

Making Space

Community Supported Living, Lincolnshire

Inspection report

25a High Street
Heckington
Sleaford
NG34 9RA

Website: www.makingspace.co.uk

Date of inspection visit:
09 December 2021

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21 February 2022

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

Community Supported Living – Lincolnshire is a supported living service providing personal care to adults living with dementia, learning disabilities or autistic spectrum disorder, mental health conditions and physical disability. The service had three houses in Lincolnshire and one in Cambridgeshire and was supporting 16 people at the time of inspection.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The service provided care to people in supported living services. The homes were in the centre of their communities allowing access to service and transport routes increasing people's ability to be or become independent.

People had their own rooms and facilities in the service supporting their privacy and independence.

Right care:

The care provided was person centred and focused around people's individual needs. People and their relatives had been fully involved in planning and directing their care. Care plans reflected people's needs and supported staff.

Right culture:

The attitude of the staff caring for people was to both promote and support their right of choice and independence.

The registered manager ensured that the service was well run, and audits were effective in driving improvements in the service so that people received good care. They ensure staff were supported so they could concentrate on providing high quality care to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 August 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Community Supported Living, Lincolnshire

Detailed findings

Background to this inspection

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in their home, and they were confident to raise concerns with the staff. One person told us, "If I am upset, I can always go to the staff." A relative told us, "I have no concerns about safety."
- Staff had received training and were knowledgeable about the different type of abuse and how to identify if people were at risk. Staff were confident to raise concerns with both with the registered manager or with external organisations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and care was planned to keep people safe. For example, care plans looked at how safe people were going out in their local community independently or if they were unable to recognise dangers and would need support.
- Incidents were recorded, reviewed and care was planned to keep people safe. When an individual had an incident, their care plan was reviewed to see if changes were needed to their care to keep them safe. For example, when a person fell their care was reviewed to see if they needed a walking aid. Incidents were also analysed over time to see if any systems in the service needed to change.

Staffing and recruitment

- There were enough staff to meet people's needs safely. The provider had processes in place to assess people's needs and calculate how many staff were needed to care for people safely. The manager had completed this process on a monthly basis or when new people started to use the service.

- Some people had been identified as needing individual support to enable them to go out into their local community. There had been some difficulty in providing this support for one part of the service which supported three people. The provider had now recruited more staff and the support was in place again. The registered manager had been open and transparent with people and their relatives about the situation and had ensured that people were supported with activities in their home.
- Staff confirmed that the provider had followed safe recruitment processes. All the staff we spoke with confirmed they had not been allowed to start work until they had received a disclosure and barring service (DBS) check. Staff had also had to bring in their certificates of learning to validate any training they had told the provider they had received.

Using medicines safely

- There were effective systems in place to ensure medicines were safe in the service. People received their medicines in a timely manner.
- Some people needed to take medicines with them when they left the home. However, there were no systems in place to monitor which medicines had been taken. We raised this with the registered manager who took immediate action to ensure they could account for medicines at all times.
- Where people had medicines to be taken as needed for example pain relief, there were protocols in place to ensure they were administered consistently. Protocols included information on how to support people who may not be able to identify themselves when the medication was needed. One member of staff explained how they monitored people's body language for signs of pain.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service safe?

Our findings

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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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People received an assessment of their needs when they started to use the service. This assessment was used to plan safe care for people and reviewed periodically or when people's needs changed. Where needed specific training to meet the person's individual needs could be provided to ensure staff would have the skills needed to meet people's needs safely.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff had the skills needed to provide safe care to people. One relative told us, "I think they are very well trained."
- Staff had received training to support them to provide safe effective care to people. New staff received a structured induction to the home including training in positive behaviour support so they had knowledge of how to support people when they became distressed. Staff were also required to complete ongoing training to ensure their skills remained up to date.
- New staff also completed shadow shifts for two weeks where they observed experienced colleagues supporting people. This allowed them to get to know the people they would support and their care needs.
- Staff received ongoing support from the registered manager through one on one meetings to discuss their performance and any concerns they had.

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

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed advice was sought from healthcare professionals on how people's diets needed to be adapted to support them.
- Information was available to staff to ensure they had all the information needed to provide appropriate drinks, meals and snacks for people. For example, a gluten free diet or soft food.
- People using the service were fully involved in their meal preparation. They decided on their menus as a group and took turns to cook the evening meal. This helped build people's independence in relation to food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that people had been supported to access healthcare whenever needed. For example, people had been referred to an occupational therapist when they needed aids to move safely around the home.
- A relative told us they were confident in staff's ability to recognise when medical advice was needed. They said, "The other day staff didn't think [Name] was very well and the doctor was called."

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were not unlawfully restricted. People's ability to consent to living at the service was assessed and where necessary an application for a DoLS assessment was completed.
- Staff had received training in the MCA and understood people's rights to make decisions for themselves. One member of staff told us, "Everyone has capacity but at differing levels and we need to find a way to deal equally with everyone."
- Staff were aware that people had the right to make decisions that staff did not always agree with. A member of staff said, "I support decision making by giving choices and explaining outcomes, so people are aware of the consequences in making unwise decisions."

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. One person who used the service told us, "We have got nice staff, I like them all."

- A relative told us that the relationship between their family member and the staff was great. They said, "[Name] loves being there, and they adore everyone that works with them. [Name] doesn't want to leave when they are due to come home and they are always happy to go back." Another relative told us, "[Name] seems really settled, I went to see them a couple of weeks ago and they told me to go home [as they were happy]."

- Relatives told us how the staff supported people during the lockdown. One relative told us, "Staff were just brilliant, they even facilitated a home visit on Christmas day. They have been more [Name's] family over the last two years... I am very impressed with the staff that is there."

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

- People had been supported to make decisions about their lives, for example what bedroom they chose to have and how it was decorated. Rooms were personalised to meet people's individual needs. A relative told us, "[Name] has their own little ways and staff are getting to know their signs, staff know what they want and so they don't get frustrated."

- A relative told us how they had been supported to be actively involved in their family member's care when they struggled after moving into the home at the start of the COVID-19 pandemic. They said, "[Staff] worked really hard to get people in to help [Name] and put measures in place so that I could get tested and visit."

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain relationships with their friends and relatives. One person told us, "I call and chat to my family and my friend."

- Relatives told us they had been supported to maintain contact with their loved ones during the COVID-19 lockdowns. One relative told us, "When we locked down they would ring me on the telephone and then as lockdown eased and the weather got better, we all sat out in the garden."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they were happy with the care they received. People and their families had been involved in planning their care both when they started to use the service and at regular reviews or when people's needs change unexpectedly. One relative told us, "If anything new is brought in they will tell me."
- Staff told us they were happy with the quality of information recorded in people's care plans. In addition, they were kept up to date with changes in people's needs at the start of each shift. This ensured that the care reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were highlighted in their care plan along with any support they needed to access information. They also recorded any aids to communication the person needed such as glasses or hearing aids.
- The registered manager had taken action to provide information to people in a format they could understand. For example, an easy read version of people's tenancy agreement was available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the lockdown periods people had been supported to access activities and hobbies in the service. Relatives also explained that staff supported people to get back to their usual routines as soon as possible following a lockdown as that supported their wellbeing. They told us, "The first opportunity to go back to the day centre and we did as [Name] needs it for their mental health."
- People were supported to take part in activities that interested them. For example, some people had chosen to go horse riding while another had decided to go kickboxing. At times due to COVID-19 people had been restricted in their ability to access activities and so more activities had been provided in the services such as cooking and crafting.
- Some people were supported to access voluntary work. This increased their self-worth and enabled them to contribute to the community. One person told us how they enjoyed this, and it supported them to meet people and interact with people.
- Some people had one to one staffing hours allocated to them to help them access activities. These hours could be used flexibly to ensure that people could access activities at a time they wanted.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they started to use the service. There had been no recent complaint made to the service.
- Relatives told us they knew how to raise a complaint would be happy to raise any concerns, but that they only had to raise an issue and it was resolved. One relative told us, "Any problems that could not be sorted with [Name's] key worker I would take to the [registered manager], but so far I have not had any problems like that." Another relative said, "Whenever I have had a problem [registered manager] has been really good at sorting it out and any concerns I can give them a call."

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us they felt the home supported them to be involved in their loved one's care and that they felt it was an inclusive process. One relative told us, "I have been as involved as possible." They added "I look on the key worker as being part of the family."
- The provider and registered manager understood that the wellbeing of their staff was important to the quality of care provided. They ensured they offered support to staff when they were stressed and had systems in place to support staff's mental health.
- Staff told us that they appreciated this support and that it enabled them to excel at their job. One member of staff told us, "The head office staff are very nice, and they respect me and it helps me to do more. It's the best job, to take care of people who need me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had senior support staff in place at each home. They supported the registered manager with the day to day running of the home, reviewing care plans and completing supervisions with the care staff. The senior staff had two days a week set aside for their management duties.
- There were effective systems in place to monitor the quality of the care provided to people. Where audits identified areas for improvement the registered manager ensured action was taken to maintain the high quality of care provided. For example, recent improvements had been made to the decoration of the services.
- The registered manager had understood their legal responsibility and had notified us about events which happened in the home. They had kept people and their relatives informed about any incidents in the home.
- Relatives told us that the registered manager and staff were good at keeping them informed about incidents in the home and they were confident they received the full details of any concerns.

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

- The registered manager had a series of meetings in place on a monthly basis to ensure staff and people were kept up to date with any changes and were supported to give their opinion on the changes.
- Staff meetings were also used to improve staff knowledge. For example, in one meeting safeguarding the people using the service had been discussed. Staff told us they were fully supported. One member of staff

told us, "The senior care worker is easy to talk to, we all speak to each other and help each other out." They added, "[Registered manager is fantastic boss and I feel really comfortable with them."

Continuous learning and improving care; Working in partnership with others

- The manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.
- The manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.