

Your Choice (Barnet) Limited

Barnet Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 19 & 24 September 2018 and was announced. During our last inspection in December 2015 we found that the services quality assurance monitoring systems were not always effective. During our inspection in September 2018 we found that the service had addressed the issues and effective quality assurance monitoring systems were in place, which ensured the quality of care was monitored and improvements to the overall quality of care provided were made.

Barnet Supported Living Services provides care and support to people with learning disabilities living in four 'supported living' settings, so that they can live in their own self-contained flats as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 32 people received the regulated activity 'Personal Care' from Barnet Supported Living Services. People lived at five different sites, two in Barnet and three in Edgware North London. Each supported living site had shared communal areas for people to socialise or have meals together if they choose and self-contained flats. The four larger sites can accommodate a maximum of nine people and the smallest site can accommodate a maximum of three people. People who used the service had different abilities, needs and communication skills. People who used the service received personal care from approximately 59 staff, these included care workers, senior care workers, team leaders and care co-ordinators.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A manager had been registered with the CQC. 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.'

We rated the service during this inspection outstanding, because staff praised the training that they received highly and told us it equipped them to undertake their role and provide excellent care and support to people who used the service. Training records showed that staff received training which was tailored towards people's needs and ensured that people who used the service were at the centre of the service. There was a very strong focus on people maintaining their diverse cultural identity. Care assessments and care records were formulated with people's diverse cultural needs in mind. The service tried to match staff with people who had a similar cultural understanding. The service worked very closely with various health care professionals and had achieved remarkable outcomes for some people with very complex and profound communication difficulties.

People had excellent, meaningful relationships with the staff. Independence was widely encouraged, and

innovative methods were used to communicate with people as well as to support people with remaining independent. People felt able to contribute to decisions about the support needs and always felt staff acted on their wishes. People's rights were always respected. Extra effort was made to recruit staff who showed the same interest as people who used the service to ensure staff and people were well suited and matched.

People received person centred support focused on what mattered most to them. People were fully involved with the on-going development of their support needs. People were encouraged to achieve their goals and to partake in activities that were important to them. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint. People felt able to make a complaint and were confident it would be dealt with appropriately.

The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. The service and everyone involved in the management of the service was committed to provide the best possible service and care to people. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible

People felt safe with the staff who supported them, and we saw people were comfortable with staff. Staff received training in how to safeguard people from abuse and understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and minimised to keep people safe. People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. Staff recorded medicines administration according to the provider's policy and procedure, and checks were in place to ensure medicines were managed safely. There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people. Staff told us they had not been able to work until these checks had been completed.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. People who used the service were supported to choose, prepare and eat a nutritious, healthy, well balanced and culturally appropriate diet.

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 were supported by staff who had a good understanding and knew how to recognise and report signs of abuse or mistreatment.

People were supported safely with their medicines.

People were supported by staff who had been safely recruited.

People had a range of risk assessments in place covering various aspects of their daily lives.

Is the service effective?

Outstanding 

The service was very effective. People's diversity and cultural needs were considered when formulating people's support plans, which ensured that their human rights were upheld.

The training programme was tailored to and around the needs of people, all staff praised the quality of training they received and were proud of the changes they had made to people's lives in response to the training they received.

Meals were planned together with people and healthy meal options were introduced and taught people how to prepare them.

The service acted in accordance with the Mental Capacity Act, and assessments of people's capacity were undertaken when their care was planned. Staff had received appropriate training in relation to this.

Is the service caring?

Outstanding 

The service was very caring. People had excellent, meaningful relationships with the staff.

People were treated with respect and dignity and staff were very kind, caring and compassionate towards them.

Independence was widely encouraged and innovative methods were used to communicate with people as well as to support

people with remaining independent.

People could contribute to decisions about their support needs and felt staff always acted on their wishes.

There was a strong emphasis of treating all people the same and staff excellent awareness of how to respect people's rights.

Staff rotas were flexible and regularly amended to ensure people were supported by the staff who had similar interests.

People were supported to develop and maintain relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive. People received person centred support focused on what mattered most to them. People were fully involved with the ongoing development of their support needs.

People were encouraged to achieve their goals and to partake in activities that were important to them.

People were treated equally, without discrimination and systems were in place to support people who had communication needs.

People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

Appropriate arrangements had been made were people required assistance in the event of becoming ill or death.

Is the service well-led?

Good ●

The service was well-led. There was a clear and consistent culture throughout the service which focussed on improving the lives and opportunities of people.

Auditing systems were effective and were developed in a way which recognised the specialist nature of the service provided.

The service continuously sought new ways for people to give meaningful feedback.

People who used the service, staff and relatives were encouraged to give feedback which was analysed and shared.

The registered manager, director and staff persistently sought opportunities for learning, development and improvement.

Relatives stated that communication and information sharing by the service was excellent and effective.

Barnet Supported Living 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 19 & 24 September 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff and people who used the service would be around.

Inspection site visit activity started on 19 September 2018 and ended on 24 September 2018. It included meeting and speaking with people who used the service, calling relatives, speaking with care workers and assessing documentation we requested. We visited the office location on both dates to see the registered manager and office staff; and to review care records and policies and procedures.

On the 19 September 2018 we visited Quartz Court and the inspection was carried out by one adult social care inspector. On 24 September 2018 we visited Quartz Court, Harrold Court and Agatha House. The inspection visit was carried out by one adult social care inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information that we had received about the service and any formal notifications that the service had sent to the CQC. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service and two relatives. We spoke with the registered manager, two scheme coordinators, five care workers and the director. We looked at seven care records. We also looked at personnel records of seven care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run. We received feedback from one healthcare professional.

Is the service safe?

Our findings

We asked people if they thought that they were safe. One person said, "Yes, they[staff] look after me well, they look after me very well. No complaints, no complaints with staff." A second person told us, "Yeah, I feel safe with staff. I like it here." A third person said, "Yes, happy with the health and safety."

People were supported by staff who understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. We saw that safeguarding topics were a standard agenda item at staff meetings. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. There was an open and transparent culture in which staff were encouraged to report any concerns. We viewed training records, which confirmed this. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. One of the care workers told us, "It is better to prevent abuse, by ensuring I do the right thing, but if there is anything which would concern me I would go to the care co-ordinator, manager or the director and report it."

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references for potential new staff members from their previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to be completed before they started working at the home, and records confirmed this.

People who used the service, relatives and staff told us there were enough staff to support people safely and to respond to their needs. One person told us, "There is enough staff. There is plenty of staff." Some staff members told us that some staff recently left, but they were advised that new staff had been recruited and they will commence employment shortly. One care worker told us, "There is definitely enough staff and they always bring in new staff, just look at me."

People who used the service were involved in the recruitment process and were invited to take part in the recruitment panel. People who used the service who showed interest in the recruitment of new staff, received training to help them to understand the role of a panel member, how to ask questions and how to decide on the most suitable candidate.

We observed staff were on hand to support people as required during our inspection visit. Staff were also available to provide one to one support to people where this had been assessed as being necessary.

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the equipment, number of staff and the actions staff should take to minimise identified risks. Staff knew about risks to people, and we observed how they followed risk management plans to keep people safe. A lot of thought was given to risks in relation to behaviours that may challenge the service. We saw that additional support was sought from behaviour specialists in formulating a positive behaviour intervention plan (PBIP). PBIP's seen provided clear guidance for staff in how to recognise triggers and respond to

behaviours that challenge the service pro-actively, by using diversion techniques and other tried methods. This had led to people's behaviours being reduced and people becoming more settled and comfortable with staff and their environment.

Other risks, such as those linked to the premises, or activities that took place at the services were assessed and actions agreed to minimise those risks. Routine safety checks were completed for the premises, including gas checks and checks on electrical items. The provider ensured equipment was safe for people to use.

There was a plan for emergencies, so the provider could continue to support people in the event of a fire or other emergencies. Staff knew what the arrangements were in the event of a fire and told us about the emergency procedures they would follow. People had Personal Emergency Evacuation Plans (PEEPs) so staff were clear what individual support people required in the event of a fire or other emergency. People knew what arrangements were in place and one person commented, "I will go outside on the car park if there is a fire."

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. Medicines were audited regularly, and records showed that where, for example, a care staff had given a person their medicines but not signed the Medicines Administration Record (MAR), this was identified quickly, and action taken to ensure safe practice was followed.

The provider ensured people were protected from infection. At the time of our inspection visit, all services we visited were clean and tidy. Staff used Personal Protective Equipment (PPE), for example when handling foods or supporting people with medicines, and ensured they changed and used fresh PPE for each task undertaken.

The registered person understood their responsibilities to raise concerns and record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. If the registered manager had concerns about people's welfare they liaised with external professionals as necessary and had submitted safeguarding referrals when it was appropriate.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the service had used these to make improvements and any lessons learned had been shared with staff. A staff member said; "It is ok to make mistakes, if you learn from them, we will always discuss them during team meetings."

Is the service effective?

Our findings

Relatives told us that staff were competent and knew what to do. One relative said, "They [staff] are very good and they know what they are doing. One person who used the service told us, "They [staff] always help me when I need them, I never had a problem."

Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. They, or where relevant an appropriate relative, were consulted and then agreed support plans were put in place detailing how they would like staff to support them or their family members. These support plans included information about people's specific health needs such as the assistance needed with medicines, eating and drinking and accessing the community. Easy read reference sheets were included within these support plans. This enabled people with communication needs to be able to understand and were able comment on their content. These records were reviewed on an on-going basis with people and where relevant with their relatives.

People's physical, mental and emotional needs had been assessed, using a range of assessment tools. The service went the extra mile to ensure when people were in transition, this was seamless. In one example, the service had recruited care staff who had the same or similar hobbies to a person who was moving to the supported living scheme into their own flat. When people moved in, their physical, mental and emotional needs had been assessed, using a range of assessment tools. Following assessment, care plans detailed to staff how people's needs should be met. Care records were detailed and specific, so staff knew how to provide consistent care.

Care staff told us that the provider was very pro-active when it came to the training offered and the training was developed and delivered around individual needs. For example, one care staff told us, "I attended a provider forum and picked up a leaflet on 'Namaste Care' training. When I returned I spoke to my manager about it and I then attended this training. Because of this training we have started to create special Namaste rooms for some of the people who have developed Dementia." We saw one of the Namaste rooms, which was within the communal area of the supported living site and could be accessed by all people living on this site if they wished to. While this approach helped people, who used the service to feel less isolated, it also reduced peoples' anxieties of not being near to staff they trusted and respected. Staff told us that it was still a bit too early to say what other positive impact the Namaste rooms may have on people who used the service who developed dementia. Namaste Care is an approach that focuses on engaging with each individual person's senses through sound, touch, smell, taste and sight and is tailored towards people with Dementia. Staff told us of the Dementia Bus and Autism Bus, which is a virtual dementia and autism tour. This helped care staff to understand dementia and autism from the person's point of view. Staff told us that this had helped them to change their practice, reduce obstacles and improve people's lives. For example, we saw if staff went on their annual holidays, they used a suitcase with the staff members name or picture as a point of reference for people who used the service to see and reassure that the member of staff will be coming back. Another example of responding to people's needs by providing specific training to staff was training regarding a person who had specific health, mobility and medical needs. The service challenged themselves by accepting referrals and providing care and support for people with very complex health and

social care needs. They did this by sourcing specialist training which enabled care staff and the service to support the person and meet the person's needs. The registered manager told us, "When [person's name] moved in, staff were outside of their comfort zone, but with the additional training we sourced. The person was able to move to have their own flat, which the person loves. This has given the person greater independence, rather than living in a residential home."

Other training introduced included POACT-SKIPr and Team-Teach, which are both training courses specifically developed to support people with autism and behaviours that challenge the service. This is by positively responding and engaging the person to reduce the behaviours and design meaningful programmes to engage the person. This had led to people presenting less behaviours that challenge the service, enabled one person to move into their own flat and taking on independent tasks such as cleaning, hoovering and dusting their rooms. The person's family noted in one survey that they never thought that this would be achievable.

We saw that in addition to the specialist training stated above, care staff had access to a wide-ranging mandatory training programme. For example, this included First Aid, Health and Safety, medication, infection control, manual handling, safeguarding adults, Mental Capacity Act (2005) and autism. Care staff spoken with told us that they found the training "helpful", "easy to access" and "excellent." Staff also told us that the training and the support they received helped them to develop in more senior roles and we spoke with two care coordinators who were internally promoted for support worker roles.

All new staff received thorough induction training when they commenced work with the service. This included an initial induction on the organisation's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff also shadowed established staff, so they could begin to build meaningful relationships. A member of staff who had recently completed their induction told us the training was very useful and confirmed it prepared them with the necessary knowledge and skills to carry out their role.

Staff told us they were well supported by the registered manager and the management team. Staff had received regular ongoing support from their line managers and supervisors. All staff spoken with and all staff records viewed confirmed that staff had received regular monthly supervisions and annual personal performance reviews to reflect on what they had achieved and work together with staff in setting future development goals.

We saw how the service considered people's diversity and cultural needs when devising people's support plans to ensure that their human rights were upheld. People's cultural beliefs were central to the way the service devised people's support packages. We saw in care plans that people's linguistic background was highlighted and where possible the service allocated staff to people who spoke the same language and understood the person's cultural background. Staff told us that this was a very important aspect of the service and helped to have a much greater understanding of the person and of the person's cultural beliefs.

The service worked in partnership with other organisations to help ensure their staff followed best practice. The registered manager confirmed they were working together with other partners in the area by liaising with them, learning from each other and swapping best practice information. Staff had received training in Makaton, the picture exchange programme and how to develop communication passports.

The service had achieved remarkable outcomes in improving people's communication. For example, one person had been assessed as being non-verbal during their admission over two years ago. This person now has a vocabulary of more than 80 words. This person was nominated for a Learning Disability and Autism

Leaders award run by Dimensions-UK to recognise the person's accomplishments since leaving the long stay hospital. While the person did not win the award, the person received a recognition for outstanding contribution in the area of changing community in October 2018. The registered manager found out about this award and encouraged the person to apply for this award, in recognition of the person's achievements over the past two years since moving into the supported living service.

The service used creative means to support and encourage people to maintain a healthy balanced diet. Staff placed a strong emphasis on the importance of protecting people from the risk of poor nutrition and dehydration. Staff sought advice and received specialised training from dietitians. Staff confirmed they used their learning, innovative methods and positive relationships to encourage people to significantly improve their dietary intake and wellbeing. For example, some people did not understand the health implications of eating an unhealthy diet. Staff assisted people in deciding meal options designed around their likes and dislikes, and focused on the advice from the dietitian, such as portion control. People were involved in preparing their meal choices. A picture was taken of the result. The picture was then inserted into a specially designed recipe book. People who used the service went through their unique recipe books to select the meals they wished to eat. Shopping trips then took place to ensure they had the right ingredients to maintain people's chosen menu for any given week. People who used the service told us, "I get asked what I want to eat" and "I do my own cooking, and I go out by myself. Sometimes the staff take me out, but they give me a choice."

People who used the service were supported by staff to attend health care appointments. One person told us, "I go with staff for any health appointments. A second person told us, "Yes, I go to the dentist and they [staff] help me to keep my teeth clean." The service also sought professional advice regarding managing people's behaviours that challenge the service or if people required support around their communication needs. This had led to remarkable outcomes for one person who had increased their vocabulary dramatically since moving into the home and because of this the person's behaviour that challenged the service had decreased, which led to the person to increase her participation in community-based activities. Another person who had become seriously ill and was fitted with a device to eat, was supported by the staff team and health care professionals to have this device removed and was now able to eat independently again. To have such a device removed is very unusual.

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.

Staff had received training and had a good knowledge of the main principles of the MCA. Staff spoken with were confident to put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff explained to us how they considered people's capacity to make particular decisions. They knew what to do and who to involve, in order to make decisions in people's best interests.

We noted a best interest meeting had been held for one person and the service had liaised closely with healthcare professionals and the person's family to make best interest decisions for people in relation to medical intervention. Another example of the excellent work the service has done in involving relatives in applying for an appointeeship, by the Court of Protection for one person where their relatives lived abroad. The service worked actively with the relative and educated the person of the importance of having a suitable court of protection order in place. The service demonstrated excellent work in supporting people who lacked capacity. For example, when accessing health care support. We saw that the service met with people

who used the service, relatives and relevant health care professionals, to discuss and explain the importance of the medical intervention. During the best interest meetings, we saw the service used picture prompts and symbols to explain the procedure to the people, this engaged the person in the decision-making process, but also reduced the anxieties related to the procedure. This had a major impact on the people as they felt listened to and were comfortable to express their fears and anxieties and understood the reason why such a procedure was necessary to improve their well-being. The service used the lessons learned to be implemented during best interest meetings, which the register manager told us will happen more frequently due to more people who use the service developing or having onset of dementia.

Is the service caring?

Our findings

We asked people who used the service if staff were caring. One person said, "Yes, if I've got any problems the staff help me sort it straight away. My keyworker always helps me." A second person told us, "Yes, yes, the staff take me shopping, help me with my washing, and change my bed." One relative told us, "They [staff] actually do care. My relative has been so incredibly happy here. It's the best place he has ever lived."

Staff working at all supported living units visited demonstrated an empathic and encouraging support to people in their personal development and well-being. Staff knew people very well. They had a sound understanding of how and when it was appropriate to support people with additional help and guidance and when it was appropriate for people to do things on their own. Staff spoke highly of people and were proud of their achievements in supporting people to gain new skills and become more independent. One staff member showed us a list of words that one person had learned since using the service. The staff member told us, "I made this for [person's name] so she understands how far she came since living at Quartz Court."

The whole team genuinely put people at the heart of everything they did. There was very tangible evidence of providing person centred care in every aspect it was evident from care records that this attitude and the efforts staff went to was maintained always. One relative said, "The staff doesn't do things for [person's name], they assist him to do and learn to do things by himself, he came so far." We observed positive interactions between people and staff. For example, throughout the inspection we observed that staff spent a lot of time sitting with people and listening intently to what people had to say. They offered reassurance and diverted people's attention towards more positive actions if they showed signs of distress or anxieties.

We observed that staff had interest and concern in people's lives and their health and wellbeing. People who used the service told us that it was important to them to have positive relationships with staff and staff referred to the service as an extension of their own 'home'. People were comfortable and relaxed in the presence of staff and told us that they were fond of staff. One person said, "My key worker is lovely, he will help me with anything." We observed staff sitting down with people and chatting and joking in a friendly and informal way. Staff were extremely motivated to ensure that people who used the service received the best care possible and told us, that they never watch the time when they support people who used the service. One care staff said, "When I support a person using the service to go out, I am in no rush at all. As long as people enjoy their outing, is all that matters."

The service recently recruited several new staff members to support people with likeminded interests such as hiking, swimming and cycling. We saw evidence the service matched people according to hobbies, religion, culture and age. In one example, a person receiving care had been matched with a care worker on grounds of a mutual culture, language and religion. This meant people received care that was person-centred and met their individual needs.

We were told by the registered manager that staff from similar or the same cultural and linguistic background were employed. This had helped to build excellent professional relationships between people

who used the service and their relatives. It also aided care staff in the team to gain a more in-depth understanding regarding cultural appropriate dietary needs, cooking culturally appropriate meals, attending places of worship and celebrating holidays. This had a very favourable impact on people and opened up discussions about equality and diversity. We saw that one person had been supported by his key worker to have safe access to social media. This allowed the person to make new friends and to feel less isolated.

People who used the service designed a document called 'My support worker'. People who used the service were asked during tenant's meetings the qualities they would want to see from their support workers, by asking questions such as, "What qualities do you have that can be brought to the team." This has helped in giving people who used the service more of a say in and control over the services that they live in. This has helped the service to be able to match staff with specific skills, age, culture, religion and interest with people who used the service. For example, one person shows an interest in horses and a member of staff shares this interest. The service has several staff who share the same religion with people who used the service and accompany people to go to church and celebrate festivals. Because of matching staff with people who share the same interests people who used the service who usually wouldn't engage with peoples started to take part and gained greater confidence.

The service placed a great focus upon empowering people to achieve the maximum of their potential. Staff told us that 'Your Choice Barnet' believed that everyone deserved respect. Care staff told us that they enabled people to live their life the way they wanted to live and gave them the support they needed to achieve this, by becoming as independent as possible. They further said that they were extremely proud in involving people who used the service in everything they did. We spoke with care workers, managers and directors, who all said that it was paramount to respect each person as an individual and that they would always assist people to become valued and integrated members of their wider community. People who used the service told us, "The staff let me get on with what I can do, but anything I need help with the staff help me" and "I do a lot for myself, if I need help with anything staff help me, staff encourage me to be independent." A third person told us, "Staff are kind, they always ask what I want and never enter my flat without ringing the doorbell. I am my own person."

We saw that the service used creative methods to obtain the views of people who had limited communication skills. There was a weekly theme to teach people who used the service new words. During the first day of our inspection it was the word 'proud'. Staff told us they would sit down with people who used the service to talk about the word, what it meant and how the word was used. The service also used a lot of pictorial prompts and signs throughout all schemes, to inform people of events, and alert people of dangers. Barnet Supported Living Services, Barnet Mencap and Barnet Council were planning to hold various events during the Hate Crime Awareness Week in October 2018. We saw that Barnet Supported Living Services was encouraging people who use the service and staff to take part in these events if they were interested, which was aimed at raising awareness into hate crime.

The service made use of a wide range of assistive technology available to support people in, maintaining their independence and increasing their ability to communicate their needs with staff and others., wherever possible, to maintain people's independence. While there were no restrictions for people to go out independently, some people had one to one staff support. For example, we found in one flat that an alarm has been fitted to alert staff during the night if the person gets up. The registered manager told us, "The alarm is not there to stop [name] from doing what the person wants, but the person has a waking night and to give the person some privacy at night, it allows waking night staff to leave [name] flat and attend to the persons laundry, etc." The registered manager further told us that this meant the person was much safer but has also their privacy maintained. Another person who had a history of falls, had various trip mats fitted

alerting staff if the person accidentally fell and required staff support. People who used the service were asked about having this equipment fitted in their flat and it was there to protect people as opposed to depriving people of their freedom to move independently. Other use of assistive technology included 'Eye Gaze', which was used by one person with very complex physical needs to communicate their needs with staff by using the movement of their eyes, this meant that the person gained greater independence and felt less isolated. We met this person who told us that they were very happy living at the supported living scheme in his own flat. People who used the service were also provided with a pendant to enable them to call staff into the flat when they required any assistance or help. Other people used an I-pad, which allowed them to speak to their family, the registered manager told us that instead of using the phone number they I-pad had a picture connected with the relative's phone number, which enabled the person to call their relative without staff support. I-pads were also used to communicate with people who used the service instead of using the traditional method of a picture exchange book. People who used the service and staff used pictures and symbols on the tablet to communicate, which enabled people to gain greater independence.

Staff talked with kindness and compassion about people. We saw their interactions with people and it was apparent that they were fond of people and supported them through happiness and sadness, achievements and failure with great interest and dedication. We observed that the relationship between staff and this person was one of trust and mutual rapport and we were told that after a period of staff working with this person the person became less distressed and displayed less episodes of behaviours that challenged the service. One health care professional told us, "It is fantastic what the staff team have achieved with [name]."

People were supported by staff in the community to help them manage risks around behaviour. Staff told us how this did not limit people's independence and freedom in the community, and that people had consented to these levels of staffing. Staff told us that they would give the person enough space when going out for a walk. One care staff said, "We give [name] enough space to be independent but be close enough to intervene if we have to."

We saw that staff respected people's confidentiality. Records were kept securely and completed by staff privately so that others would not see them. We saw from recordings that staff kept detailed notes which were person centred and positive.

Is the service responsive?

Our findings

People felt involved with the on-going planning of their care and support. Some of the people we spoke with could tell us about their support plans and how they had been involved with putting them together and their continued development. One person took great pride in showing us their support plan and telling us what it meant to them. Another person said, "I can tell the staff how I want them to look after me."

People's personal preferences such as their preferred time to get up and to go to bed, or food and drinks, likes and dislikes were included along with information about their life history and background. We observed staff use this information throughout the inspection to engage in meaningful conversations and activities with people.

People supported by the service had a learning or physical disability and some of them had onset of dementia. The service ensured all people had their needs met and had equal access to important information as others. The registered manager was aware of the Accessible Information Standard (AIS); and its principles had been implemented. The AIS ensured that provisions were made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. In addition to easy read documentation within people support records, other easy read documentation was used throughout the service to explain to people what safeguarding, how to make a complaint and what mental capacity meant for them. The registered manager told us, "People have communication passports and we have Picture Exchange Communication Systems (PECS) in place for those that need them., Many staff have done Makaton training and we follow the Accessible Information Standard."

People felt able to lead their lives in the way they wanted and were supported by staff to access activities both within their home and within their local community. People told us they regularly discussed with their key worker and other staff what activities they would like to take part in and the staff supported them with doing so. One person said, "We just came back from a holiday to Centre Parks it was great. I loved it." Another person said, "I regularly go to the café to meet my friends." A third person told us, "I like that we have Sunday lunch together it's what friends do."

There was a clear emphasis on ensuring all people led active and meaningful lives. People's goals, aims and ambitions were discussed with them and staff did all they could to help people achieve these. Staff supported people with complex health and social care needs to go on annual holidays. Staff told us that they had obtained sensory equipment for people. While this was not usual available in supported living, the staff felt that this would help people to have more meaningful activities. The sensory equipment was purchased by one of the supported living units after applying and bidding successfully for a grant. Staff spoke passionately about how they supported people with achieving their daily activities as well focusing on developing their life skills. For example, one member of staff told us how they accompanied a person to go to the day centre. A person who used the service was also very proud of telling us, how he helped staff in supporting people to walk to the day centre. Relatives similarly to care staff praised and highlighted the positive impact activities had made on people who used the service. One relative said, "Activities are good,

they have music, go out for lunch." Another relative said, "I know they do day trips, they celebrate birthdays and have parties for each other, Things like going out for lunch and going around the shops. My relative really likes to be active." .

One of the people who used the service was a 'service user' champion and had received specific training by the community services team to understand what interviews were about, how to ask questions, think about what the person would want in a support worker. This person was knowledgeable about the people who used the service and could advocate on their behalf. This was a part-time paid job and required the person to attend meetings, forums and being a part of the Learning Disability Parliament, ensuring people with learning disabilities have a voice.

People told us they regularly saw people outside of the service and the registered manager told us family and friends were welcome to take part in any of the events that were run within the service and in the community. One person said, "I can visit friends and family, whenever I like."

People told us they felt confident to raise a complaint if they needed to and that it would be acted on. We asked people what they would do if they had a complaint. One person told us, "I would complain to the manager, or my keyworker, or duty social worker, or I can tell people like you, but I'm very happy here so no complaints." An easy read complaints procedure was made available to assist people with communication needs. The registered manager told us they promoted an open and honest service and welcomed people's feedback or concerns.

Records showed the registered manager was aware of their responsibilities to ensure that when a formal complaint was made, a response was sent to the complainant in good time, outlining what they had done to investigate the issue and where appropriate, what action they would be taking. Learning from complaints formed a regular part of senior management meetings and where needed, discussions were held with staff to ensure they were aware of improvements that were needed.

End of Life care was not currently provided at the home. However, we saw that the service had introduced an End of Life (EoL) Plan in pictorial format, which had been completed together with people who used the service, their relatives and staff. The EoL plans viewed included people's preferences regarding illness and death. For example, their funeral arrangements, who they want to have contacted and what kind of service they wanted to have.

Is the service well-led?

Our findings

During our last inspection in November and December 2015 we rated the provider 'Requires Improvement' in this key question. This was because we found that quality assurance systems used by the provider were not always effective. For example, we found that daily records lacked detail regarding what people did, their behaviours and what care they had received. During this inspection we found that the provider had taken appropriate action and robust and effective quality assurance systems had been implemented and followed.

We saw that the service had introduced a range systems to audit and monitor the quality of care people were receiving since our last comprehensive inspection since we rated the service 'requires improvement'. These included standard audits such as monthly health and safety audits, medicines audits and audits relating to staff supervisions or team meetings. In addition to this, more specialised audits had been developed, these included audits into behaviours that challenge the service and audits into people's activities. This helped the service to respond more pro-actively if people's behaviour changed and if people took part and enjoyed their chosen activities.

People told us they liked the registered manager and the care co-ordinators. One person told us, "Yeah, she's lovely, she's very good I've known her for about ten years. She's a very good manager, very efficient." Another person told us, "I like the manager, the manager is alright." Relatives were similarly positive about the manager. One relative told us, "[Name] is fantastic, she will always call me and tell me what is going on, but so is the staff."

The registered manager had also introduced regular team meetings and regular care co-ordinator meetings which included the director. During these meetings individual people were discussed. Any training needs staff may have as well as experiences and good practice was shared.

Feedback was regularly sought from people who used the service, relatives, staff and other professionals. All feedback was summarised, and any learning was shared via individual supervisions and staff team meetings. The feedback received was very positive and included comments such as, "I wanted to thank the team, especially the team leader for the continuous support and regular updates we receive", "Thank you for all the good work the team did, we are so grateful, to all the lovely staff, they are simply fabulous. You are all amazing people" and "The care and support my relative receives is simply wonderful." One relative told us, "I'm very happy with the place, it has a nice ethos. The staff welcome me all the time. My relative seems very happy. The staff are kind, caring, and look after my relative extremely well. I have no complaints."

Questionnaires used for people who used the service, had been adapted and written in a simple language, which was easier to understand and access. They included pictures and symbols and people who used the service told us that they have completed the annual questionnaires. One person said, "Yes, we do one every year or so." People who used the service also told us that they had regular residents/tenant's meetings to discuss any issues in relation to the individual supported living scheme. One person told us, "I have a resident meeting once a month and we talk about things. For example, safety not to let anyone in." The

registered manager told us that she was only working six weeks at the service during our inspection in December 2015 and that the work she had done over the past 2 ½ years in respect to monitoring and assessing the quality of care had helped the service to overall improve the service and outcome for people who used the service.

Staff told us, that the provider's philosophy of enabling people to become more independent and live the way they wanted to live is clear to them. One staff member told us, "The philosophy of 'Your Choice Barnet' is not just empty words, it is something we do every day, we help people to do things on their own and assist them to become independent." Another staff member said, "The registered manager and the director are very positive and try to make the service the best it can be. They always look for new training and ideas, so we can develop ourselves and support people better. I really enjoy working for 'Your Choice Barnet'."

Staff shared the organisational culture and ethos with us. One care worker told us, "We always put people first." They told us they would always "encourage people to become as independent as possible and treat everyone as an individual." Because of this the service supported people to move into independent accommodation in the community, with minimal support provided. Care staff are also encouraged to look beyond and help to grow the business and make improvements all the time. For example, the provider puts money aside which they call the innovation fund. Care staff and supported living locations can bid for the money annually. We saw that outdoor gym equipment; eye gaze technology and sensory equipment has been purchased to improve the outcomes and live for people who used the service. Staff were encouraged to think about organisational values during staff meetings, supervisions and appraisals and were encouraged to contribute to the development of the service.

The registered manager told us that she was working together with another provider in the area to learn from each other and to share best practice. The registered manager at the service was supported by care co-ordinators in each individual scheme. The registered manager had worked at the service for several years and was fully committed to the provider's philosophy.

Staff told us that experienced staff were sharing their knowledge and giving tips about supporting people to a newer member of staff. Staff told us they were constantly learning from each other and the people they supported.

There was a clear focus on learning and using this to improve the service. Staff told us they were encouraged to see every interaction with people as a learning opportunity whether it went successfully or not. One staff member said, "If something doesn't work for the first time, we don't give up and will try other ways, or come back later."

There was an open culture where staff were encouraged to reflect on their own actions and review how they may have impacted on incidents of challenging behaviour and share their learning with the team. Following incidents of behaviours that challenged the service regular debriefing sessions were arranged with the registered manager or care co-ordinator to look and find ways of responding to these behaviours better and more pro-actively. Staff believed that this had helped them to work better with people and had led to a reduction in behaviours that challenged the service.

Relatives told us the service was transparent and open. One relative said, "I would say overall as far as I know whenever I'm visiting I feel they [staff] do a good job. I have no concerns, I'm not there 24/7 but in general I'm pleased. We are happy for my relative to be there and I think he's looked after very well."

Services that provide health and social care to people are required to inform the Care Quality Commission,

(CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their current rating on their website.