

MY3 Limited

Foundary House

Inspection report

Suite 2, Foundry House
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Tel: 01516258995

Date of inspection visit:
23 June 2021
06 July 2021

Date of publication:
09 August 2021

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

About the service

Foundary House is a supported living service which supports young adults in their own homes using a 'step down' model of support. Some people live alone in single occupancy houses, while others chose to live together in homes of multiple occupancy (HMO's). Staff provide 24 hour support for people in their homes and there is a designated room in the property for staff to use.

People's experience of using this service and what we found

People told us they liked the staff and felt well supported. Comments included, "They are good, yes." Staff were recruited safely, and checks were undertaken to ensure they were suitable to work with vulnerable people. There were enough staff employed to be able to support people safely. Infection control processes were in place. Incidents and accidents were recorded and action was taken where needed. Medicines were stored securely in people's homes with their consent.

Staff had undergone an in depth training programme to support people with positive behaviour strategies, as well as other mandatory training. Staff were supervised and appraised in line with the providers policy, and staff told us they felt well supported by MY3. People had contributed to the design and decoration of their own homes, as well as the content of their own support plans.

Staff were kind and caring, they spoke enthusiastically about their roles, and had a vast knowledge of the people they supported. People we spoke with confirmed staff were kind.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans were person centred and contained a high level of information regarding each person's routines and daily planners. Complaints were routinely audited and there was a complaints process in place which was available in different formats to help support people to complain if they needed to.

There were audits and quality checks in place, complete with action plans. The registered manager understood their role and responsibilities and had reported all notifiable incidents to CQC.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the principles of 'Right support, right care,

right culture'. The model of care and setting helped to maximise people's choice, control and Independence. The level of care was person-centred and promoted people's dignity, privacy and human rights and the ethos, values, attitudes and behaviours of leaders and care staff ensured that people using the service lead confident, inclusive and empowered lives.

Rating at last inspection

This service was registered with us on 8 August 2019 and this is the first inspection.

Why we inspected

We inspected this service in line with our planned inspection regime.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

Foundary House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

This service provides care and support to three people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people available to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted and received feedback from the local authority. We used all this information to plan our inspection and formulate our 'planning tool'.

During the inspection

We spoke with two people using the service about their experience of the care provided via a video call and email. We also spoke with the registered manager, the responsible individual and three members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at three people's care records and a selection of other records including quality monitoring records, recruitment and training records for all four staff.

Inspection activity started on 23 June 2021 and ended on 8 July 2021.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment procedures were safely managed, all required pre-employment checks were completed and staff said their rotas were well organised.
- Staff said they enjoyed working with the same people, and the staff teams were consistent.
- There were enough staff to provide a safe and consistent service.
- Staff said they had clear communication from the registered manager regarding shift cover.

Systems and processes to safeguard people from the risk of abuse

- People's needs were safely managed. Safeguarding referrals had been appropriately made by the registered manager and investigated where appropriate.
- Staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had detailed and concise risk assessments in place for each person, with varying levels of detail depending on each person's need. There were also accompanying positive behaviour support plans (PBS) with in depth information with regards to how to support the person safely.
- People we spoke with said they felt safe using the service. Comments from people included, "I like it here" and "the staff help me feel safe."
- Each person's care plan had an environmental risk assessment which had been completed at their homes. This focused on risks in the environment, such as smoking, poor lighting and flooring.
- There were clear processes in place to learn from any incidents.

Using medicines safely

- Medication processes and systems were in place and people received their medicines safely.
- Where people needed medicines as and when required, often referred to as PRN medication, there was a separate plan in place for this, including what dose the person required and how often they could be offered PRN.
- Medicines were stored in a designated area of the person's choice. People were asked for consent with regards to the storage of their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors to people's homes from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits people's family and friends to their homes in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to deprivations on their liberty. The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented in people's care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were well assessed, and meetings had been set up between people and their staff before they started supporting them.
- Choice and support preferences were reflected in the records we viewed, and it was clear people had been involved in the development of their own care plans.
- There was pre-assessment information available in people's care plans to determine their care and support needs.

Staff support: induction, training, skills and experience

- Staff were well trained in a range of specialist subjects in order to support people effectively.
- Training was monitored by the registered manager using a matrix, and staff were booked onto refreshers when needed.

- People we spoke with confirmed staff had good skills, knowledge and experience.
- Staff confirmed they were required to attend supervision, as well as spot checks and an annual appraisal. We saw dates of these documented within the training matrix.

Supporting people to eat and drink enough to maintain a balanced diet

- Support records documented when people required support with preparing food and drinks.
- Where needed, there was detailed information recorded for staff to follow which described the level of support each person required. Most people using the service were on 'step down' support, which means they were working towards more independent living.
- People were supported to make shopping lists and download menus for their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare services and seek out support if they needed it.
- There was information recorded in people's care records to show staff had contacted district nurses and GP's on people's behalf when they felt unwell.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People had signed their own care plans where they were able to, and told us they had been involved in the completion of their care plan. For some people, family had been involved in the completion of their care and support plans.
- One person said, "I have information about me."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Care plans reflected people's choices and their diverse needs.
- People made the following comments about the caring nature of the staff. Comments included, "The staff are great" and "all good."
- Support plans were written in a way which focused on promoting people's dignity and independence. For example, budgeting and cooking support plans emphasised how much the person could do for themselves and what they understood, and what level of support they required from the staff.
- Care plans emphasised how staff should communicate when giving people choice, such as 'speak direct to me' and 'ask me about it.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information, such as the service user guide, was available in different formats to support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to contact their relatives and friends if this was something they wanted to do.
- People told us staff happily support them on appointments or 'help them' plan their own routes to and from new places. We saw how one person travels to Manchester every week to pursue their interest. They do this independently due to being 'travel trained' by staff.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to. Any improvements to the service were implemented as part of learning after a complaint. There had only been one documented complaint.
- There was a complaints policy in place which was available in different formats to support people's understanding.
- People we spoke with said they knew how to complain. One person said, "I would call [registered managers name], they would sort it."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person's care and support plan was written in a way which was meaningful for them.
- There was attention to detail recorded within the care plans that reflected people's preference, likes, dislikes and emotional support. For example, one person required support to manage their benefits and budget, another person required support to plan their meals and shopping.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and registered provider had ensured people's views and opinions of the service and the support they received was sought.
- Staff we spoke with were extremely positive about the registered provider and their values and commitment to provide good support. One staff member said, "[Registered Providers Name] is all for the young people and making sure we [staff] are always okay and well supported." Another staff member told us they were 'proud' to work at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers were clear about their roles and responsibilities in accordance with reporting notifiable incidents to CQC.
- There was a log of incidents and accidents the incident log showed that remedial action was taken to help mitigate re-occurrence.

Continuous learning and improving care

- The registered provider was committed to ongoing investment to achieve continual improvement.
- A recent full audit of the service had identified the need for more updated information to be put into place for one person due to a change in their circumstances. This had been actioned and implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed they knew who the manager was, and felt the service was well led. One said, "The registered manager comes out to see I am okay."
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, a multi-disciplinary approach was taken and these referrals were made in a timely way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had audits and checks in place to identify areas for development, transparency

and improvement

- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard.
- Actions following audits were clearly documented and assigned to the appropriate person for completion.