

You & Me Supported Living Limited

The Granary

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

We inspected The Granary on 23 May 2017. The Granary is a small, family run service that supports younger adults affected by learning disabilities or autistic spectrum disorder. The support provided can range from a few hours each week to twenty four hour support for all aspects of daily living. At the time of this inspection five people were supported by the service. Four people lived together in a shared house, a supported living accommodation and one person lived in their own house.

There was a registered manager in post at the service. 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 promoted a person centred culture that was open and empowering. People benefitted from a team of motivated and committed staff that put people at the centre of the service delivery. The registered manager ensured people's views mattered in the day to day running of the service their views were sought and valued. There was a strong emphasis on maintaining excellent communication within the service.

The registered manager had good systems in place to monitor the quality of the service and where required they acted to improve the service. The registered provider worked effectively with external agencies and other health and social care professionals to provide holistic and consistent care to people.

People told us they felt safe. Staff knew how to report safeguarding concerns and were aware of the provider's whistle blowing policy. People's care plans contained detailed risk assessments that covered various areas of their daily living. Where people were at risk, their records outlined management plans on how to keep them safe. There was a string emphasis on positive risk taking. People were supported to maintain their nutritional needs and access health services as needed.

There were sufficient staff to keep people safe and the provider ensured safe recruitment practices were followed. This helped the registered manager make safer recruitment decisions when employing new staff. Staff were skilled and knowledgeable about what was expected of them and had relevant experience. Staff were well supported, highly motivated and enthusiastic about working with people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. 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 benefitted from compassionate staff that they built meaningful, caring relationships with. People's dignity and privacy were respected. People were supported to be as independent as possible. Staff were

knowledgeable about people's abilities and preferences, and were aware about how to best support people in a way that met their individual needs.

People were involved in writing their support plans and the records were detailed and updated when people's needs changed. People were supported to lead their lives as they wanted. Staff supported and encouraged people to pursue with their education, job placements and leisure activities that contributed to people's self-esteem and confidence.

Information on how to complain was available to people and people knew how to raise concern. People had opportunities to voice their opinion about the service in a number of ways and their views were valued and considered.

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 told us they felt safe.

There were sufficient numbers of staff to ensure people were safe and experienced continuity of care.

Risks to people's well-being were assessed and recorded.

Staff knew how to safeguard people from abuse and understood their responsibility to report any concerns.

Is the service effective?

Good ●

The service was effective.

The registered manager and staff were aware of the principles of the Mental Capacity Act 2005.

People benefitted from staff that were confident in their roles and were well supported.

The service worked closely with other health professionals to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People benefitted from staff that cared about the people they were supporting.

People's individual care needs were understood by staff and people were encouraged to be as independent as possible.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were supported to live their lives as they wanted.

People's needs were assessed and this information was used to form a personalised support plan.

People's views mattered and they had opportunities to provide feedback on the service received.

Is the service well-led?

Good ●

The service was well-led.

The registered manager ensured people were partners in the day to day running of the service their views were sought and valued.

The registered manager promoted the culture of openness and honesty.

The quality of the service was monitored and there was continuous drive to enhance the experience for people.

The Granary

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 and 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 23 May 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in the office. The inspection was undertaken by one inspector.

Before the inspection, we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also contacted seven external professionals to obtain their feedback about the service.

On the day of the inspection we visited the registered office to look at the records. We viewed three people's care files and three staff records. We also viewed a range of documentation about how the service was managed.

We talked with the registered manager and three staff members. We also visited four people in their own home. This arrangement was made by the registered manager with people's consent. After our inspection we contacted four relatives to obtain their views about the service.

Is the service safe?

Our findings

People told us they felt safe with The Granary staff. One person said, "I feel safe when staff support me. I am in a safe place".

The registered manager told us that the location of the supported living house was carefully chosen to ensure people lived in a quiet, safe neighbourhood and within a close proximity to town and public transport which encouraged people to be independent.

People were supported by staff that knew how to recognise and report safeguarding concerns. The provider had a policy surrounding safeguarding adults from harm and abuse and information about safeguarding was included in a service users' welcome pack. The registered manager was aware of the Local Authority's safeguarding procedure and they knew how to raise a safeguarding alert if required. Staff told us they would not hesitate to report any concerns to the registered manager. One staff member said, "I'd discuss with manager and record the issues".

People were supported to take risks and people had risk assessments where needed. Risk assessments covered areas such as use of internet, risks from using social media, travelling on public transport, possibility to encounter a disability hate crime and the risk of being radicalised or bullying. Risks were updated when people's circumstances changed. For example, one person experienced a distressing incident and as a result of this their risk assessment was updated to reflect the lesson learnt on how to best support the person.

At the time of our inspection none of the people supported by the service required staff to assist them with taking their medicines. The registered manager told us and records confirmed that some staff completed medicine training. The registered manager told us this ensured staff were aware of correct procedures and would be able to identify if people were not taking their medicine safely. One person we talked with told us, "I take my tablets myself". We saw the person had her own sealed dossett box that was prepared by the pharmacy which enabled them to self-administer their medicine safely.

People benefitted from continuity of staff and there were enough staff to meet people's needs. The registered manager followed safe recruitment procedures to ensure staff were suitable to work with vulnerable people. Staff records included application forms, proof of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. The registered manager told us people were involved in interviewing new staff to ensure they were happy with their team.

People were protected in the event of an accident or incident. Accidents and incidents were recorded in person's individual log. We viewed the records and saw it included information about an outcome or improvements implemented. It also stated if the person's risk assessment needed to be updated and where applicable gave details of staff involved. This allowed the registered manager to ensure they were

addressing any areas of concerns and able to identify any patterns. We also saw where an incident was recorded people were fully involved in signing off the actions.

Is the service effective?

Our findings

People complimented the staff and told us they liked them. One person's relative told us they felt staff were well trained and understood people's needs well.

People benefitted from staff that were confident and skilled. Staff told us and records confirmed they received induction training when they started working at the service. The training included areas such as safeguarding awareness, food safety, mental capacity or distress signs reactions to behaviours. The registered manager ensured where people had a specific need, specialist staff training was sourced. The registered manager told us they recently identified people would benefit from support around building sexual relationships and they sourced an external training for all the staff to attend, this was due shortly after our inspection visit. Staff were positive about the training and told us the training prepared them well for their roles. One staff member told us, "We have ongoing training, I am also doing my level 3 Diploma (in Health and Social Care)".

Staff received regular supervision which is one to one meeting with line manager. Staff told us they felt well supported. One staff member said, "Support is good, you can be open and honest. If you've got any question between supervisions the support is there all the time".

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 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.

People's rights in relation to their ability to make their own decisions were protected. People told us they were listened to and felt important. One person said, "They (staff) involve me but I am in charge". People told us how they were able to decide for themselves on various aspects. Comments included, "I was able to pick the colour of my room" and "It was my idea to cook curry today".

People's care files highlighted the need to consider people's ability to make their own choices. For example, one person's care plan stated, 'staff to mindful of [person's] capacity, [person] has got capacity to choose to venture out alone'. People's care files gave details if they had a representative appointed to support them with their finances.

Staff were aware of the MCA principles. Comments from staff included, "Everybody, all our young clients have capacity. They make decisions for themselves as we (staff) respect that. If someone was to make an unsafe decision I'd ask them. I'd discuss it with them and support them to make an informed decision". One relative told us, "Yes, staff have got a good understanding of mental capacity but they're always open to listening to family input on individual's background".

People's dietary needs and preferences were well documented and known by staff. People were supported to cook. On the day of the inspection we observed all people were involved in preparation of the meal. People told us this was a regular occurrence. Comments from people included, "Cooking is team work and different people will do different parts of it".

People's health needs were documented and people were supported to access health professional as needed. We saw one person's file contained a letter from their occupational therapists. People were supported to attend appointments such as a blood test, where required. We asked relatives if they thought the service supported people to access the correct healthcare appropriately. One relative said, "Yes, very proactive on this".

Is the service caring?

Our findings

People complimented the staff. One person told us, "Staff are caring". Another person told us, "Staff are helpful and caring". One person's relative told us, "Yes, they provide person centred service. The service is always about the residents, their needs and finding the right balance of guidance, independence, support and safety". An external professional told us, "Staff know the people they support and they go the extra mile".

People were able to develop caring and meaningful relationships with staff. One of the people told us they had 'laugh and joke' with the staff and they told us staff were like "Silly Billy". The registered manager referred to four young adults who shared a house and told us, "We call them house mates". One of the staff told us, "We call our residents house mates as we're a one team here. If we do anything it's always a shared responsibility (between staff and people)". On the day of our inspection, when we visited the people, we observed one person opened the door to a member of staff and they gave them a hug. They were genuinely pleased to see them.

People benefitted from staff that had caring approach to their work. The staff we spoke with were committed to providing a compassionate support and they were motivated to enhance people's lives. One member of staff told us, "I am so proud of everything they achieved. You're rooting for them, It is a sense of joy for them when they achieve what they want". Another staff member told us, "I love it here, I travel to get here, there're lots of jobs where I live but this one feels right".

People's independence was promoted as much as possible and there was a strong emphasis on drive to keep people independent as possible. The registered manager told, "We work with people, not for them. We complement them in whatever they want to do". People were supported to pursue with their education and all four housemates attended a college. As some people moved to the shared house, out of an area, the staff supported them with orientation and independent travelling. One person was being supported and they got their confidence to travel independently. We spoke to this person about this achievement and they told us, "Staff supported me with travel to college. It (going on my own) makes me feel exciting". A relative told us, "We and [person] couldn't be happier with the service. [Person] is very happy and has really developed his independence and communication".

People's privacy and dignity was promoted. The registered manager told us, referring to four bedded supported living house: "This is their home, I always knock at the main door when I go there". People were able to personalise their bedrooms and they told us staff promoted their privacy. One person told us, "Staff knock at my door". We also observed staff knocking at people's door. Staff used innovative ideas to support people in a way that did not invade their privacy. Staff were concerned one person was struggling to maintain their oral hygiene but they appreciated the person did not want to be accompanied in their own en-suite. They worked with the person to encourage them to brush their teeth in the shared bathroom and the person was happy to do so. The person had their own check list placed in the bathroom when they marked when they brushed their teeth. We saw the check list in the bathroom. This meant the staff appreciated people's rights to privacy ensuring their needs were met.

People's confidentiality was respected. People kept their care files in their bedrooms and duplicate copies were held at the office. The registered manager told us, "We prefer that sharing information was initiated by people, if I had a visitor (in my house) I'd want to show them information about me by myself rather than visitors obtaining information about me without my knowledge".

Is the service responsive?

Our findings

People were assessed prior to commencement of the service which allowed the registered manager to ensure their needs could be met.

The four bedroomed supported living became operational in September 2016 and was initially occupied by three young adults. The fourth housemate only joined in recently. The registered manager told us this was an informed choice to wait for an appropriate person that would be compatible with existing housemates. Three people who had already lived there were involved in making the decision about the fourth housemate's moving in. As they knew the person from college they were looking forward to this. We asked this person how they were settling in. They told us, "I like it here".

People care files contained detailed information about people's support needs, health needs, goals and aspirations. Prior to engaging the support of the service people were asked to complete a self-assessment document called 'what about you'. This was a pictorial, user friendly form that captured personalised expectations of what the person wanted and covered areas such as activities, mobility and the person's weekly plan. People also had moving on plan which gave details of their long term goals.

People told us they were involved in writing their support plans and that they were able to lead the life they wanted. One person said, "The way I live is the way I want, that makes me feel beautiful". One relative told us, "It's very clear that everyone has a personalized care plan". An external professional told us, "Staff know the people they support and they go the extra mile". Another external professional told us, "There are person centred support plans in place, which have been formulated together with the service user, focussing in the needs and wishes of the service user".

Staff knew people well and knew what was important to them. For example, one person was planning to lose some weight. We spoke to the person and they showed us a picture of them from the year before wearing a beautiful dress. The person said, "I am trying to cut on junk food now, I want to look how I was last year. Girls (staff) care about me, they'll help me to eat healthily".

People were supported by staff to attend a various activities such as, choir, cooking lessons, visit to a farm or museum. People were also supported to pursue employment. For example, one person was supported to work as a dog walker. People also were supported with pop up lunches. This was a weekend meal cooked by all housemates and open to relatives and neighbours. The small charge for a meal went into the house fund that was used to pay for shared treats such as a trip or Christmas decorations. We talked to one of the people about these lunches and they told us, "It was our idea".

The provider had a complaints policy in place. Details on how to complain were available to people. People knew how to raise any issues. One person told us, "If I was worried I'd speak to [registered manager]". We asked relatives if the registered manager were approachable and dealt effectively with any concerns or queries. One relative said, "Yes, absolutely, they're also proactive about communicating concerns they have, discussing and agreeing solutions". An external professional told us, "The manager is approachable and

deals effectively with any concerns or queries you raise, they are also good with identifying issues that need to be dealt with".

People had opportunities to feedback their views about the service through various channels. The registered manager carried out unannounced spot checks at the supported living house. People also had reviews. The registered manager recently sent out quality assurance surveys and was in a process of collating the feedback. We saw an example of the questionnaire and noted that very positive feedback was received. The form was in a user friendly format and stated, 'please help us to see if things can be made better during your time with You and Me Supported Living Ltd'. The use of simple language and pictorial format meant people's needs and abilities to be involved in providing feedback in a meaningful way were considered.

Is the service well-led?

Our findings

The registered manager, who was also the owner and founder of the company had personal experience of the shortages and limited home care and supported living options. Following discussions with people, parents, carers, commissioners and care managers they made the decision to register as a provider of supported living for younger adults affected by learning disabilities or autistic spectrum disorder. The registered manager told us about their drive which led them to start the service. They said, "My daughter was at college and I struggled to find a suitable service so I set up this service. What I did see was there were services quite institutionalised, I felt what young people lose was the sense of uniqueness and independence".

The team promoted a person centred culture that was open and empowering. Staff praised the service and told us they felt that the registered manager was able to empathise better with people and relatives. They felt this was due to them having personal experience of being a parent of a young adult affected by autism. Comments from staff included, "It's a very special company as it was created because of [person], they (people) are not service users, they are housemates and it's like a family", "The manager has got the empathy for parents and people, she knows how it is and wants the best for people" and "You're going to have the best of everything when it's to do with the family, and this service was set up for a family member". The registered manager said, "I am really confident and delighted with my team. It's been incredible amount of work but it's great, I'd do it again, you've got to be passionate about it".

The registered manager was supported by a small team of committed staff. Staff were encouraged to attend team meetings. We saw from the minutes that meetings were scheduled on days when people were involved with activities so all staff were able to attend. The minutes showed staff used case studies to share their learning and promote a uniform approach to people. Staff complimented the team work and the support received from the management. Comments from staff included, "I wouldn't ask for anything else" and "Everything is always discussed as a group".

The registered manager acted as an advocate for people to voice their opinions. For example, they identified that people were unable to use their free bus pass before 9 am. The registered manager identified one person was uncomfortable with using their money to pay for the bus and raised this with the local Citizen Advice Bureau and the local MP. The registered manager told us, "This discourages people from going to college (as they need to be able to catch the bus by 9 am to get there) and pursuing with things like that".

The registered manager promoted an open way of working that was led by people. For example, they told us they made a decision to hold a review after 12 weeks and update people's care plans if there was a change and they chose not to carry out monthly reviews. They told us, "Care plans are led by them (people), so they don't become disengaged". This meant the registered manager recognised the people's needs and importance of focusing on long term goals. They identified that monthly reviews would contribute to people losing interest and this could have an adverse effect. We saw people had their care files in their bedroom and people told us they were fully aware of the content.

There was a strong emphasis on maintaining good communication within the service. In addition to the 'personal touch' due to ongoing contact with all people, there was a three monthly newsletter. We saw a recent copy and noted it included areas such as celebrating people's achievements, an update on sourcing polling cards for people to vote, planning to visit campaigner's tents in the area and pictures from trips and events attended by people. This meant the service valued individuals and encouraged them to celebrate their successes. The registered manager told us, "Valuing each other must start from within. You need to value yourself as well to be able to appreciate others". One relative told us, "We've seen the need to continuously collaborate on optimizing things like the individual care plans and activity which has worked well".

The registered manager had systems in place to monitor the quality of the service. This included audits of accidents, incidents, audits of staff files and announced visits and spot checks. Where required the registered manager acted to improve the service. For example, following an incident when a person that was new to the area went out of the house, they implemented a new policy on missing people procedure should that process was required.

The registered manager identified, due to the small size of the service and the fact they were also an owner, there was no other managerial support. They therefore sourced an external consultant who acted as their supervisor. The registered manager told us, "To make sure I do my job. I needed that support". The registered manager promoted openness within the team, they told us, "The team are each other's critical friends".

The records confirmed the registered provider worked effectively with external agencies and other health and social care professionals to provide holistic and consistent care to people. We saw the registered manager obtained a written report from one person's psychologist to ensure the person's support plan sufficiently reflected the best ways on how to support the person.

The provider had a whistleblowing procedure. A whistle blower is anyone who has and reports concerns of wrongdoing occurring in an organisation. This is usually reported to a manager or someone they trust or it can be to an outside agency. Staff were confident any concerns raised to the registered manager would be acted upon and knew how to report externally. A staff member said, "Whistleblowing is one of our policies, I know there is a helpline for whistleblowing concerns so I can go there directly, if it was serious I'd go to the Police".