

## 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 ●

# Summary of findings

## Overall summary

We undertook an announced inspection on 5 July 2017.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. Making Space Domiciliary Care & Outreach Service provides care and support to people who reside in supported tenancies or within their own homes and assist and encourage people to gain confidence in respect of their daily living skills. At the time of our inspection 10 people were receiving personal care in supported living services and 61 people received support with personal care from the domiciliary care service.

At the last inspection in December 2014, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People continued to receive care in ways which helped them to remain as safe as possible. Staff understood the risks to people's safety and were able to respond to people's needs. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. There were enough staff available to ensure people's needs were met. People were supported to receive their medicines by trained staff who knew the risks associated with them.

The care people received continued to be effective. Staff received training which matched the needs of people they supported. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff ensured people agreed to the support offered before assisting them. People were supported to eat and drink well when part of their identified needs. They were supported to stay well and access to health care services when they needed to.

People had built caring relationships with staff and were encouraged to make their own choices and maintain their independence. People were treated with dignity and staff were respectful to people's wishes. People and their relatives said staff and management team were caring and kind.

People and their relatives' views and suggestions were listened to. People's care plans reflected their preferences and people told us the service adapted to meet their needs. Systems were in place to promote and manage complaints. The registered manager was proactive in contacting people and their relatives

during times of change to ensure the service responses were tailored to people's needs.

Staff were involved in meetings, to share their views and concerns about the quality of the service. People and staff said the management team were accessible and would take action when needed.

People, their relatives and staff were encouraged to make any suggestions to improve the care provided and develop the service further. Regular checks were in place to assess and monitor the quality of the service and action taken to drive through improvements for the benefit of people who were supported by the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

This service remains good

### Is the service caring?

Good ●

This service remains good

### Is the service responsive?

Good ●

This service remains good

### Is the service well-led?

Good ●

This service remains 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 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 was an announced comprehensive inspection completed on 5 July 2017 by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

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 spoke with five people, and seven relatives. We spoke with 10 staff, the registered manager and the area manager. We also spoke the quality performance officer who was responsible for monitoring the service during the changes in commissioning arrangements.

We looked at ten records about people's care, including their medicine records, and one staff file. In addition, we looked how complaints processes were promoted and managed and compliments received. We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service. These included quality surveys completed by people and their relatives and audits completed by the management team and the provider.

# Is the service safe?

## Our findings

People we spoke with said they were safely supported with their care and felt confident with staff. One person said, "They always make sure I'm safe, and remind me to use my frame." Another person told us about staff, "I know them all really well, and they know me, they keep me safe." Relatives we spoke with said their family member was safe because the staff understood how to keep their family member safe.

The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of how to report any potential abuse and who they could report it to. They said they were always aware and quick to notice if anyone they supported had any concerns or potential abuse. They were confident to report it to the management team. We saw the management team reported concerns to the appropriate authorities in a timely way. One member of staff told us they discussed best practice in their regular meetings which kept potential abuse at the front of their mind.

People told us they discussed their support needs with staff. This included risks to their safety and welfare, for example, detailed risk assessments that looked at all aspects of how people's support was provided. One member of staff told us they knew people's risks and took appropriate action. We saw some people living in the community did not have clear personalised risk assessments recorded in their care plans. We spoke with the registered manager and she explained they were in the process of updating all risk assessments to ensure people's risks were mitigated. However staff explained they received regular updates from the management team to ensure they were always aware of any changes or emerging risks to people's safety.

People we spoke with explained they were usually supported by regular staff who knew them. Some people told us there had been changes in the staff who supported them. However at the time of the inspection this had improved and they now had more consistent staff. Relatives told us their family member was supported by staff who knew their family member well. One relative said they were pleased with the regular staff who visited and this had helped with their family member's well-being. The registered manager explained they were continuously recruiting to ensure they continued to have sufficient staff to meet people's needs.

New staff we spoke with explained they completed application forms and were interviewed to check their suitability before they were employed. They all said they had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. We looked at one staff file and saw the relevant checks had been completed. This information supported the registered manager to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People who needed support with their medicines told us they had their medicines when they needed them. One person said, "I always have my tablets as I should." Staff told us people's plans guided them to support people with their medicines and were updated when changes happened. Staff said they had received training about administering medicines and their competency was assessed by the management team.

The registered manager had identified improvement was needed with how staff in the community completed medicine records. There was an audit in place to quickly identify which staff were not completing records effectively and this was in progress.



## Is the service effective?

### Our findings

People we spoke were confident staff knew how to support them. One person told us about staff, "They are experienced and know how to help me." Relatives we spoke with said staff knew how to support their family member. One relative told "They [staff] all seem trained and manage dementia really well."

Staff told us that they had received an induction before working independently with people. This included training, completing the care certificate, and shadowing with an experienced member of staff. One member of staff explained they were well supported by the management team during their induction and felt confident when they had completed it to support people on their own. One person told us how new staff visited with an experienced member of staff. They said, "It works well, saves me keep explaining everything."

Staff told us they attended regular training to ensure their skills remained up to date. They also said the management team supported them to achieve their vocational training and this encouraged them to feel recognised for their quality of work.

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Relatives we spoke with told us staff offered support to their family member and always checked they wanted to receive care, and their wishes were respected. One member of staff said, "We understand some people need extra support to make their own decisions." One relative told us that staff would come back later if their family member was not ready to be supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For this service applications would be made to the Court of Protection.

Staff we spoke with and the registered manager told us some people using the service needed extra support with their decisions. We spoke with the registered manager and she explained that she was in the process of reviewing care plans for people to ensure guidance was correctly recorded. We saw care plans for people receiving domiciliary care did not always reflect who needed support with decisions and who would be involved in any best interests decisions. People and their relatives told us staff demonstrated supporting people with least restrictive practice. For example, one person told us staff encouraged their family member to shower using laughter and jokes. They went onto say their family member enjoyed the visits from staff and they helped with their well-being. We saw evidence of capacity assessments and best interests decisions completed when needed.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their support needs. They told us staff supported them with choices and encouraged them to be as independent as possible. One person said, "They know how I like things done, it works really well."

People we spoke with said staff helped them if they needed support with their health and social care. Staff had involved other health agencies as they were needed in response to the person's needs. For example, one person told us, "They got me a social worker when I needed more help."

# Is the service caring?

## Our findings

People we spoke with told us staff and the management team were compassionate and kind. One person said, "[Staff] are all wonderful, really kind and caring." Another person told us, "They [staff] are all grand, they really care about me, and that matters." Relatives said staff were considerate to their family member. One relative told us, "If I pop in while staff are with [Family member] they are always having a giggle." They went on to say, when they were out with their family member the sometimes saw staff, and their family member always greeted staff and was very pleased to see them.

People who lived in the supported living housing said they had regular carers who knew them really well. One person told us, "They all know me well; we talk and work out what I want to do. I am very happy here." People who were receiving support from the domiciliary care told us there had been some changes over the last twelve months, however things were now settling down and they were receiving support from regular staff who knew their needs. People were reassured they would continue to receive support from staff who were familiar to them. One person explained this was really important to them to improve their well-being. They went on to say the management team sent a rota each week so they would know who was coming. They said they appreciated this and it reduced their anxiety.

People said staff supported them to make their own decisions about their daily lives. One person told us, "We work out my routine together, which is great so I know what I am doing." Another person said, "They always ask if there is anything else, I only have to say and they will sort for me." A further person explained how their regular staff member was "Amazing, they know my little ways without me having to explain," and this helped to maintain their well-being.

Relatives said they were involved with their family member's support. One relative explained that communication worked really well between staff and themselves. For example, when their family member was unwell action was taken and followed through consistently and everyone knew what was happening. The relative told us they really appreciated it and found the support very reassuring. Other relatives told us staff were always very proactive and contacted them when they needed to.

People said staff respected their dignity. One person told us about staff, "They are all so good, they never make me feel useless." Another person said, "I am never rushed, staff have time to talk to me properly." A further person explained staff always supported them to be as independent as possible and only helped with what they wanted help with. Relatives said staff treated them and their family member with dignity and respect. One relative explained staff spent time talking to their family member and respected their dignity as an individual. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible.

## Is the service responsive?

### Our findings

People we spoke with told us their individual needs were met. One person explained staff supported them with everything they wanted help with, which helped them manage to stay in their own home. Another person said, "All my needs are met, I am very satisfied." People we spoke with told us staff involved them with any decisions about how they were supported. Relatives said the management team responded quickly to any changes or concerns and could adapt the support they offered.

We spoke with the quality performance officer from the local authority, who was involved with the changes in commissioning arrangements for services provided in Wigan. They told us the management team had worked hard to reduce the impact and people were now receiving more settled care arrangements. People and relatives we spoke with were aware of the changes and felt the service they received had settled again and they were being supported by regular staff.

Staff we spoke with said they knew people well and they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans when they lived in supported living services. The registered manager had identified that some people's records who were being supported with domiciliary care needed improving and they were in the process of updating them. People we spoke with confirmed they had the supported they wanted. Where more complex needs were identified, staff were aware of how to support the person.

People told us their support was regularly reviewed and where changes were needed they were in place. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. One person told us how when the management team visited for reviews of their care they always listened to them and any changes were implemented.

Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative told us how they could increase visits to their family member when they needed to. They said, "I can just call up and they will sort, no fuss at all. They all seem to know my [family member and what is important and always send staff who know what to do."

People and their relative told us complaints were dealt with effectively and they were confident to raise any concerns. We saw complaints had been investigated and action taken in a timely way. For example we saw the management team had been proactive during the change with the commissioning and had sent out feedback forms to find out where the concerns were. We saw the management team had then looked at the improvements on an individual basis and worked towards these. People told us overall things had improved, the registered manager said there were issues that they were working on as a result of the changes. Staff said there had been an improvement during the new commissioning process. We saw there was a clear procedure in place to ensure concerns were investigated, action taken and lessons learnt.

# Is the service well-led?

## Our findings

At the inspection in December 2014 we found the service was good. Previous inspections in 2012 and 2013 we found the service to be compliant with the regulations we looked at. At this inspection we found the service had remained good.

A registered manager was in post at the time of our inspection. 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.

People we spoke with said the service was well managed and provided them with the support they needed. They said the management team were approachable and took action when they needed to. Relatives we spoke with were happy with the support their family member received and said the service was managed effectively. One relative told us, "The management have had a difficult time with all the changes, but they try hard." People and their relatives told us they were satisfied with the service they received. People said they were sent questionnaires to help them give further feedback about the service. We saw the responses were positive and people overall were happy with the support they received.

The registered manager was developing the service to ensure the care provided met people's needs. For example, a robust recruitment plan was in place to ensure there were enough staff to meet people's needs. The management team were proactive in taking action when any improvements were identified, for example with complaint responses we saw and staff told us actions were followed through and improvements made. One member of staff explained that people were listened to and where possible improvements were made when people raised a concern. Another member of staff said, "We all put people first, and follow up if things don't appear sorted."

Staff told us they had regular staff meetings which had supported the team of staff during the changes from the commissioning arrangements. They said they could discuss any concerns with the management team and the team were very accessible. One member of staff told us about suggestions made by staff were listened to and actioned by the registered manager. They went on to say how staff had suggested time with the management team before shadowing with experienced staff would help understanding. The management team confirmed this was now in practice to support staff going through their induction process.

Staff told us they had regular one to one time with the management team, and fed back from people's reviews which helped them to be reassured about their practice. The staff received regular newsletters, which kept them up to date with changes and gave guidance about any concerns. One member of staff said, "We all work together, it's been difficult but things have calmed down now, all the people I speak to are happy."

The management team showed us their regular audits which supported them to monitor the quality of the

service provided. The registered manager used these audits to recognise improvements and to create an action plan to monitor their process. For example, risk assessments, care plans and medicine records. We saw strategies were in place to make the improvements in a timely way, and plans were reviewed with the provider to ensure they were completed.