

Making Space

Tameside Mental Health Recovery 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	

Overall summary

This inspection took place on 22 and 23 July 2015. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

Making Space – Tameside Mental Health Recovery Service is registered to provide personal care and support to

people affected by mental ill health living in their own homes. The aim of the service is to maintain people's independence wherever possible, promote their wellbeing and support their chosen lifestyle.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 people who we spoke with spoke positively about the attitude and competence of the staff and the reliability of the service being provided.

People who we asked, told us they felt safe and comfortable when being supported by the care staff. Those staff we spoke with understood their responsibilities to protect the wellbeing of the people who used the service.

Staff were able to demonstrate their understanding of the whistle-blowing procedures and were clear about the action they would take if an allegation of abuse was made to them or if they suspected that abuse had occurred.

All the people who we spoke with told us they were aware they had a care plan and that they felt they were included

in any discussions about their care and support. Those care records we saw contained enough information to guide staff to deliver the care and support required by people who used the service.

We saw that care plans were reviewed on a regular basis and had been updated when changes had been noted in a person's support needs.

Staff we spoke with told us they were appropriately trained and that support from the registered manager was good.

The provider had systems in place to monitor the quality of the service and to check that people were happy and satisfied with the service they were receiving. These systems helped the service provider and registered manager to make sure the quality of the service was maintained.

We contacted a health and social care professional who had regular contact with the service, to ascertain their views of the service provided by Tameside Mental Health Recovery Service. No concerns were expressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Appropriate staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work. These checks help to make sure staff employed by the service were safe to work with and support vulnerable people.

Staff received appropriate training and all the people who used the service who we asked believed they were kept safe and free from potential harm.

People who required support with their medicines received that support from staff that had been appropriately trained to do this.

Good



Is the service effective?

The service was effective.

Support staff told us that they received regular one to one supervision and ongoing support from their line manager and management team.

The registered manager understood their responsibilities in connection with the Mental Capacity Act 2005.

People were supported appropriately in line with their individual care plans.

Good



Is the service caring?

The service was caring.

People made positive comments about the caring and supportive nature of the staff.

People experienced a service that was reliable with a consistent staff team providing care and support during their visits.

We saw support workers speaking with people in a friendly and respectful manner.

Good



Is the service responsive?

The service was responsive.

People told us that the service was responsive to their needs.

Processes were in place to manage and respond to complaints and people using the service told us they were confident if they had to raise a concern or complaint it would be dealt with to their satisfaction.

People had opportunities to participate in meaningful activities, both at the service and in the local community.

Good



Is the service well-led?

The service was well-led.

Staff who we asked said the registered manager was supportive and approachable.

Good



Summary of findings

There were effective systems in place to monitor the quality of service provided.

There were systems in place to consult with the people who used the service.

Tameside Mental Health Recovery 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.

We contacted the registered manager two working days before our visit and told them of our plans to carry out a comprehensive inspection of the service. This was to make sure that the registered manager and any relevant staff would be available to answer our questions during the inspection process.

The inspection was carried out by one inspector.

On this occasion we did not ask the provider to complete a provider information return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

To assist with our inspection we asked for some information from a local health and social care professional who had been involved with the service.

Before our inspection we reviewed the information we held about the service. No concerns had been raised about the service.

We looked at a sample of records which included five people's care plans, three people's medicines support files, five staff personnel files, staff training records (matrix), and a sample of quality monitoring records.

We spoke with four people who used the service via individual telephone calls, six people who used the service who were attending a regular and planned group activity at the service, five members of staff, and the registered manager of the service.

Is the service safe?

Our findings

The people we spoke with on the telephone who used the service told us they felt “safe, comfortable and happy” with the care and support they received from the staff that visited them. Comments made to us included, “I’m very happy with the service and I get on great with all the support workers, and they always turn up”, “I feel very safe and comfortable when I’m being supported by the staff, they all know me”, “The staff are really good and support me properly, I always feel safe with them [staff]”. One person also told us, “They [staff] remind me each morning and evening about taking my tablets, so I don’t forget”.

Staff who we asked were confident that the service they provided to people was appropriate and safe. They told us they had received safeguarding training and this was confirmed by the training matrix (record) and training certificates that were provided to us. Staff spoken with also confirmed that they had confidence that the registered manager would respond appropriately and in a timely manner to any concerns or complaints that may be raised. Staff who we asked understood their responsibilities to whistle blow if necessary. One member of staff told us, “If I needed to, I would. If it keeps people safe, then that’s all that matters”.

We were provided with policies and procedures relating to the recruitment of staff. We looked at five staff personnel files to make sure recruitment processes, including evidence that appropriate pre-employment checks had been satisfactorily completed prior to someone starting work for the service. We saw evidence that full employment history checks had been completed and that Disclosure and Barring Service (DBS) enhanced disclosures had been carried out. Such checks help the registered manager and provider to make informed decisions about a person’s suitability to be employed in any role working with vulnerable people.

We looked at the pre-service assessment process on the files of three people who used the service. These provided evidence that the Community Mental Health Team (CMHT) had carried out in-depth assessments of the person before

requesting support from Making Space, Mental Health Recovery Service. The registered manager told us that they would then visit the person in their own environment and carry out an assessment of need to make sure that the service was suitable to meet the identified needs of the person. We saw evidence of such assessments on the files we viewed. During this process, close liaison was maintained with the CMHT to make sure the person was receiving care that was appropriate to meet their identified needs, addressed any known risks and that the service was being delivered safely.

Evidence was available to demonstrate that the service communicated closely with the CMHT for one person using the service who was at risk of potential self-harm. Detailed conversations had taken place between the CMHT and the manager of the service to make sure the person using the service received the right levels of support in times of crisis.

We asked the registered manager to explain the process in place to make sure appropriate levels of staff were available in order to meet people’s individual and agreed needs. We were told that enough support staff were employed on sufficient contracted hours to make sure people using the service received support in accordance with their agreed contractual arrangements with the service. We were provided with staffing rotas covering a six week period and these identified the hours the member of staff was working each day and which service user(s) they were providing support to during that time.

People who required support with their medicines received that support from staff that had been appropriately trained to do this. No person using the service had their medicines physically administered to them by the support staff. The policy and procedure for the service was that support staff prompt medicines only and this was confirmed by those people using the service who we spoke with. Support staff recorded when they had prompted a person’s medicines in the daily communication record and evidence of this was seen in the three people’s medicines support files we viewed. People using the service were responsible for ordering and collecting their own prescriptions.

Is the service effective?

Our findings

Those people who used the service who we asked said they were happy with the staff that visited them. They made the following comments to us, “They [staff] all do a good job and help me and they are professional”, “They [staff] come to me on time, help me and are very good staff” and “It’s a great service and I couldn’t manage without the staff that help me – they are great”.

We spoke with the registered manager about how staff accessed their training. Training was made available, depending on the subject, either through internal or external trainers or via e-learning (computer based) training. This was confirmed by the staff we spoke with and some of their comments made to us included, “Training is intense due to the nature of the service” and “The training is good, although I don’t particularly like e-learning, it is not as good as face to face learning with a trainer, you can’t ask questions”. We saw training certificates that included, conflict management and breakaway techniques, safeguarding adults, medication, infection control, learning disabilities in mental health, manual handling awareness, mental capacity and fire safety.

Support staff told us that they received regular one to one supervision and ongoing support from their line manager and management team. Such support enabled and provided staff with the opportunity to discuss their individual responsibilities and the support being provided to people who used the service. We were provided with evidence of past individual supervision sessions and records of staffs annual appraisals of their work performance. We saw supervision records from March, April, May and June 2015 and annual appraisal records from January, March and May 2015. Such meetings provided staff with an opportunity to talk about their personal development and review their future training and development needs.

Care records contained signed copies of people’s consent to the support and care to be provided by the service. Such documentation indicated that people had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being offered / provided.

The Mental Capacity Act (MCA) 2005 sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected.

In our discussions with the registered manager they were able to tell us about their understanding of the MCA and how it was determined if a person had the capacity to give consent to their care and treatment. Our discussion with the registered manager demonstrated they had a good understanding of the principles of the MCA and the importance of ensuring that prior to any services being provided; an assessment had been made of the person’s capacity to give consent to their care and treatment. It was explained that people’s individual care coordinators and other health care professionals would take the lead role in carrying out capacity assessments and any applications that were needed to the Court of Protection. We looked at one particular file where the person using the service lacked capacity. The information clearly described what action the management and staff should take in order to monitor and maintain the person’s right to make their own decisions.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Support staff who we spoke with demonstrated an awareness of the MCA and DoLS and their role in supporting people using the service to uphold their rights and to maintain their capacity to be involved in making their own decisions.

Those care records we viewed indicated that reviews were held regularly to make sure the person using the service was happy with the care and support being delivered and any concerns identified had been actioned effectively. Any changes in a person’s support needs or preferred outcomes would be recorded and the care plan amended and updated, with the information being communicated to the support staff team.

We looked at the way the service provided people with support with their individual healthcare needs. People told us they had received support to attend appointments with healthcare professionals such as general practitioners and also to attend hospital appointments. Care plans seen also focused on monitoring people’s emotional and mental health as well as day to day general health issues

Is the service effective?

Support workers were able to provide us with details about the content of people's care records and about other health care professionals / services that were actively involved in supporting the person. This meant that if required, opportunities existed for consultations / reviews to take place that included multi-disciplinary working

across various health care teams. Information recorded in one care file indicated that staff identified when a persons changing behaviour caused some concerns. The staff responded to these concerns by contacting the relevant healthcare professional.

Is the service caring?

Our findings

People who used the service, who we spoke with, gave positive comments about the support staff. Comments made to us included, “I’m very lucky with my support worker. They know me and know how to help me, they don’t rush, they let me do things for myself”, “They [staff] are brilliant, I couldn’t wish for better. I know most of the staff and they are all caring and very nice” and “They [staff] help me to do things I couldn’t do on my own, like go out and on a bus, things like that”,

All the people who we spoke with told us they were aware they had a care plan and that they felt they were included in any discussions about their care and support.

During our inspection visit we had the opportunity to be introduced to people who used the service participating in a group activity (cook and eat) at the organisation’s offices. This activity took place every Thursday between one and three pm. We saw support workers speaking with people in a friendly and respectful manner, supporting them in what they were doing, making biscuits, cooking omelettes and general household tasks such as washing up. This support meant people using the service were being helped to maintain and develop their life skills and remain as independent as possible.

The registered manager and the support staff we spoke with told us that wherever possible, the same staff member(s) visited the same people to provide consistency in their care and support and staffing rotas seen confirmed this. Staff we spoke with also confirmed that their individual contracted hours were planned in such a way that they provided support to the same people on a week by week basis. This also enabled them to develop a good, consistent working relationship with the people using the service.

Support workers we spoke with were also knowledgeable about providing people with person centred care and support. They were able to tell us how they promoted

people’s choices and independence and how they encouraged people to be involved in the care planning and review process. We also asked support workers to tell us something about individual people’s backgrounds and known health issues. For example, one support worker told us how they regularly sat and chatted with the person they were supporting and encouraged them to participate in one of the many activity groups that took place within the service. We spoke on the telephone with this person who told us that, because of being encouraged by their support worker, they now enjoyed being part of the wider community and liked to talk about things they were achieving and meeting ‘targets’ (aspirations) in their care plan.

Meetings for people using the service were held at the agency office, which provided people with the opportunity to come together and be consulted about things happening within the service, to be kept informed and make shared decisions. We were provided with a copy of the minutes from the last meeting held on 2 July 2015. The meeting was held to enable people to discuss and make preparations for an upcoming fundraising event. The event was to host a stall at a community garden party being arranged by a local school. The minutes indicated that people had participated in making decisions about what they wanted to be involved in and their roles in making crafts, homemade baking and jam making projects. Where people had identified a particular interest or hobby they liked, the support staff made sure they told the person about the relevant activity groups and community services available to them. This meant people were provided with opportunities to be part of the community at a level they felt comfortable with.

The organisation had an Equality and Diversity Strategy that promoted people using the service to be treated as individuals and services respond to needs re: race, culture, religion, age, disability, gender and sexual orientation. The organisation could also provide an interpreter and translation service if required.

Is the service responsive?

Our findings

We spoke with four people who used the service and asked them about worries, concerns or complaints they may have and what they would do in such instances. Comments we received included, “I have never had to complain but have had discussions when I’m a bit worried or upset and then I felt better”, “I could tell my dad or my community worker (from the mental health team)” and “I would talk to [Volunteer Coordinator] or [Registered Manager]”.

We also asked the same people for their views and opinions on the support they received and their comments to us included, “The service is great. I get help to go out and pay some of my bills and sometimes I just need to have a chat, especially when I’m a bit upset. I wouldn’t want to change anything” and “My support worker [named] is brilliant, she knows me well and I know her so we get on good and do things together”.

We also asked people what they especially liked about the service and one response was, “I like to go to the different clubs. There is an allotment club, a cook and eat club and a walking club. I can see my friends”.

Each person using the service was provided with a Service User Guide. This guide contained details about the service and details about how to make a complaint, including timescales for receiving a response to a complaint, the investigation process and contact details for other relevant agencies such as the Care Quality Commission, Local Authority Quality Team and the Local Government Ombudsman. A Complaints, Compliments and Concerns Policy was also in place.

At the time of our inspection of the service the registered manager informed us that there were no ongoing complaints and the records seen indicated that this was the case. Staff who we spoke with were also confident that any concerns, worries or complaints raised by people using the service would be dealt with appropriately and in a timely manner.

We looked at four care files relating to people’s individual needs and their care / support plans. Each plan was up to date and evidence seen indicated the plans were reviewed on a regular basis and had been updated when support staff had reported to the registered manager a change(s) in a person’s support needs. Due to the nature of the service, some records also included crisis and risk management plans and evidence was available to indicate that mental health reviews had also been carried out when necessary.

Many of the people using the service had been referred by the Community Mental Health Team (CMHT) who also provided their own assessment of the person and their immediate care and support needs. The CMHT also provided a care plan that was used by the service to influence and guide support staff when developing a package of support for an individual and when developing the care plan for the service. This meant that a multi-disciplinary approach was being taken to make sure people’s individual needs and aspirations were at the centre of the service(s) being offered to them.

Support staff we spoke with explained to us how they delivered support in respect of meeting people’s assessed and individual needs. They described helping to maintain people’s independence, abilities and preferences and being able to respond to people’s needs in a flexible manner. For example, if a person suddenly decided they wanted to go shopping at a certain time, staff would do their best to facilitate this by re-planning their working hours or swapping shifts.

A weekly advice and guidance ‘drop in’ service was also offered to people using the service. This is a service that provided people with an opportunity to call in and discuss and receive help with any matters that might be causing them concern such as completing forms, accessing benefit agencies and other support networks.

A health and social care professional who had regular contact with the service told us, “I have not had any problems with the quality of the service”.

Is the service well-led?

Our findings

People who used the service, who we asked, were very complimentary and positive about it. Comments made to us included, “This is a good service, they [staff] are all good and brilliant. I don’t want another service” and “They [service] never let me down”.

There was a registered manager in post who had been registered with the Care Quality Commission at the service since December 2014. Support staff spoken with described the service as being well organised and well managed. They described the registered manager as supportive and approachable.

There was a clear organisational structure within which people understood their roles and responsibilities. Support staff confirmed that they could contact the registered manager at any time, or in their absence, could contact an area manager or another member of the management team.

People using the service had the opportunity to influence the development of the service by participating in meetings and by completing surveys about the quality of the service. These surveys were sent out from an organisational level as well as from a local level. We looked at examples of returned surveys from March 2015. All rated the service as good or very good. We also saw a ‘Making it Real Priorities and Action Plan’. This was an analysis carried out by the service of the feedback received from people using the service and other interested parties. This analysis covered things such as, what’s working, what’s not working, what have we tried, what have we learnt, what should we try based on what we have learnt? This meant that people using the service were being engaged and encouraged to participate in the further development of the service(s) being provided.

In October 2014 the service held its first Service User Involvement Group meeting at the organisations main office in Ashton-under-Lyne. This meeting was to encourage people using the service to have a more active involvement in the services they received. The outcome from this meeting was published in the organisations January newsletter – Making Local News. In the newsletter it described how people discussed what the service did well, what could be improved, and people’s personal opinions of the service.

There were systems and processes in place for monitoring and auditing the quality of service provision. This included various methods to gather and collate information on a weekly, monthly or quarterly basis. Making Space had its own internal ‘provider visit’ system which involved a line manager from the organisations head office carrying out a monthly visit to the service. This was not only to provide the registered manager with supervision and support but also to conduct an audit of the service. We were provided with a copy of a completed audit document for December 2014. We noted that any shortfalls were resolved and monitored as part of an agreed action plan and during the next provider visit to the service, the previous months action plan would be checked to determine areas for action had been addressed in a timely manner.

We saw that staff meetings had taken place every two months and staff had the opportunity to participate in open discussions about how the service was managed and their roles and responsibilities with regard to service delivery.

We were provided with a copy of the organisation’s strategic plan which outlined the vision, values and overall direction of Making Space for 2013 – 2016. The vision statement was for the organisation to be “dedicated to a world where personalised, quality care and support is available to all, and every person has the freedom to enjoy an everyday life”.