

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 8 March 2018, and was unannounced.

Binley Woods is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is split over two floors comprising communal areas and a kitchen. The service is registered to provide care and accommodation for up to five people with mental health difficulties. At the time of our inspection there were five people living in the home.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A new registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager took over from the previous manager in June 2017.

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 supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us staff were respectful and treated people with dignity. We observed this during interactions between people. The ethos of the home was focussed on supporting people to achieve as much as possible and moving them towards more independent living.

People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health care professionals when needed and care records showed support provided was in line with what had been recommended. The provider's own clinical team worked effectively with community health professionals, and plans were in place to further improve this.

People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. Plans were in place to change all care plans to a new format which would provide even more personalised information. People and relatives were involved in how their care and support was delivered.

People and relatives felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager was approachable and effective in running the home and making positive changes. There were systems in place to monitor the quality of the support provided, through checks made both by the registered manager and also the provider.

Further information is in the detailed findings below.

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 ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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.

This fully comprehensive inspection took place on 8 March 2018. The inspection was unannounced and was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and 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. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

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 reviewed the information as part of our evidence when conducting our inspection, and found the PIR reflected what we found.

During our visit we spoke with three people who used the service. We spoke with two relatives via the telephone. We also spoke with the registered manager, the deputy manager, three care staff and the provider. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

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, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

Everyone we spoke with told us they felt safe being supported at the home. One person said they felt safe because, "I know people will not go into my room." Relatives told us they were confident people were safe.

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. Staff understood their responsibility to report any concerns, and were confident the registered manager would take action to keep people safe. The provider's whistleblowing policy gave staff confidence to challenge poor practice by other staff and to share any concerns with the registered manager.

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.

There were enough staff on hand to support people as needed with day to day support, as well as being able to respond should someone want to go out, or if someone needed extra support due to agitation or anxiety for example. One staff member commented, "There are always enough staff. It's good because you can always meet people's needs and get stuff done."

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the actions staff should take to minimise identified risks. People were involved in assessing their own risk, and in how risks to their safety were managed. Staff knew about risks to people, and we observed how they followed risk management plans to keep people safe.

Other risks, such as those linked to the premises, or activities that took place at the home were assessed and actions agreed to minimise any identified risks were in place. 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 emergency situation. 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 (PEEP's) so staff were clear what individual support people required to leave the building in the event of a fire or other emergency.

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 worker 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.

Incidents and accidents that occurred at the home were recorded and analysed by the registered manager so any trends or need for action in respect of an individual, or the home, could be identified. This ensured systems were in place to make changes and improvements if things went wrong.

The provider ensured people were protected from infection. At the time of our inspection visit, the home was clean and tidy. Staff used Personal Protective Equipment (PPE), for example when handling foods or supporting people with medicines, and ensured they used fresh PPE for each task undertaken. There was a cleaning schedule in place, and records of team meetings showed the importance of good hygiene was reiterated to staff.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Staff told us they had completed an induction when they first started working at the home, and felt well supported. Completion of the induction ensured they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The provider's induction was also linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff were supported by individual [supervision] meetings which took place on a regular basis. Staff explained they found these meetings useful as they were able to discuss any issues relating to people or their own practice to become more effective.

People's needs were comprehensively assessed and documented before they started using the service. Records showed staff collected a range of information about people so they could meet their needs from the start.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the Act. Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe. Whilst care records documented restrictions in place, as well as people's ability to make decisions, DoLS applications had not always been linked to the relevant areas of people's care plans. We raised this with the registered manager, who explained they were in the process of changing care plans to a new format, which would clearly link restrictions to care plans. This work had already started and was due for completion by summer 2018.

People told us staff sought their consent before supporting them. One person commented, "You have freedom here. Staff respect my decisions." We observed how staff ensured people were supported to make their own choices and were comfortable with the support provided to them.

The provider ensured staff continued to have the training they needed to support them in providing effective care for people. Staff spoke very positively about the training they received. The registered manager kept a record of training staff had undertaken to ensure they had the right skills and knowledge to support people effectively. When we spoke with staff, we found they had a basic knowledge of MCA and DoLS. Staff explained these areas were covered within their safeguarding training only. A recent audit completed by the

provider had identified the need for an enhanced understanding of MCA and DoLS amongst the staff group. In response, the deputy manager had added MCA and DoLS training to the list of 'mandatory' training staff had to complete, and they were in the process of sourcing this.

The home environment had been adapted to ensure it met people's needs. For example, a 'sensory' room which had comfortable seating and bean bags, textured wallpaper, lighting equipment and played music of people's choice through speakers, had been set up. One person told us they liked spending time in this room, particularly if they felt under stress. Staff told us they used the room to help support people, and this was reflected in people's care plans.

The provider worked in partnership with other organisations to ensure people's needs were met and responded to. For example, people were supported to attend medical and other appointments as required. The provider also ensured they helped people complete 'health passports', so important information about people could be passed onto hospital staff for example, if someone required treatment. The provider had their own clinical team who could be called upon at times of crisis. The registered manager explained how they encouraged good working relationships between their own clinical team and community health professionals so information could be shared effectively.

People managed their own food and drink with support from staff, and told us they were involved in planning menus so that everyone had meals they enjoyed and had chosen themselves. One person said, "I get my choice of meal every Tuesday. I cooked spaghetti Bolognese last time with staff help."

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. Staff felt the provider helped them to support people in a caring way. The rating continues to be Good.

People told us staff were caring. One person said, "They [staff] speak to me like a human being." Another person commented, "The staff are good here, never rude." Relatives also told us staff were kind and caring, and that when they visited they were welcomed.

We observed interactions between people and staff throughout our inspection visit. People were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. Staff communicated well with people, and people responded positively to staff.

Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. One staff member told us, "The staff are a diverse bunch. We are open to change. Some people come from different backgrounds and have different requirements and different cultures. We celebrate these differences." A recent audit of the service completed by the provider had identified the need for more equality and diversity training for staff. The deputy manager told us up until now, this had been embedded in all their training but, in response to the audit, they had added equalities training to their list of required training and were in the process of sourcing this.

Staff told us there was a shared philosophy of what it was to be caring, which focussed on being respectful, supportive and helping people to build their independence. One staff member said, "It comes from the manager, we are here for the young people. That's the priority. Staff and their needs absolutely matter but the primary goal is the young people's well-being."

People told us, and we observed, staff respected people's privacy.

People's care records included information explaining how, and in what circumstances information about them would be shared. This helped ensure people understood how the provider protected their privacy and kept their personal information confidential. To help ensure people's privacy and dignity was maintained, people's care plans were kept securely and were only available to those who needed to access them.

People told us staff focussed on helping people become independent and to live more independently. One person commented, "Staff encourage me to get out of the house, which is a good thing." The registered manager explained they had been working with staff to ensure independence was the focus of the support offered. Staff understood the importance of this, one commented, "It very much depends on the individual. For one person, to walk to the local shop might be a massive achievement. People are at different levels in terms of their independence."

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responsive as their needs changed. The home continued to operate an open, honest culture, and people had the opportunity to maintain their hobbies and interests. The rating continues to be Good.

We observed the care and support people received was centred on their needs and staff responded in a timely way when people needed support. Relatives told us they were pleased with what staff were able to achieve with people. One relative commented, "What they [staff] are able to do with [person's name] is unreal. It is a lovely place." Staff told us the registered manager encouraged them to work creatively to improve outcomes for people, and we observed how staff adapted their communication and approach to support people sensitively.

People's care records, risk assessments and staff knowledge about people's care needs was consistent. Care plans contained personalised information to help staff respond to people's needs as effectively as possible. People's care records also included 'snapshot' information about the person in the form of a 'one page profile'. This profile could be taken by people if, for example they went into hospital. It would enable those involved in the person's care to have basic and important information about people, as well as basic information about their likes, dislikes and preferences.

The registered manager explained care plans were being changed to a new format to ensure they were more personalised. Of the three care plans we reviewed, one had changed to the new format; the registered manager assured us all care plans would be changed over by summer 2018.

People told us they had the opportunity to review and update their care plans, and to talk about their wishes and needs on a regular basis. One person commented, "I have regular one to one meetings with my keyworker. We talk about anything, maybe things that aren't going so well, as well as things that are. They really help me." Whilst care plans showed reviews had taken place regularly, they did not detail who had been involved in the review. We raised this with the registered manager who told us they would ensure this information was included in care plans as they were updated.

People living at Binley Woods were younger adults with mental health difficulties, and the home's focus was to enable people to develop their skills towards more independent living. For this reason, no-one was being supported at the end of their life, and this was not discussed with people as part of their care planning.

People were supported by staff to be involved in their local communities and to sustain any work, education, hobbies or interests they wanted to. People spoke about the support staff offered them to be part of their communities, even when they found this difficult. One person explained, "I get nervous in busy places so staff help me just by being there."

People told us they had no cause to complain but knew how to do so. The complaints policy and procedure was available for people in their care records, and included information on how to complain to the provider, as well as how to raise a complaint or concern externally if they wanted to. The home had not received any

complaints in the past 12 months.

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. No-one currently living in the home required extra support with communication. However, the registered manager told us how they tried to involve people in how the home was run so they understood the decision making process and were part of it. Records showed meetings had taken place with people and that they had had facilitated discussions about how they wanted the home to be run.

Is the service well-led?

Our findings

At this inspection, we found the staff were well-led and the home was managed effectively. The rating continues to be Good.

We observed people responded well to the registered manager, and were happy to speak and interact with them. The registered manager had a detailed knowledge of people living in the home, and spoke confidently about their needs and how they were supported. One person told us, "[Registered manager] is a really good manager. They make time for you even if they are busy." Relatives also spoke positively about the registered manager. One relative commented, "[Registered manager] is excellent, has real insight and real understanding."

Staff were overwhelmingly positive about the registered manager, and told us they enjoyed working at the home and felt well supported. Staff also told us the registered manager had a clear vision for how they wanted to home to develop. One staff member said, "The whole ethos has changed, things are much more flexible. It's calmer, nicer to work here. Everyone would say the same I'm sure." Another staff member said, "It is all about the young people for [registered manager], I cannot fault them at all." The provider spoke positively about what the registered manager was trying to achieve, they said, "What [registered manager] has done is help staff realise people can achieve more."

The registered manager monitored and audited the quality and safety of the service provided through a range of checks. In addition to the checks made by the registered manager, records showed the provider visited the home regularly to ensure the quality of the service was maintained.

The provider had systems in place to get feedback on the quality of the service provided. Surveys had been sent out to people and their relatives at the end of 2017. The registered manager explained they were still waiting for some of these to be returned so they could analyse the results and take action if required. Regular meetings people had with their keyworkers, as well as regular 'young people's' meetings also gave the provider feedback and information they could use to improve the service.

Staff told us they attended staff meetings on a regular basis. Records showed the meetings happened regularly, and that staff were advised of developments in policies and procedures. They also showed staff had the opportunity to discuss people's care and support needs, which ensured staff were involved in the home's decision making process.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises, and also on the provider's website.

