) check, helping ensure staff were suitable to work with vulnerable people.

The company had a lone working policy which staff were required to read and each worker was supplied with a company mobile phone to aid their safety. There was out of hours support for staff to access if they required this.

We looked at staffing levels, via staff rotas, which varied according to the needs of the people who used the service. The manager told us they endeavoured to cover sickness and annual leave with existing staff members and had two regular bank staff who were available when needed. This helped ensure consistent staff who had knowledge of people who used the service and were more able to deliver care safely.

We saw that staff had completed medication training, some undertaking more advanced training to allow them to administer controlled drugs, some prescription medicines subject to control under Misuse of Drugs legislation. There were policies and systems in place within the service to help ensure safe ordering, disposing and administration of medication. A member of staff explained the systems to us and demonstrated the safety checks used to ensure medication was given safely.

Is the service effective?

Our findings

We saw the company's induction policy and that staff were required to read policies, including safeguarding and lone working as part of their induction. The company used Skills for Care's Common Induction Standards, which set out standards for people working in care to reach prior to commencing employment. The company also required new workers to shadow a more experienced member of staff, prior to being deemed competent to work alone.

We saw the training matrix and this confirmed that staff had completed induction and mandatory training and further on-going training was offered throughout their employment. Staff were encouraged to pursue their own particular areas of interest, for example, some had undertaken autism awareness training or personality disorder courses. A few staff members had also attended end of life care training.

Staff supervision was undertaken regularly on a six to eight weekly basis and this was confirmed via supervision records we looked at. We saw there were a range of topics discussed, such as general staffing issues, feedback from courses and on call arrangements. Policies and procedures were discussed and personal objectives identified at each supervision. These built evidence for on-going staff appraisals.

The manager told us they regularly rotated staff to work with different people who used the service. This helped ensure they had knowledge of the needs of all the people who used the service and would be able to cover for colleagues when needed. This also stopped people who used the service becoming too attached to particular carers and subsequently being distressed if their regular carer was on annual or sick leave.

We spoke with two staff members and three of the management team. Staff confirmed their induction was robust and training was on-going. They told us they were supported to develop their professional areas of interest.

We looked at three care plans, which included a range of health and personal information. We saw evidence of written consent to care plans, signed by people who used the service. We saw that the service worked within the legal requirements of the Mental Capacity Act (2005), which sets out the legal requirements and guidance around how to ascertain people's capacity to make particular decisions at certain times. We saw evidence of capacity discussions, for example around self-administration of medication, and best interest meetings. The service demonstrated an awareness of the importance of ensuring decisions were made in the person's best interests.

The managers had undertaken training in Mental Capacity Act (2005) and some staff were booked on training. There were plans to access training for other staff via e learning.

Is the service caring?

Our findings

We spoke with three people who used the service. One person told us, “I have a lovely life here; the staff are very friendly and lovable”. They went on to tell us they had been on holiday with staff and said, “We had a lovely time”. Another person said, “I like it here, I’ve got all the staff and all my friends”. A third person commented, “I have a laugh with them (staff). They are always kind to me”. When asked if staff were respectful of them, all the people we spoke with agreed that they were.

We observed staff interacting with people who used the service throughout the day. We saw that staff were very respectful and friendly. They ensured people’s privacy was respected, we saw they knocked on people’s doors and waited to be invited inside.

A good range of information was given to people who used the service and this was offered in an easy read format where required. Staff regularly advocated on the behalf of people who used the service and could signpost them to an independent advocacy service if they required this support.

We saw that there were one page support plans in some of the flats to ensure staff were aware of the needs of the person who used the service.

People who used the service were encouraged to attend and participate in tenants’ meetings and there was an open door policy to enable people to voice their concerns at any time. We observed people who used the service talking with staff in the office, the corridors and their own flats, throughout the day. Staff were always kind and patient and demonstrated a thorough knowledge of each person, their likes and dislikes and their needs and requirements.

The service made every effort to include people to have as much involvement in the writing of their care plans as they wanted. Their opinions and views were sought at all times. We saw in the last survey that 91% of people who used the service felt they had been involved in decision making and 100% said the service involved people they wanted and felt the service would respond to any concerns raised.

Is the service responsive?

Our findings

We looked at staff rotas and saw that staffing levels were responsive to the needs of the people who used the service. These changed on a day to day basis and staff worked flexibly to ensure the service delivery was personalised.

We looked at three care plans and saw that the information was personalised to ensure the care delivered to each person who used the service was tailored to their particular needs and preferences. Care plans were completed by a key worker who involved the person who used the service to ensure they were happy with the content. The plans were written from the point of view of the person who used the service and included information about what they felt was important in their lives.

The records were clear and easy to follow and we saw six monthly reviews were carried out and the person who used the service and their relatives were involved in these to the extent they wished.

Each person we spoke with told us about their interests, activities and outings. All of these were different and individual to that person, for example, one person liked to do crafts, another enjoyed watching history programmes on TV, going out dancing and going on holiday. The third person was more independent, but was also supported to pursue their hobbies and interests outside the home.

We looked at the complaints policy which was up to date. The complaints procedure was outlined in the welcome pack given to new users of the service. We looked at the complaints log and saw there had been no recent complaints. People who used the service were also given a “Have your Say” leaflet on admission. There was a supply of leaflets available in the office for people to use at any time to air their views.

Tenants’ meetings were held every two months and we saw the minutes of the last meeting. Among the topics for discussion were activities, health and safety, concerns, complaints and compliments.

Is the service well-led?

Our findings

We spoke with two staff members and they told us they felt supported by management. They confirmed that on call support was available out of hours and their training, supervisions and appraisals were regular and on-going.

Prior to the inspection we spoke with five professionals or services who had regular dealings with the service. One professional commented, “I only have telephone contact with them (the service) but they are always polite and helpful and return my calls”. Another told us, “The staff are professional and helpful. They take on board issues and try to resolve them”. A third said, “I visit the service and have no issues or concerns”.

We saw within the care plans we looked at that appropriate referrals were made to other services, for example speech and language therapists (SALT) and GPs. Records reflected the input from other professionals and the service followed the advice and guidance given.

Staff meetings were held on a monthly basis and the minutes were forwarded to staff members unable to attend. We saw some recent minutes and issues discussed

included general staff issues, files and safeguarding. We saw that staff had been given some guidance documents, one around health and safety and another about the Mental Health Act.

Annual surveys were sent out to people and the results of these were analysed at the company’s headquarters. The completed forms were kept within the local office and we looked at the most recent of these. The questions were about people’s satisfaction with the service delivered, support given and ability to report concerns and the comments made were positive. There also had been a recent stakeholders’ survey and the results of this were also positive.

Accidents and incidents were recorded appropriately and audited on a monthly basis. Data was collected at head office to look at trends and patterns, which may then be investigated locally if appropriate.

The service had systems in place around failed visits to people who used the service to ensure people’s needs were met at all times. Notes of failed visits were typed into staff phones and uploaded to the computer system for monitoring.

The managers of the service carried out regular spot checks on staff and observations of practice to ensure their continued competence.