

Making Space

Making Space Domiciliary Care and 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

This announced inspection took place on 11 & 16 March 2016.

Making Space Domiciliary Care and Outreach Service is a domiciliary care agency which provides supported living and outreach services to people living with a mental health condition in Lancaster and Morecambe. There were six people who used the service at the time of inspection.

There was a registered manager in place. 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.

The service was first registered with the Care Quality Commission in July 2015. Due to flooding there was a change to the registered location in December 2015. This was the first inspection of the registered provider since registration. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

Feedback from people who used the service was positive. People spoke highly about the quality of service provision on offer. Staffing levels were conducive to meet people's needs. We observed staff being patient with people and meeting their needs in a responsive manner.

Arrangements were in place to protect people from risk of abuse. People told us they felt safe and secure. Staff had a sound knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Recruitment procedures were in place to ensure staff were correctly vetted before commencing employment. Staff retention was good and people said they benefited from staff who knew them well.

Suitable arrangements were in place for managing and administering medicines. People were encouraged to self-administer medicines where appropriate. Risks of self-administration were managed.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. Systems were in place to monitor and manage risk.

Detailed care plans were in place for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

People said they were supported at appropriate times to meet their nutritional needs. Strategies were in place to promote healthy eating where appropriate.

The registered manager had implemented a range of quality assurance systems to monitor quality and effectiveness of the service provided.

Information regarding accidents and incidents was monitored by head office so trends and themes could be identified and processes put in place to minimise risk. External consultants were commissioned to promote health and safety.

The registered provider worked innovatively to encourage people to live active lives within their community.

Staff were positive about ways in which the service was managed. Staff spoke highly about levels of training on offer and support from management. Staff described teamwork as "Good."

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.

People who used the service told us they felt safe.

Processes were in place to protect people from abuse. The provider had robust recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

Suitable arrangements were in place for management of all medicines.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

Staff were caring.

People who used the service were positive about the staff who worked for Making Space Domiciliary Care and Outreach Service.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

The registered provider encouraged people to become active members of their community. For people who felt uncomfortable within the community the registered provider had started working with other groups to develop innovative ways of working.

Is the service well-led?

Good ●

The service was well led.

The registered manager and team leader had good working relationships with the staff team. All staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to improve service delivery.

Making Space Domiciliary Care and 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.

This inspection took place on 11 and 16 March 2016 and was announced. 48 hours' notice was given because we needed to be sure someone would be at the office.

The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We also contacted the local authority we received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with three members of staff. This included the registered manager, the team leader and one member of staff who provided direct care.

We spoke with three people who used the service to obtain their views on what it was like to use the service. We observed interactions between staff and people to try and understand the experiences of people who used the service.

To gather information, we looked at a variety of records. This included care plan files relating to three people who used the service and recruitment files belonging to two staff members. We viewed other documentation which was relevant to the management of the service including health and safety

certification & training records.

A person receiving the service invited us to view the communal area within the supported living service.

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "I feel safe living here." And "They make me feel secure."

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. The team leader told us all staff received regular safeguarding training to keep abreast of safeguarding matters. Staff confirmed they had completed safeguarding training. Staff were able to describe different forms of abuse. They were confident if they reported anything untoward to the registered manager this would be dealt with immediately. One staff member said, "I would contact management immediately, if I had any concerns. I've been on numerous safeguarding training courses." And, "Peoples' safety is my priority."

We saw safeguarding awareness information was displayed in staff areas for staff to have quick reference to. The organisation also had a confidential telephone hotline where concerns could be relayed and discussed with a senior member of staff.

We looked at safeguarding incidents raised by the provider and noted the registered provider took appropriate steps and actions following identifying safeguarding concerns.

One person said, "Staff come to visit me to see if I am ok." People told us staff were reliable and always turned up as scheduled on the rota. They told us they received support from familiar staff who knew them well. We were told on odd occasions if staff were running late they would phone beforehand and apologise for any delays. People said this rarely happened however.

Making Space Domiciliary Care and Outreach Service was managed by a registered manager and team leader. The team leader worked three days a week within the service. They were overseen by the registered manager. The team leader was responsible for developing the visit schedules for each week. The team leader said they scheduled staff according to people's care needs and personal requests. The registered provider did not use agency staff. This allowed for consistency of staffing.

We spoke with the team leader to ascertain what systems were in place for monitoring home visits. The team leader said staff visits were monitored using telephone monitoring. Staff were expected to register their attendance and departure at each visit.

The registered provider had an out of hours on call system in place. Staff said they were happy with the on call system and were confident management would support them if required. Systems were also in place to protect staff from harm when visiting people in their own homes

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed two staff files. Human resource records were stored at head office but information was shared with management using a staff database system. Full employment checks were

carried out prior to staff commencing work. The registered provider kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of which was the last employer.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a regulated activity within health and social care. The registered provider verified this documentation prior to a person's employment being confirmed.

We looked at how the registered provider managed medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so. For some people who could not be involved in ordering their own medicines, staff provided support to do this. Staff carried out regular checks to ensure the person was competent to self-administer medicines. Relevant information relating to risks was documented in people's care records. The registered provider ensured regular checks took place to ensure people were taking medicines in accordance with their care plan.

People were encouraged to have their medicines pre-dispensed using a blister pack system from the pharmacy. This promoted safety and reduced any risks of error due to mis-administration. The team leader said ordered medicines were checked upon receipt from the pharmacist to ensure they were correct. This helped minimise any risk of people being administered incorrect medicines.

Daily safety checks were carried out around the supported living environment. Any highlighted faults within the environment were reported immediately to the housing association for action. Health and safety consultants were also employed by the registered provider to carry out annual health and safety assessments.

There had been no accidents or incidents since the service had been registered at this location. The registered provider had a system in place for reporting all accidents and incidents with a designated health and safety lead within the organisation. This allowed the registered provider to assess all accidents and incidents to look for emerging patterns.

Is the service effective?

Our findings

People who used the service praised the standard of care provided. One person said, "They (the staff) are worth their weight in gold. If I need to go to the hospital or doctors they will support me."

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were in place to assess people's safety, mental and physical health. Assessments were reviewed regularly and outcomes were recorded after each reassessment. Changes in assessed needs were recorded within a person's care plan. Information from care coordinators assessments were considered and incorporated into people's general care plans. This allowed for consistency of care.

People who used the service had regular appointments with general practitioners, care coordinators, and other health professionals. People were encouraged and supported to hospital appointments when required. Health was promoted and people were encouraged to attend annual health checks. Health professional input was recorded in people's care notes.

The registered provider worked innovatively to try and promote health. We saw evidence one person did not like getting up early. The registered provider negotiated with the person's GP to find a hospital clinic that was facilitated in the afternoon rather than the morning. They did this to reduce any barriers to prevent the person from attending.

People told us they were supported with diet and nutrition where appropriate. We observed staff going out food shopping for some people who did not wish to go out for their own food. One member of staff said they had completed some work with people who use the service to promote healthy eating. They had supported people to learn to cook meals from fresh rather than relying on frozen ready-made foods and take-aways. When people needed support with preparing foods support times were tailored accordingly.

We saw one support worker had developed an information booklet for people entitled, 'Cooking on a budget.' This had been developed following a request from people to learn to cook on a budget. The team leader said they were planning on circulating this to all people who received a service. Another person had asked for lessons in cake making. Following the lessons this person now cooked cakes independently and took them to a support group they attended.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We observed people were free to leave the buildings at their own free will and were not restricted.

Care records maintained by the provider addressed people's capacity and decision making. We noted when people's health was showing signs of deterioration which may affect their capacity protocols were in place to follow. These protocols had been developed with people when they had capacity. This promoted autonomy.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We spoke with the registered provider about the Deprivation of Liberty Standards. (DoLS.) The team leader told us staff including themselves had completed DoLS training. The registered manager had a good understanding of DoLS.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Training was provided both in-house by the registered provider's central training team and in house from peers and management. Staff told us there was also opportunity to complete e-learning training. Training included safeguarding of Vulnerable Adults, Health and Safety, First Aid and Mental Capacity Act Awareness.

Training records were kept centrally by the registered provider on a staff database system. The team leader advised us the registered provider was currently updating the system to make it more efficient.

Alongside the central database the team leader maintained a training matrix to show what skills staff had and where training was required. They told us they used this to ensure there were suitable numbers of trained staff on duty at all times.

The team leader said they were currently waiting the next financial years training schedule so they could book further training for staff. We were shown the current years training schedule and noted there was a variety of training offered. Staff also had opportunity to book extra training sessions they deemed as relevant to their learning needs.

Staff told us they were more than happy with the training offered by the registered provider. They said training enabled them to carry out their role proficiently. Two members of staff praised training offered by the registered provider and described the registered provider as one of the best providers for offering development opportunities to staff.

We spoke with a member of staff who was recently employed to work within the service. They told us they worked supernumerary alongside other members of staff until they felt comfortable in the role. They said they received a full twelve week induction in order to equip them with the required skills. The staff member said management were very supportive of them during the induction period.

We spoke to staff about supervision. Staff confirmed they received regular supervision. Staff said managers had an open door policy and they were not afraid to discuss any concerns they may have in between supervisions. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

Is the service caring?

Our findings

People were complimentary about staff providing care. One person said, "The staff are great. They all make me laugh. We have a laugh and a joke." Another person said, "Staff are caring."

We observed staff laughing and joking with people and they looked comfortable in the presence of staff.

People who used the service spoke highly of the staff team. Two people expressed concern as one member of staff was leaving their role. Both people said they were going to miss this person and the contribution they brought to the team.

One person said they had expressed some concerns about feeling isolated to the management of the service. The management responded by supporting the person to request an increase in their commissioned support. This was approved and the person said it was already helping them feel more secure.

We observed positive interactions throughout the inspection between staff and people who used the service. Staff routinely enquired with people about their wellbeing at every opportunity. Staff used good non-verbal communication when speaking with people. This enabled improved conversation to take place as people felt comfortable in staff presence.

We observed general interactions between staff and people who used the service. Staff took time to engage in conversation with people and did not appear rushed. We observed one person asking for help even though he was not receiving direct support at that time. The staff member took time out from what they were doing and happily obliged in helping the person.

Staff knew people's likes and dislikes and ways in which people liked to be supported. One person had a subtle way to show they did not want to engage with support. Staff understood this and respected this. Another person liked staff to use a discreet physical gesture when out in the community. This served to reassure the person to show them they were doing fine.

Staff showed an interest in people who used the service. We overheard one staff member speaking to a person who used the service. The staff member used small talk to engage in conversation with a person. The staff had a good knowledge of what to talk about so the person would respond and engage.

Privacy and dignity was addressed. We observed staff members knocking on people's doors and waiting to be invited in. When people did not want staff to enter rooms, staff respected their choice. We noted staff were encouraged to become "Dignity Champions." Dignity champions are people who believe strongly dignity is a right and not an optional extra. They aim to promote and deliver person centred services.

Is the service responsive?

Our findings

People who used the service told us care provided was person centred and responsive to individual need. One person said, "If I give them enough time Making Space will change my support to when I need it." And, "I am happy, happy, happy." Another person said, "My staff help me try to improve."

We looked at care records belonging to three people who used the service. The registered provider followed good practice guidelines and used a "Recovery Star" model for assessing people's needs and supporting them to become independent. Care records were person centred and contained detailed information surrounding people's likes and preferences. People had a one page personal profile in place. This highlighted key points of their likes, dislikes and important factors to consider when supporting them. Additional supplementary evidence included people's hobbies, interests, life histories and routines. This demonstrated the registered provider was committed to providing personalised care and promoting independence. Peoples consent was consistently sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including communication, medicines, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan. Care plans were reviewed and updated at least annually. We saw evidence records were updated when people's needs changed. Needs identified within the care plan were addressed within individual risk assessments for each person.

The registered provider ensured daily notes were completed for each person in relation to care provided. This information was then fed back into the care plan and risk assessments at the review stage. The registered manager was currently working with people who used the service to try and encourage them to hold their care records within their own home. The registered manager said this would allow staff to update records in a more timely manner.

On the second day of inspection the registered manager and team leader were going to visit a person to carry out a pre-assessment. The registered manager said pre-assessment checks enabled them to capture relevant information relating to the care support requirements of people. It allowed them to see if they have the skills required to successfully support the person. The registered manager said they considered compatibility prior to a person accessing the supported living service. They said it was important people were able to get on if they were to share living.

People were offered an opportunity to have a transition process before moving into supported living schemes. This enabled people to feel safe and comfortable before moving into the service.

The registered provider encouraged and supported people to be active. People were encouraged to be part of their local community. The registered provider had recently worked with the Princes Trust. Volunteers had visited one of the supported living schemes and assisted the people who live there to tidy up the communal garden. This project encouraged people to be active and enabled people to engage with community groups.

It also helped improve the communal areas available to people who used the supported living scheme.

Staff told us people were encouraged to access various community groups including peer support groups and advocacy groups. One person told us they spent time visiting friends and relatives, gardening in their communal garden and visiting local pubs.

Staff were innovative in the way they supported people. Staff had recently introduced technology to one person and they were beginning to use the internet. This person readily engaged with staff as they used the internet to listen to music and look at the person's interests. The staff member said they were working hard to try and equip all people who used the service with IT skills to prepare them for the future.

Staff were looking for innovative ways to support people to secure and maintain employment opportunities. One person had a job walking animals. Due to funding constraints this person was unable to fully access their work. The registered provider put plans in place for the animals to be brought to the person's home so the person could walk the animals nearby to where they lived. This enabled the person to continue and sustain their employment.

Another person said their mental health restricted them from engaging with the community. The person had expressed a wish to find employment to keep them occupied. The registered provider was currently working with the person and an employment service to look at options of home working for this person.

Equality and diversity was embraced and recognised. Staff had received training in this area. This promoted person centred care.

The registered provider fostered a culture of open communication and promoted the rights of people who used the service. People were encouraged to speak out. When people could not speak up for themselves the registered provider would support people to access advocacy services. One staff member said, "Sometimes people want us to be their advocates. We can do this."

People were also encouraged to be involved in the everyday running of the service. One person helped weekly with the legionella checks. The registered provider had tried to encourage people to become involved in the recruiting of staff but people had been reluctant to become involved. The team leader said they would continue trying to motivate people to participate.

People were encouraged to speak out if they were unhappy with their care. People we spoke with had no complaints about the service. Feedback included, "I've never had to complain. I've nothing to complain about." And, "They are kind. I've never complained." People knew who to go to should they have wish to make a complaint.

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained. The organisation had a central complaints department who were responsible for investigating any complaints.

Is the service well-led?

Our findings

People who used the service were aware of who was in charge as manager and who to go to if they had any concerns. One person said, "I have had three different support agencies in four and a half years. These are the best thing that has ever happened to me."

The team leader said they had worked hard since the service commenced in July 2015 to build positive relationships. People were now more trusting and wanting to engage with staff. We noted, "Have your say" leaflets had been distributed to people who used the service to allow them the opportunity to give feedback on the service delivered.

The registered manager had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and as well as checks on infection control and legionella. The registered manager told us the organisation had recently purchased a new software package to improve ways in which audits were planned and carried out. They said they currently carry out monthly and quarterly audits.

Staff praised management for the ways in which the service was managed. One staff member said, "They are a brilliant company to work for. They are so supportive."

The team leader said the Organisation fostered an open and transparent culture. This promoted honesty. The organisation had developed this culture using the Department of Health 'Being Open' guidance. Staff said there was a no blame culture within the service.

Everyone we spoke with described communication as good. Staff said they had a variety of channels to communicate between themselves. Staff said they could share any concerns through management and also used an email system to update staff of any relevant information. The registered manager had recently begun holding monthly team meetings for all staff to attend. Minutes of meetings were recorded. Meetings proactively looked at how improvements within the service could be made. Staff members were openly asked for suggestions for improvement. The organisation also produced a regular newsletter for staff to keep staff updated of all relevant information.

The registered provider had a range of policies and procedures in place to guide staff. The team leader advised these would be discussed at team meetings so staff were aware of procedures. They said they were currently being reviewed and updated by the Organisation. Staff were expected to sign to show they had read and understood policies and procedures. This meant the registered manager could monitor staff's progress in keeping themselves up to date.

The registered manager told us they worked in partnership with other organisations as a means to share ideas and improve practice. They told us they attended local council for voluntary service meetings with other service providers. They also had regular contact with care coordinators providing them with brief updates of people's progress.

The registered provider was aware of their responsibilities in notifying the Care Quality Commission of significant events. Records held by the Care Quality Commission demonstrated that notifications were sent in a timely manner.