

# Making Space Kingshill

## Inspection report

Kingshill Court  
Standish  
Wigan  
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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

Kingshill is a residential care home that provides short term accommodation and 24 hour care, support and enablement services for a maximum of 15 people who suffer or have suffered from a mental illness. The home is situated in the Standish area of Wigan. At the time of our inspection 14 people were living at the home.

At the last inspection in August 2015, the service was rated good. This inspection took place on the 6 July 2017 and was unannounced. At this inspection we found the service remained good overall. For the last five years the service had consistently met the standards we inspected against.

The management team promoted a culture of inclusion, and people living at the home were encouraged to achieve their goals and improve their skills of daily living. People's goals and plans were reviewed regularly with input from an occupational therapist. Support was provided to people in a way that helped them achieve the best results they could.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People told us they were supported in a safe way and worked with staff to have their medicines when they needed them.

People told us staff knew how to support them and understood how to meet their needs. Staff had up to date knowledge and training to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in place supported this practice. People had food and drink they enjoyed and had choices available to them. Staff actively encouraged and supported people to maintain a healthy lifestyle. People said they had access to health professionals when they needed to. Relatives were confident their family member was supported to maintain their well-being and had access to the health professionals as they needed.

People said they were happy living at the home and supported by patient and kind staff. Relatives told us they were happy with the service their family member received. They told us staff were patient and knew people's preferences and respected them. People living at the home were able to see their friends and relatives as they wanted. We saw staff treated people with dignity and respect and had a good knowledge of people's rights.

The management team sought people's views and acted upon them. People and their relatives knew how to raise complaints and felt confident that they would be listened to and action taken when needed.

The registered manager promoted an inclusive approach to providing care for people living at the home. For example, people and their relatives were encouraged to attend regular meetings, and to complete questionnaires to share their views about the quality of the service. The management team had actioned

suggestions made by people, their families and staff where possible, and took a proactive approach to making improvements. The provider had systems in place to monitor the quality of care and treatment people living at the home received. The registered manager had identified where improvements were needed and had a plan in place to ensure these were made in a timely way.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

This service remains good

### Is the service well-led?

Good ●

The service remains Good.

# Kingshill

## 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 6 July 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. The specialist advisor was a specialist in mental health rehabilitation.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promote the views and experiences of people who use health and social care.

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

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who lived at the home, and four relatives. We looked at how staff supported people throughout the day.

We spoke with the registered manager, the deputy manager and six staff. We also spoke to an occupational therapist who worked with people living at the home. We looked at two records about people's care, including their medicine records. We also looked at risk assessments for people undertaking different activities, and for the environment they lived in. We looked at complaint files, minutes of meetings with staff,

and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

## Is the service safe?

### Our findings

People we spoke with said they felt safe because they knew staff well and there was help available when they needed it. One person told us, "I have my freedom, I can do what I want when I want, but they [staff] are always around if I need anything." Another person described how they felt safe at night because if they woke up, staff would chat to them and make a drink if they wanted one. Relatives said their family member was safe at the home because staff were very experienced and supported people in a safe way. We saw positive interactions with between people living at the home and staff. People consistently appeared confident and relaxed with staff.

Staff we spoke with had a good awareness of how to protect people from abuse. They said they regularly had updates to ensure their skills were kept refreshed. The registered manager had systems in place to support staff to appropriately report any concerns about people's safety. We saw the registered manager had notified the appropriate agencies when they needed to. One person said, "They know me so well, they knew if I have a problem before I do." Staff told us they had supported people for a long time and were familiar with people's various communication techniques. They told us they would be able to identify if anyone had any concerns they needed support with. The registered manager and staff explained safeguarding was regularly discussed at staff team meetings to ensure it was constantly a priority for all staff and best practice shared.

People had their risks identified and had a plan in place to support staff to manage the risks safely. Staff were able to describe people's risks and explain how they mitigated them. For example, people regularly went out into the community and attended events. We saw risks for each person had been identified and there was a plan in place to guide staff with how to support each person safely, taking into account individual needs. Relatives told us staff were aware of risks and worked with their family member to keep them as safe as possible.

People we spoke with told us there was always enough staff on duty to meet their needs. One person said, "There is always someone about to help us if we need it." Relatives we spoke with told us there was consistently staff available when they visited and their family member's needs were met. One relative said, "They always have time to speak to me, it reassures me and I appreciate their time." Staff we spoke with said there was sufficient staff on duty to meet the needs of people living at the home. One member of staff explained how the registered manager would increase the staffing levels when people needed additional support. For example, when people needed extra support to achieve their desired goals the registered manager ensured staff were available to support them. The registered manager explained how the level of staffing was constantly monitored to ensure there was sufficient staff to meet people's needs and support people to achieve their goals.

New staff we spoke with told us the appropriate pre-employment checks had been completed before they started. These checks helped the registered manager make sure suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People we spoke with said they had their medicines when they needed them. Some people were assessed to administer their own medicines; with minimal support from staff. One person said, "I like doing my tablets, I can manage now. It's a step nearer to my own place." They went on to say how staff had spent time supporting them as they regained their confidence. Relatives told us they were confident their family member had their medicines when they needed them. We saw the management team monitored how medicines were administered with competency checks for staff and audits. We saw the management team had systems in place to support people with their medicines safely. We saw staff administer medicines in a safe way and there was suitable storage and disposal arrangements in place. We saw staff had guidance in place to support them to administer medicines that were 'as and when' medicines, to ensure people received them appropriately.

## Is the service effective?

### Our findings

People we spoke with told us they were confident that staff knew how to support them and were knowledgeable about their needs. One person said about staff, "They all know what to do and only help with what I need." Relatives we spoke with were confident that staff had the skills to support their family member. One relative told us, "Staff really know what they are doing, they have worked there for a long time and have a wealth of experience."

Staff told us their induction had provided them with the knowledge and skills to meet people's needs. One member of staff said, "I completed the care certificate before I started, it was really useful to refresh my skills." Another member of staff told us they were well supported through the induction process, "I felt confident that I could ask for advice at any time." Staff told us they felt well supported and had regular supervisions and opportunities to review their training needs. They were encouraged to complete training to improve and update their skills on a regular basis. One member of staff said, "We get lots of training particularly around the people we support, so we can really understand their needs." Staff also said they were encouraged to undertake vocational qualifications in health and social care which validated their skills. They told us this helped them feel recognised for their knowledge and understanding.

The training included Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what this meant for people living at the home. They described the main principles of the act and understood people could make every day decisions even when they may need support with larger decisions. One member of staff explained how this training had supported them to understand, in relation to specific people, these principles which were talked about at team meetings to ensure all the staff understood least restrictive practice.

The 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 we spoke with described how staff consistently asked their consent before they helped them. One person said, "They always check I am ready to do something, and if I want to do it." Staff we spoke with told us they were aware of a person's right to refuse their support and explained how they manage this to ensure people's rights were respected. Staff explained most people living at the home were able to make day to day decisions, and they were aware of who to include when other decisions needed to be made. We saw the appropriate people were involved when a best interest's decision was needed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager had made applications to the local authority to ensure people were not restricted unlawfully. The registered manager had sought advice from the local authority when needed and kept the process under review. All the staff we spoke with, were aware of who had a DoLS in place and what this meant for them. We saw staff demonstrate least restrictive practice consistently through the day.

People we spoke explained how they could cook their own food on some days, they were involved in the whole process from buying the food to preparing and cooking as part of their rehabilitation pathway. Staff told us assessments were completed to ensure the level of support was right for each person. We saw for some people they gave more assistance than others depending on their level of need. These plans were regularly reviewed and modified as progress was achieved. One person said how much they enjoyed doing their own cooking and how proud they were of this achievement.

People told us they had a choice about the food they ate and were involved in menu planning with the cook. They all said the food was good and they enjoyed their meals. We saw people were encouraged to eat and offered different choices. One person told us, "If I don't like what is on offer I can ask for something else." They also said there was flexibility around meal times and this enabled people eat when they wanted to. We spoke with kitchen staff and they showed us how people's nutritional requirements were met. They were aware of people with special dietary needs and how they needed to meet them.

People told us they had access to other health care professionals when they needed to. For example, one person said they were going to the optician to get their glasses sorted. Relatives told us they were confident their family member's health and well-being were supported by the appropriate professionals when they needed them. One relative explained about the mental health team's involvement and how proactive staff were to support their family member. We spoke with the occupational therapist who supported people with their rehabilitation at the home. They told us they worked with people to achieve as much independence as possible, and reviewed their goals with each person regularly to ensure their approach was individual to each person.

## Is the service caring?

### Our findings

All the people we spoke with told us staff were caring and knew them well. One person said about staff, "They all really care; this is the best place I have ever lived." Another person told us, "This is the happiest I have ever been in my life." They went on to say how staff supported them to be more independent and regain some control of their life. They explained how this improved their well-being. We saw throughout our inspection people were supported in a kind and considerate way, this included the registered manager and the management team who spent time speaking with people. We saw people were happy chatting to staff, enjoying their company. A further person told us, "I love it here every one is wonderful." They explained staff supported them to achieve their goals and they enjoyed their time with staff. This person also told us they enjoyed attending events in the community with support from staff. Relatives we spoke with all said staff knew their family member well and were kind and considerate to them.

We saw staff adapted how they communicated with people depending on their needs. Staff spent time ensuring people understood their conversation, making eye contact and being at the same level as the person so they could look for visual clues about the person's well-being. They talked with people and were not rushed when supporting people to ensure they were relaxed. For example we saw a member of staff chatting to one person, they knew what was happening with the person that day and reassured them they would be available to help them when they needed help. We saw as a result the person was smiling and looking forward to their appointment.

People we spoke with explained they chose how and when they were supported with their health and well-being. One person said, "I can decide what I want to do and when I do it. We make a plan about things I like to do and then I know what I'm doing. Yesterday we all played football, it was brilliant." We saw people were offered choice with what they did through the day, such as where they were and how they occupied their time. Relatives told us they were involved as part of the team to support their family member. One relative said, "We all work together, they [staff] all know [family member's] traits and any signs of change. They [staff] are very proactive and always make time for me too."

People we spoke with told us staff supported them to maintain their independence. One person explained how staff only supported them when they wanted help which helped them feel more independent. We saw people were able to be involved in everyday tasks, such as making drinks and meals, and cleaning their rooms. One person said, "I feel much more independent here, I can make a drink when I want one, it's very relaxed." Staff said people's levels of independence could fluctuate on a daily basis and they understood and adapted their support according to the person's needs at that time.

People we spoke with said, they were treated with dignity and respect. One person told us, "I am always listened to and I feel important and that I matter." Relatives we spoke with said, staff always maintained their family member's dignity and treated them with respect. One relative told us, "All the staff get dignity, it's part of how they work." Staff explained how from the top down there was encouragement to treat people with dignity and respect and support each person as an individual. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and always listened

to people's views. One staff member explained they listened to people and looked at different ways they could meet their needs, from accessing people's interests in the community to arranging events at the home. We saw many examples of staff promoting people's dignity throughout the inspection. Such as, people were encouraged to get their own meals, which encouraged their feeling of independence.

People and their relatives told us they were supported to maintain important relationships. Staff had a good knowledge of people's preferences and history. For example, we saw examples throughout the day of staff using their knowledge of people's histories to communicate and improve people's well-being. The registered manager explained people had access to independent advocates if they needed to, to ensure people were able to voice their views.

## Is the service responsive?

### Our findings

People told us they were assessed and then worked on achieving their goals. Staff explained that when people came to live at the home they worked with them with help from the occupational therapist to develop plans to meet their goals. Some of these were to achieve further independence and improve daily living skills. Other plans were about doing things people enjoyed to do, such as attending a football match. The occupational therapist explained how these plans were reviewed weekly to ensure people were involved with the development of these plans. For example, if a person was struggling to achieve a particular goal, this would be reviewed and the team, which included staff, the person and family, would look at ideas about how this could be broken down and achieved. Such as adapting their approach to find the right learning style to ensure the person benefitted from a particular session.

We saw a variety of creative groups were led by the social inclusion coordinators, such as jewellery making and art. The coordinators explained that if they had a request from people to do something they would find a way to resource this and work with the management team to set up what people wanted to do. For example, one person told us how they wanted to raise money for charity and staff had supported them to achieve this. They told us they were very proud of what they had achieved.

There were volunteers available to support people with learning new skills. One volunteer was going through their induction and would be supporting people with their IT skills. We watched another volunteer session which involved reading poetry out loud. People said they had benefitted from the experience and would stay involved with sessions.

The occupational therapist told us the social inclusion coordinators thought outside of the box to improve people's well-being, and worked flexibly to support people. For example, they accessed courses in the community such as, how to complete social funding forms because people needed support with this. One of the social inclusion coordinators told us they were a 'cancer champion' which meant they had attended training to enable them to be aware of the early signs of cancer. They had shared this information with staff therefore the whole of the team had an awareness of what signs to look out for to ensure people would receive early treatment if there was a concern.

Staff knew about each person's needs, they said they knew people really well and they were given all the information they needed to support people. They could describe what support people needed and we saw this was reflected in people's care plans along with people's choices and outcomes. We looked at care records and saw people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

People told us their support was regularly reviewed and where changes were needed they were put in place straight away and staff were updated. One person had suggested they wanted to go to an appointment on their own. Staff told us they had worked through the risk assessment with the person to support them to

achieve this. The person told us, "I feel great it's a real step forwards." Staff told us they were updated about any changes to people's well-being or significant events at the start of every shift which ensured all staff had up to date knowledge about people living at the home.

People told us there were regular meetings which gave them the opportunity to raise concerns, suggest joint activities, and any improvements. Two people said their suggestions were taken seriously and they were confident where possible these were followed through by staff and the management team. One person had suggested football, and to spend more time with other people at the home. We saw a game had been arranged the day before our inspection, and people told us how much they had enjoyed the game. Another person had wanted to be more involved with visitors at the home. We saw this person answered the door regularly and they told us they enjoyed the responsibility.

All the people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to, either staff or the management team. People were supported by regular meetings with their keyworker and one to one time with staff to enable them to discuss any concerns. One person said, "They always are checking, I would say if I had a problem but I've never have had one." People we spoke with said they had not had cause to complain about anything and they were happy with the support provided. Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative told us, "They [staff] provide support that wraps around the person not the other way round."

The management team investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and the outcome had been discussed and agreed. There were clear arrangements in place for recording complaints and any actions taken. Staff told us learning from complaints was shared with them at team meetings. The provider regularly reviewed any complaints and discussed with the management team any learning from them. Staff we spoke with said any feedback received from people was shared with them to ensure they knew when they were doing a good job.

# Is the service well-led?

## Our findings

Over the last five years this service had been regularly inspected and consistently met the standards we inspected against. At our inspection in August 2015 we found the service was good. At this inspection we found the service continued to be good.

All the people and relatives we spoke with said they knew the registered manager and were comfortable with her; she had been in post since 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy living at the home and they were confident and relaxed with staff. One person said, "The manager is great, I am very happy here." The registered manager promoted a culture of openness through regular meetings and discussions with people and staff to give them opportunities to voice any concerns. Staff told us they knew people well and would be aware if they needed support to raise a concern. We saw staff checking with people throughout our inspection, that they were happy with the support provided. The management team regularly sought the opinions of people and their relatives about the care provided. They achieved this through day to day conversations between staff and people, and with regular meetings and questionnaires. We saw the results of the questionnaires used in 2016 - 2017. These reflected positive results and where suggestions had been made for improvements an action plan was developed and regularly reviewed. For example, where questions had been answered as 'don't know' additional time had been spent by key workers with people to explain the question, such as confidentiality.

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. Staff told us they had clearly defined roles and responsibilities and worked as part of a team. They told us having clear roles was really important so they all knew what they needed to do. One member of staff explained how the management team were open and encouraged their views about any improvements through conversations and staff meetings. For example, one member of staff told us how they had made a suggestion to improve their area of work, and the registered manager had listened and implemented the idea. Staff were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

We saw the registered manager completed impact assessments to evidence how the service supported people and what impact they felt their interventions had on the people they supported. We found this showed us that staff worked with people to improve their well-being and ensure the service was focussed on people as individuals.

Staff told us they enjoyed working at the home and were well supported by the management team. One staff member said, "We have excellent staff retention and can evidence continuity of care, this results in excellent person centred relationships between people living here and staff." This was reflected in comments people and their relatives made to us throughout the inspection. One member of staff had

recently received a long service reward from the provider. Most of the staff working at the home had been there for over two years. Staff told us they enjoyed their work and cared about the people living at the home. Another staff member said, "I am proud to work at Kingshill, I find it very rewarding." We saw on the provider information return the management team were committed to ensuring staff were well supported and this was reflected in the views of staff we spoke with.

The registered manager had identified areas for improvement and was taking steps to achieve these. For example, refurbishments to bath rooms and the conservatory had already been agreed and they were in the process of arranging the work to be completed. Members of the senior team were encouraged to take responsibility and take the lead in how care was delivered at the home. For example, one member had attended specialist training in infection control and health and safety, and was now completing regular audits and ensured the home was fully up to date and compliant. Staff told us they felt this was an effective system and they appreciated the additional responsibility.

The registered manager explained how they linked with other teams, such as the mental health team and sought guidance from professional bodies. For example she told us she attended regular health community meetings, which enabled her to link with health professionals, and other providers and managers to share best practice and knowledge. This ensured the support provided was constantly reviewed to incorporate best practice to improve people's well-being.

The provider completed regular visits to review care provision. We saw these audits were used to identify concerns and were recorded in an action plan which was reviewed by the registered manager regularly. At the last provider review there were no actions identified to improve the service.

In the provider information return we saw the provider was committed to putting people at the heart of what they do. The registered manager told us how one person living at the home had accompanied her to another home to perform an audit. This was arranged because the person had shown an interest in how the different services worked and as part of the provider's inclusion strategy. The person said they really enjoyed the experience, and felt their comments were taken seriously, which made them feel valued and respected. The registered manager said there had been a benefit to the service because the person noticed things from a different perspective. The provider was incorporating this into their strategy across all their services.