

Making Space Palmyra

Inspection report

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Date of inspection visit:
29 April 2019
30 April 2019

Date of publication:
03 June 2019

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

About the service:

Palmyra is a residential service that was providing personal care to 13 adults living with an enduring mental health condition at the time of the inspection.

Situated close to local amenities, the service appears externally as a domestic property on a residential street. Palmyra accommodates up to 15 people in one building. There is ramp access to the front of the house. Bedrooms are situated over three floors. A kitchen, dining room and lounge are situated to the ground floor. There is a large enclosed garden situated to the rear.

People's experience of using this service:

Although Palmyra catered for adults of all ages, most of the people living at Palmyra were older adults. Palmyra offered support to people who had been unable to live independently in the community.

People living at Palmyra were very much a part of the local community and accessed the community and its facilities through both socialising and activities. Some people had family members and friends who lived locally and visited them on a regular basis.

There was enough staff to support people to engage in whatever activity they chose. This helped to promote people's choice, independence and inclusion. The size, layout and staffing arrangements meant that Palmyra had a homely feel. People and their relatives told us they were settled and happy living at Palmyra and considered it as home.

People received care from staff who had been supported in their role with appropriate training and supervision. Staff were caring and compassionate and knew people's needs and preferences well.

Regular checks and audits were carried out to determine the quality and safety of the care being provided.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. People were encouraged to be as independent as possible.

People were encouraged to express their views and were actively involved in decisions about their care.

The registered manager and registered provider promoted a person centred and transparent culture within the service. The ethos of the service was to give people the freedom to enjoy an everyday life.

Rating at last inspection:

At our last inspection, the service was rated "Good." Our last report was published in October 2016.

Why we inspected:

All services rated "Good" are re-inspected within 30 months of our prior inspection.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

The service met the characteristics for a rating of "Good" in all the key questions we inspected.

More information is in our full report.

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 was safe.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Palmyra

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

The inspection was completed by an adult social care inspector.

Service and service type:

The service is a residential care provider. It provides personal care and accommodation to younger and older adults living with a mental health condition.

There was a registered manager in post. 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.

Notice of inspection:

Our inspection was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to seven people who used the service. We also spoke to four relatives to give us a better understanding of people's experiences of care at Palmyra.

We spoke with the registered manager, the deputy manager, two care staff, a domestic and a volunteer.

We reviewed four people's care records, four staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse;

- Both people we spoke with and their relatives told us they felt the care they received was safe. One person told us, "I feel safe here, there is always staff about." A relative told us, "This is a safe environment for [person], it means I don't worry when I go home."
- Staff received face-to-face safeguarding and whistleblowing training. We spoke to staff to check their understanding of safeguarding people from abuse, maltreatment and neglect and found staff were aware of the procedures in place to follow regarding any suspicion of abuse.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management;

- Systems were in place for checking the environment to ensure it was safe. External contracts were in place for gas, electric, legionella and fire safety. Regular internal checks were also completed. This helped ensure good safety standards.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Assessments included guidance for staff to mitigate risks to people to ensure, as far as possible, their protection from avoidable harm.

Staffing and recruitment;

- Staff were deployed in sufficient numbers to provide safe, consistent care and support. We looked at staff rotas and found there was enough staff to meet people's needs. One person told us, "There is always staff around here, night and day."
- The service did not use agency staff; any sickness or absences were covered by permanent members of staff. This ensured that people received care and support by staff who were familiar with their needs and routines.
- Full pre-employment checks were carried out prior to a member of staff commencing work such as disclosure and barring service (DBS) checks and references. This helped to ensure that staff members were safe to work with vulnerable people.

Using medicines safely;

- Risk assessments for people's medication had been completed and consideration had been given to supporting the person to manage parts of their medication if they wished. Medication was administered by care staff whose competency was assessed.
- Medication administration records (MARs) contained the necessary information for safe administration of people's medicines. We saw that for people who were prescribed PRN (as and when required) medication, staff attempted diversion techniques before administering this type of medication. This helped reduce the

risk of having to give the person medication unnecessarily.

Preventing and controlling infection;

- Staff received training in infection control and prevention. Staff had access to personal protective equipment, including disposable gloves and aprons.
- During our inspection we observed that the service was clean and well maintained.

Learning lessons when things go wrong;

- Incidents and accidents were reviewed by the registered manager to identify themes and trends. This helped to prevent recurrence in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- We looked at people's care records and saw evidence of both the person and their relative's involvement in the collating of information.
- People were assigned a key-worker. This helped staff to build good relationships with the people they supported and ensured that people received personalised support dependent upon their needs and preferences.

Staff support: induction, training, skills and experience;

- The service supported staff through inductions, supervisions and appraisals. This meant staff had the necessary knowledge, skills and experience to perform their roles.
- Staff we spoke with were competent, knowledgeable and skilled and felt supported by managers to develop further. For example, most staff had completed external courses in care such as National Vocational Qualifications (NVQs).

Supporting people to eat and drink enough to maintain a balanced diet;

- All meals were home cooked on the premises. The service employed a chef. People had a say in what they wanted to eat and regular meetings were held to help devise menu planners. People told us they enjoyed the food and were offered choice. Comments included, "The food is nice with plenty of choice," and, "If I didn't like what was on the menu I can have something else." People were able to eat their meals in the dining room or their own room if they preferred.
- Care records we looked at contained information on how staff supported people with their dietary needs, for example, a diabetic diet. Records also demonstrated that people were weighed regularly to ensure that people were not losing or gaining weight inappropriately.
- For people who wanted it, hot drink making facilities were available in people's rooms.

Staff working with other agencies to provide consistent, effective, timely care;

- The service referred people to external healthcare professionals where appropriate. For example, dieticians, district nurses and GPs. This ensured that people received the care and support they needed. A relative told us, "They are quick to call a doctor if needed and always call to let me know what is going on."

Supporting people to live healthier lives, access healthcare services and support;

- People were supported by staff to attend any external healthcare appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak on their behalf.

Ensuring consent to care and treatment in line with law and guidance;

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 to receive care and treatment with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA and found that they were. Staff assumed people had the capacity to make decisions, unless they assessed otherwise.

Adapting service, design, decoration to meet people's needs;

- For people who smoked at the service, fire retardant floor had been installed in the designated outdoor smoking areas to help keep people safe.
- There was a pleasant and enclosed outdoor space which people accessed freely. One person had installed a bird bath and feeding table and enjoyed changing the water each morning. Some people helped to grow plants in raised beds.
- We saw that people were able to decorate and personalise their bedroom how they wanted. This helped people feel that Palmyra was their home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported;

- We observed kind and warm interactions between staff and the people they were supporting. During our visit we witnessed a person take ill. Staff reassured the person and treated them with dignity and compassion. One person told us, "I love living here, staff are great, on the ball, they know me well, they know my routine, I always have the same staff and I feel safe." Comments from relatives included, "Staff here are caring and compassionate" and "Staff are very good and well organised." One relative had left written feedback in the form of a thank you card, "I have been impressed by the professional and caring attitude of all staff. Staff have gone out of way to get to know [person], personalise [their] care and show compassion and understanding."
- Staff were motivated in their roles, one told us, "I enjoy working here, we get to know people so well we are like one big family." We asked staff what equality and diversity meant to them. One member of staff explained, "We treat everyone equally. We treat everyone as we would want a member of our own family to be treated."

Supporting people to express their views and be involved in making decisions about their care;

- We saw the service adhered to the Accessible Information Standard principles. This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. People's care records identified and recorded communication impairments. Information was provided to people in such a way they could understand. For example, care records contained guidance for staff on how to best to communicate with people and signs to look for which indicated that the person was suffering a decline in their physical/mental health.
- The service held regular meetings for people. Topics discussed included menu planning, ideas for activities and days out. This provided people with as much opportunity as possible to be independent in planning their own lifestyle and support needs.

Respecting and promoting people's privacy, dignity and independence;

- People were afforded choice and control in their day to day lives. Most people accessed the community independently.
- People's right to privacy and confidentiality was respected. People told us, and we observed, that their privacy and dignity were maintained. We saw staff offer people assistance and support in a considerate and compassionate manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People's care records contained information about people's preferences in relation to their support and treatment. The care plan was used to get to know the person rather than just an assessment of their needs. People told us they have been involved in their care plan. One person told us, "Staff look after me well, the way I want."
- We saw evidence that people's protected characteristics were recorded such as their religion and culture. People were supported by staff to attend Church if they wanted. The service was committed to employing people with a disability. This showed the service had regard to its obligations under the Equality Act 2010.
- People were encouraged to make choices and have as much independence as possible. One person told us, "I have made suggestions about places I would like to go and it's happened." The service employed a full-time activity co-ordinator to facilitate activities both on a one to one basis and in group form.
- People had autonomy over how they spent their time and participated in activities which were meaningful to them. People had enjoyed trips to the theatre to see a show of their choosing. Some people enjoyed accessing the local shops daily to purchase items such as a newspaper and toiletries. Others enjoyed visiting the local café for breakfast. One person who loved animals regularly visited a cat café, this helped to comfort the person as they missed their pet cat.
- The service had built up good relationships with local shop and café owners so that most were on first name terms with people. This gave people a sense of belonging in their local community. Staff provided support to access the community to people who required it.

Improving care quality in response to complaints or concerns;

- There was an appropriate complaints management system in place. At the time of our inspection nobody had made a complaint. One person told us, "I have never had to complain, I feel I could tell staff anything and they would act on it."

End of life care and support;

- At the time of our inspection there was nobody receiving end of life care.
- People's care records contained information about their wishes for the end of life care they wanted.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture;

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- Any incidents were appropriately recorded by the registered manager and sent to the registered provider for analysis. We did note that not all incidents had been appropriately referred to CQC. This meant we were not always able to monitor notifiable events at the service. We spoke to the registered manager about this. They confirmed that going forward they had a far better understanding of the types of incidents which required reporting.
- The service had a comprehensive system of audits to monitor the safety and quality of the service. In addition, the registered provider 'inspected' the service on a quarterly basis to ensure standards were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager was supported by a deputy manager and both encouraged an open-door policy. This ensured transparency in the running of the service. Staff described management as being, 'approachable', 'fair', 'open' and 'supportive.' One person told us, "Management are brilliant, there's always an open door and they are approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- We looked at processes in place to gather feedback from people living at the service. Regular meetings were held for people and they chose what topics they wanted to discuss. This helped to ensure people had a say in how the service was run.
- The service also held meetings for relatives of people using the service in order to obtain feedback and seek suggestions for further improvement.
- The service had a compliments file. We saw written feedback from a visiting professional who had written, "Staff are friendly and have a lovely manner with residents, the home is clean and tidy and people appear well cared for."
- The manager held regular staff meetings so that staff could have their say. This helped to drive improvement. One member of staff told us, "The meetings are good and I feel confident to make suggestions for the better."

Continuous learning and improving care:

- People had 'Hospital Passports'. These documents contained important information about people, for example, medical conditions, dietary requirements and how to best communicate with the person. This

helped hospital staff get to know the person and respond to their needs.

Working in partnership with others;

- Many people living at the service accessed the local shops. The service worked with local shopkeepers to educate staff on the needs of people living with a mental health condition. This was to lessen the risk of people facing discrimination and to live a life with as much freedom as possible.