Young Foundations Limited

Binley Woods

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 January 2016 and was unannounced.

Binley Woods provides accommodation and support for up to five younger adults. At the time of our inspection visit there were three people living in the home.

The service does not currently have a registered manager. 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. An acting manager is in place, and a recruitment process is currently underway to recruit a registered manager.

People were comfortable with the staff who supported them. Relatives were confident people were safe living in the home. Staff received training in how to safeguard people from abuse and were supported by the provider's safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any issues were identified and action could be taken as a result.

There were enough staff to meet people's needs. The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until these checks had been completed. Staff were recruited carefully to ensure they had the right skills and values to support people.

The provider assessed people's capacity where this was necessary. Staff and the registered manager had a good understanding of the Mental Capacity Act, and the need to seek informed consent from people before delivering care and support. The provider sought legal authorisation where restrictions were in place in order to support people safely.

People told us staff were respectful and treated them with dignity and respect. We also saw this in interactions between people and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they could choose what to eat and drink and when, and were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw that the care and support provided in the home was in line with what had been recommended. People's care records were written in a

way which helped staff to deliver personalised care, which focussed on the achievement of goals. People were involved in how their care and support was delivered, and they were able to decide how they wanted their needs to be met.

Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions were clearly documented and acted upon by undertaking regular unannounced visits to the home.

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's needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Where people lacked capacity to make day to day decisions, the provider had assessed this. Staff understood the need to get consent from people about how their needs should be met. People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs. They were able and encouraged to help prepare their own meals to support their independence. People received timely support from health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible. Staff showed respect for people's privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement and with help from experts. Care was regularly reviewed and ensured people's needs were met.

Care was focussed on the goals people wanted to achieve, and sought to build on people's strengths and help them to do so. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good

The service was well led.

People felt able to approach the management team and felt they were listened to when they did. Staff felt well supported in their roles and there was a culture of openness. There were quality monitoring systems for the provider to identify any areas needing improvement. Where issues had been identified, action had been taken to address them.

Binley Woods

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.

The inspection took place on 21 January 2016 and was unannounced. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

During our inspection visit, we spoke with two people who lived in the home. One person was happy to speak with us, whilst another also spoke with us, but was unable to do so for long. We spoke with two relatives following our inspection visit on the telephone. We also spoke with the acting manager, the acting deputy manager and three care staff.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe here." We spent time observing the interactions between the people living in the home and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for them to follow should they be concerned that abuse had happened. One staff member told us, "The Care Act 2014 widens the types of abuse…. So managers make sure we have all the up to date information." Another staff member told us, "I would follow policies and procedures. I would document and tell the manager. If I had to I would call CQC. We have a whistleblowing policy."

Staff told us there was an effective recruitment process in place, which helped to ensure the right people were brought in to work in the home. One staff member told us, "I had to go through two recruitment days which included assessments and observations." The provider's recruitment process ensured risks to people's safety were minimised. The manager obtained references from 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 come through before they started working in the home.

Staff told us people had risk assessments in place, which were updated regularly. One member of staff told us, "It is the keyworker's responsibility [to write risk assessments] as we know the risks. Risk assessments are signed off by two staff." A keyworker is a member of staff who is identified to take a lead on overseeing a named person's care and support. Care records showed risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities.

The provider used "active support protocols" which were working documents intended to help people and staff address risks but not to remove them entirely. For example, risk assessments were linked to goals people had identified in their care plans, so that as they got closer to reaching their goals, risk assessments were updated and people could be as independent as possible. As a result of this approach, risk assessments were written in a way that encouraged staff to support people in the least restrictive way possible.

Other risks, such as those linked to the premises or activities that took place at the home, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. We spoke to a member of staff who was responsible for maintenance. They told us the provider was developing an online system which would log maintenance requests, arrange the work directly with a contractor, and would then track progress. The provider hoped this would help to ensure maintenance work was completed as quickly as possible to help keep people safe.

Staff knew what arrangements were in place in the event of a fire and were able to tell us about the emergency procedures they would follow. There was an "easy read" ('easy read' formats use visual images and large print sizes to make the documents more accessible to people) version of the fire evacuation procedures on display in the home. This supported people to understand how they should respond if the fire alarm went off as the information was accessible. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

Staff told us there were enough staff to meet people's needs. One staff member told us, "Shifts are planned in advance to make sure there are enough staff." During our inspection visit we saw staff were on hand to support people when they needed it and were also available to support people to go out in their community. The acting manager told us staffing levels were based on the number of people living in the home and the level of their support needs.

Staff received training in how to administer medicines safely as part of their induction, and were then observed by either the deputy or the acting manager before being allowed to administer medicines to people. Staff told us they had regular training on how to administer medicines safely. Medicines were stored safely and were administered as prescribed. Medicines were checked daily and a monthly check also took place to cross reference with the daily checks. The acting manager told us this helped to identify where errors had been made and by whom, and staff could be retrained as a result if this was needed.

The provider had also invited the pharmacist who provides their medicines to complete checks. We saw that recommendations made following pharmacy checks were followed. For example, the last pharmacy check recommended information on the medicines being taken and what they were for should be added to people's care plans. We saw during our inspection visit this improvement had been made. People's care plans included information about the medicines they were taking and what they were for. Known risks associated with particular medicines were recorded and there were clear directions for staff on how best to administer them.

Good

Is the service effective?

Our findings

Staff told us they were well trained and knew how to support people effectively. One staff member told us, "Training is excellent here. It is good fun." Staff told us they completed an induction when they first started working at the service. This included face to face and online training, working alongside experienced staff and being observed in practice before they worked independently. Staff told us this made them feel more confident. One staff member told us, "They were very keen on me observing, getting to know people first." Staff told us they received training which was relevant to their role and helped them support people as effectively as possible. One member of staff told us about training they had recently attended to help them manage challenging behaviour. They said, "It really really helped me as you build up your confidence. They show you techniques and tools where you are still treating people with dignity and respect."

A training record was held by the acting manager of the home, which outlined training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The acting manager told us they ensured this guidance was followed, and monitored what other training staff needed. They told us this was in response to the changing needs of people being supported, as well as discussions with staff and day to day observations of their practice.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the acting manager. Staff told us this helped them to develop their skills and to become more confident with their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care records showed that people's ability to make decisions had been assessed. For example, some people had been assessed as needing support to maintain appropriate social contact. Where this was the case, plans were in place so staff knew how people should be supported. These plans focussed on how staff should support people in the least restrictive way possible, and included general information for staff on the MCA. There was specific information relating to the person and the decision that needed to be made and records of 'Best Interests' meetings where people had been assessed as lacking the capacity to make particular decisions.

Staff understood and applied the principles of the MCA. One staff member told us, "If there is someone who has been assessed as lacking capacity, we always have a best interests meeting." Care records were focussed on care and support being delivered in the least restrictive way possible throughout.

Where restrictions were in place, these were intended to ensure the safety of people and others. Where people did not have the capacity to agree to these restrictions, they had been agreed by relevant health professionals and representatives of the person in their 'best interests'. The manager had made DoLS applications to the relevant authorities so they could be legally authorised. Staff knew about their responsibilities under the DoLS. One staff member told us, "If there is a decision made in someone's best interests if they lack capacity, we know we might need to apply for a DoLS."

People were able to prepare their own meals if they wanted and were able to. Staff supported people with deciding what they wanted to eat and with preparing and cooking food where they needed support. We saw people prepared food with support from staff and how they made choices about the food on offer and assisted staff in preparing their meals. A daily menu of the food was displayed in the kitchen so that people could choose each day what they wanted to eat.

Systems were used effectively to share information between staff. Staff used "handover" sheets to share information for staff coming onto the next shift. These included medicine stock checks which were completed at the end of every shift. Staff also communicated effectively with other professionals in order to ensure people's support was in line with any legal requirements in place. For example, staff worked closely with the Local Authority, sending monthly progress reports to people's allocated workers. This helped to ensure people received effective care.

People received support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. For example, staff worked closely with a clinical psychologist who visited the home weekly. Records showed that the advice and guidance given was discussed with people where they were able to understand this, and were incorporated into people's care plans and risk assessments in a timely way. People had "hospital passports" which contained important information about them so that they could share this information with health professionals when they had hospital appointments. These contained information that the person might otherwise not have remembered to share. People had "Health Action Plans" in place so it was clear how good health could be maintained, and how health conditions should be monitored by staff.

Good

Is the service caring?

Our findings

People told us staff were caring and respectful. One person told us, "If we have struggles they [staff] ensure they are here for us." We saw people were comfortable with staff, and were supported in a kind and caring way, which meant they did not hesitate to approach staff for support and assistance. People were happy to laugh and chat with staff.

Staff told us the provider's values included a 'caring ethos', which was understood and promoted by the acting manager. A member of care staff told us, "This is the most caring place I've ever worked."

People were encouraged to maintain their independence and supported to build on their skills day to day. Staff were kind, respectful and responsive to people's preferences, likes and dislikes; supporting people to work towards more independent lives. One person told us, "They are helping me get more confident so I can do things for myself." Relatives agreed people were supported to be as independent as possible. One relative told us, "They are trying to get [name] more independent. They encourage [name] to go to college and going to the shops."

The provider offered a personal development programme which was called "Towards Independence." People could enrol onto the programme if they wanted to, and were supported by staff to take modules such as "coping with people", "using transport" and "meal prep and cooking". People built up evidence which was used to show they had achieved these modules and received certificates as the programme went on. Modules were also linked to the goals identified in people's care plans which staff told us helped people build their confidence and work towards being more independent.

People told us they were supported to maintain their independence and their friendships where they wanted to. One person told us staff had supported them to vote in the last general election.
People had weekly planners which detailed what they planned to do each week. Staff told us these were a guide only, so people could do different things if they wanted to, and so staff could respond to changing circumstances. People were encouraged and supported by staff when they decided they wanted to try something new, or to do something independently for the first time. Staff talked with people clearly and calmly about any risks this might present and agreed with people how these would be managed. One member of staff told us, "If you use that approach you can get so much more out of the young people."

People were actively involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. Staff went through people's care plans and daily notes with them to make sure they agreed with what was being written. One staff member told us, "If something is written, I will show [name], read it through with them and ask them to sign if they agree. If they didn't agree they would not sign and I would make a note of this so it was clear." Another member of staff told us, "We wait until the time is right and it's quiet then we go through it with people." During our inspection visit we saw free and honest discussion taking place between people and staff. Staff understood what people wanted and used this information to communicate effectively with people.

Relatives told us there were no restrictions on when they could visit the home. One relative told us, "I can visit whenever I want to." Relatives also told us staff were welcoming when they visited, and were flexible so that people were supported to maintain family relationships if they wanted to.

People's privacy and dignity was respected. We saw that people had time to themselves when they wanted it, but staff ensured they knew where people were should they need assistance. Staff conducted visual observations every fifteen minutes which they recorded. There were also door alarms in place so staff were alerted every time someone entered or left their bedroom. Staff told us these measures were to ensure the safety of people living in the home, and had been agreed with people and professionals in response to previous incidents, and in line with risk assessments. We discussed this with the acting manager, who told us they understood this might be overly restrictive, but that people living in the home said they felt safer with these measures in place. The acting manager agreed they would talk with people, their representatives and other professionals, as risks may now have reduced and the measures may longer be necessary.

We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

Staff told us there was a 'key working' system in place. The key workers were responsible for putting together and updating people's care plans. One staff member told us, "We do as holistic an assessment as possible." The acting manager told us they would look at staff's skills and character in order to decide who they would support most effectively. They told us, "We look at staff strengths, their personalities, and who fits with the person. The young people can also choose who they would like to be their key worker."

Staff told us they had helped to put together people's care plans so they were knowledgeable about how best to meet people's needs. One staff member told us, "I think they [care plans] are fantastic. Very detailed." Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed and were written in a personalised way. They described individual goals and the steps people wanted to take to achieve their goals. There was also information about how staff should support them to take each step. The aim for each person was to promote their independence, and to ensure goals were achieved in line with advice from specialist health professionals.

People's care plans also included "positive behaviour support plans", which helped staff support them in a sensitive and positive way. Care plans were reviewed on a regular basis, and included people's views on their care and support and how they wanted it to be delivered. Care plans had been written in an 'easy read' format to help people who had limited communication understand them. Relatives told us they had not been involved in reviewing people's care and support, because the service focussed on reviewing care plans with people directly. One relative told us, "I don't get involved because [name] can tell people what he likes and doesn't like and they are better off asking [name]."

Staff had access to resources and information which helped them to meet people's changing needs. One staff member told us, "Every Tuesday managers book a clinical psychologist to come in. They work with staff and also talk to the young people about things they might be finding difficult." The acting manager told us the psychologist was funded by the provider to ensure people had access to expert support as and when they needed it. They told us the psychologist worked directly with people, and also helped, advised and counselled staff to ensure they were meeting people's needs effectively. Records of these discussions showed they were used to ensure people's care plans were up to date and responsive, and that people's progress as they worked towards goals they had identified in their care plans, were monitored and assessed.

The process for preparing people to move to the home ensured their needs could be met and that the transition was as smooth as possible. The acting manager told us they told us they would visit the person before they moved, spend time talking to them, talking to staff who were currently supporting them, as well as professionals who were involved. They also told us they would assign the person a keyworker prior to any move, and arrange for the keyworker to visit the person to learn about their needs and to introduce themselves. They advised they might also arrange for their clinical psychologist to visit the person and staff currently supporting them if this was needed. The acting manager told us they would then arrange any training for staff that might be needed in order to meet the person's needs.

People told us they were supported to make complaints or comments about their care and support, and that when they did so they received an effective and timely response. One person told us, "We have a complaints form we can fill in but if you don't want to write it staff can help." [Manager] normally sorts things out." Another told us, "If I'm worried about something I'll write it in my journal and hand it to [staff member] who will write something back. This can help." There was information on display about what people and their representatives could expect and how to complain if they were not happy with anything. The information was in an 'easy read' format to help people understand their rights. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively.

The acting manager shared a compliment staff had received recently. A relative had written into the service and told the staff, "I hope you are proud because you should be." The acting manager told us, "It is good to share this sort of thing with staff. It helps them remember why they came to work here and keeps everyone positive."

Good

Is the service well-led?

Our findings

There was no registered manager in place at the service, which was being managed by an acting manager. The acting manager had been working as the deputy manager prior to the registered manager leaving. There was a recruitment process underway so the provider could identify and recruit a permanent manager who could then be registered.

The acting manager was supported by a deputy manager to ensure the home ran effectively and people's needs were met. The acting manager told us they felt well supported by the provider and had regular opportunities to discuss their development needs as well as how the service was developing.

Staff were positive about the acting manager and the deputy manager. One member of staff told us, "You are never forced to do anything you are not comfortable with. If you are unsure of the best way to do something, you get a chance to reflect on it straight away to look at different techniques and ways of doing things." Another staff member told us the managers were, "Very supportive, approachable and very fair."

Staff told us they followed the acting manager's example in creating a "homely" atmosphere. One staff member told us, "We do strive to make a nice atmosphere in the home. If there's a good atmosphere the young people pick up on it." We observed there was a homely atmosphere where people were relaxed and calm. There were open and honest discussions between people and staff which helped people to feel valued and respected.

The manager told us the provider was flexible when they requested resources for people, or asked for improvements to be made to the home. For example, they had recently asked for a heating and air conditioning unit to be installed in the conservatory so people could use it comfortably throughout the year. The provider had agreed this and work was planned to start soon.

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included simple questions with pictures and symbols to help people understand what they were being asked. Questionnaires were also sent out to professionals working with the service, as well as relatives so that the provider could get a range of views. There was a weekly "Young Person's Meeting", where people had the chance to give their views on the way the home was run. For example, records of these meetings showed that people could share ideas on what food they would like to see on the menu for the upcoming week.

Staff told us they had the opportunity to share their views at staff meetings, which they said made them feel valued. Records showed staff had the opportunity to discuss the developing needs of people living in the home and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the acting manager. One staff member told us, "We discuss what has happened, what we have achieved, strengths, weaknesses, what we need to improve."

Staff felt supported in their roles which made it easier for them to support people effectively. The acting manager told us they tried to support the staff as much as possible by being visible and responsive when they were encountering any difficulties in their work. They told us, "If it is a bad day I never shut myself in the office." Staff agreed. One told us, "[Name] has been massively supportive. It's a win-win."

The acting manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.

The acting manager monitored and audited the quality and safety of the service. Incidents and accidents relating to individual people were recorded centrally and analysed by the acting manager. They identified trends and recommended actions both for individual people and for the service as a whole to help prevent them from happening again.

Records showed that unannounced provider visits were undertaken by directors on a monthly basis. This was to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. For example, records showed that a recommendation following a recent provider visit was that a night time fire drill should take place within 28 days. Fire records showed this had happened, which helped to ensure people were safe living in the home. The acting manager was responsible for completing actions and had to report back to the provider once they were completed.