Future Directions CIC

10 Spennithorne Road

Inspection report

10 Spennithorne Road
Urmston
Manchester
M41 5BU

Tel: 01617486414

Date of inspection visit:
08 January 2018

Date of publication:
08 February 2018

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 was an unannounced inspection which took place on 8 January 2018.

10 Spennithorne Road is a care home without nursing which is registered to provide a service for up to four people with profound learning disabilities, all of whom have physical needs. There were four people living in the service on the day of the visit. The accommodation is single storey and is light and spacious. All of the bedrooms are single and each has a sink. There is a communal kitchen and sitting area and a shared bathroom.

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

At the last inspection in 26 August 2015 the service was rated Good. At this inspection we found the service remained Good.

The service had 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.

Staff responded to people's needs and went 'over and above' to ensure these needs were met. Behaviour management plans were detailed and included least restrictive interventions. All staff were enthusiastic about their role and the quality of care they provided. This meant that people who had previously challenged other services were being successfully supported by an outstanding responsive approach to their individual needs.

Staff lived the values of the provider and put people at the heart of everything they did. Staff were all clear that they worked as a team and for the benefit of the people living at 10 Spennithorne Road.

People were actively encouraged to be involved in all aspects of their care. Systems had been implemented to ensure people understood information relating to their care and that enabled people to be actively involved in reviewing their care plans with staff. Care plans were drawn up in an accessible format in line with the Accessible Information Standard.

The management team had control measures in place to maintain people's environmental safety. This included a variety of risk assessments and tools to safeguard them from potential hazards. Staff demonstrated a good awareness of how to protect people from potential harm or abuse.

The service remained safe. People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General risks and risks related to the needs of individual people were identified and appropriate action was taken to reduce them.

Staffing levels were sufficient to meet people's needs. We found staff were recruited in a safe way; all checks were in place before they started work and they received an in-depth comprehensive induction. Staff were kind and caring and they knew about people's needs and preferences. We observed staff treated people with dignity and respect and it was clear they knew people well and their preferences for how they wished to be supported. This ensured people were fully involved in all decisions and were enabled to take control of their lives; staff gained consent before undertaking any support tasks.

There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. Staff had a clear understanding of people's individual needs, preferences and routines. People were involved as fully as possible in decisions about the care and support they received. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly.

Medicines were stored securely and managed safely by staff assessed as competent to do so. Staff supported people to maintain their health and to access healthcare services when needed.

People's wide range of dietary needs and preferences were supported by the service.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. 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 were involved in activities which they enjoyed. Planned activities took place regularly and there was guidance for staff on how best to encourage and support people to develop their interests, skills and hobbies. Staff supported people to achieve their personal goals.

Accidents and incidents were recorded and analysed for themes and patterns, and appropriate action was taken to reduce risks. Lessons had been learnt when things went wrong.

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

We found an open management culture, which enabled staff to raise concerns, discuss ideas and contribute to the development of the service. The provider had a clear strategic direction and was committed to providing a quality service to meet people's individual needs and minimise risks to health and safety. Quality assurance systems were used effectively to highlight areas requiring development and to drive continuous improvement in the service. The senior staff demonstrated strong values and a desire to learn about and implement best practice throughout the service.

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

10 Spennithorne Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 January 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included asking the Local Authority and Healthwatch Trafford team for information. Healthwatch did not have any concerns and the Local Authority did not have any concerns about the service and commented that the service is well managed and the people are well supported and happy.

During the inspection, we spoke with four relatives of people who used the service. We also spoke to the registered and deputy managers and three care workers. We looked at comments from people who used the service and professionals that had been written in a 'compliments' book. Due to the complex care needs and unique communication style of people who lived at the home we were unable to ascertain their views about the care they received. We relied on our discussions with relatives, staff and our observations of staff interactions throughout our inspection, to help form our judgement.

During the day we spent at the home we also observed the care that people received and the way that staff interacted with people. We looked around the building including in bedrooms, the bathroom and communal areas. We also spent time looking at records, which included two people's care records, two staff recruitment files and records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives of people who used the service told us their family member was safe. Their comments included, "I have no concerns whatsoever about the safety of this home, in my opinion it is a very well managed home" and "Safety has never been a factor, I am very happy with the home for [person's name]."

People who used the service were protected from abuse and avoidable harm. In our discussions with staff, it was clear they had a good understanding of their safeguarding responsibilities and what to do if they had any concerns about poor practice. Staff were knowledgeable about the types of abuse that may occur and the signs that could indicate someone was experiencing abuse. Safeguards were in place for people's finances. Checks and auditable processes were used to ensure the management of funds were robust in safeguarding people's monies.

We saw individual risk assessments for people who used the service were in place. These covered areas such as medical issues and accessing the outside areas of the service. Risks to people had been identified and assessed and guidelines to reduce risks were available and clear. Some people were identified as being at risk from having unstable medical conditions like epilepsy, or at risk from choking when eating or drinking. Other people sometimes displayed behaviours that could be challenging. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Other risks had been assessed in relation to the impact that the risks had on each person.

We found medicines continued to be well-managed. Medicines were ordered in a timely way, stored safely and people received them as prescribed. Relatives of people who used the service confirmed this in discussions with them. The Medication Administration Records (MAR) we looked at were fully completed and accurate. There was clear guidance for staff on people's preferences when taking medicines; this included how they preferred staff to offer their medicines and any specific administration instructions. Arrangements were in place to ensure people took their medicines when they participated in community events.

People's relative we spoke with felt there were enough staff on duty. Their comments included, "There has always been a consistent staff team at this home, I have never found a fault" and "The staffing levels are spot on." Staffing levels were safe and there were sufficient staff to meet people's needs. During the day, two/three care staff were on duty in the morning and three care staff in the afternoon. The deputy manager or registered manager was also available on a daily basis. At night, one waking night staff was on duty. The registered manager told us they did not use agency staff, because this would unsettle the people at the home and confirmed new staff shadowed experience staff until they were fully aware of people's care needs.

Recruitment practices were safe. We viewed on staff file, which contained a fully completed application form, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

However, we found two of the staff member's employment history had not been fully captured. We discussed this further with the registered manager who confirmed the provider's application would be amended to ensure a full employment history would be undertaken. In discussion with the registered manager we found the gaps in employment did not pose as a risk, as both staff members gaps were discussed and recorded retrospectively.

The service continued to be safe, clean and tidy. The provider had policies and environmental risk assessments in place to minimise risks to the people who used the service; monthly audits on infection control and health and safety were completed. Equipment was serviced in accordance with manufacturer's instructions and there were systems for reporting any maintenance requests or issues.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and any lessons learned were disseminated to the staff team and the organisation if appropriate.

There were comprehensive business continuity plans, which provided guidance on what to do in case of emergencies such as fire or utility failures. People had personal emergency evacuation plans (PEEPs) and they had recently been updated. Fire zones were clearly indicated throughout the service and all had received fire safety training.

Good

Is the service effective?

Our findings

Relatives of people who used the service we spoke with felt the staff had the right training, knowledge and skills to meet their family member's needs. Staff completed a range of training which was delivered face-to-face or on-line. We looked at the staff training plan which showed staff had completed training in medicines, epilepsy and buccal midazolam, learning disability, first aid, infection control, safeguarding, health and safety, fire safety, moving and handling, food hygiene, consent and person-centred care. Staff had also received training in promoting the dignity of people using the service and positive behavioural support. Positive behavioural support helps staff to understand and work with people who may have behaviour which can be perceived as challenging.

The registered manager informed us that new staff members could not work for the service until they had passed an induction and could not work with people unsupervised until they had gained their Care Certificate. The Care Certificate is a basic introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that carers must follow in order to provide high quality, compassionate care.

Staff said they received regular supervisions and appraisals, which they could use effectively to develop their practice. They commented, "I feel staff development is a strong focus for this company." We noted from the records viewed staff received approximately four to five supervisions a year, but senior staff explained that observing how staff interacted with people and delivered care was constant.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us that best interest meetings had been held recently for people in relation to whether they should receive dental care. Staff had been trained to understand the requirements of the MCA and of the implications of DoLS. Families and the people supported who live in the home were provided with a video clip of understanding what a DoLS means. One staff member said, "We take DoLS very seriously here, we want people to be as independent as possible, but we have to take practical steps of keeping people safe, such as the use of bed rails and lap belts for wheelchairs." Applications for DoLS had been made to the local authority as required.

We found best interest meetings had taken place when important decisions were needed and people lacked capacity to make them. Staff confirmed they had been involved in best interest meetings and we saw the minutes from these. The minutes showed us relatives and professionals were involved in decisions about people's care to ensure support was provided in the least restrictive way. Staff had a good understanding of the need to gain consent prior to carrying out care tasks for people.

People who used the service were supported to eat and drink sufficiently according to their individual needs. Clear guidance was given to staff to ensure people's individual needs were met. A member of staff told us that copies of people's care records relating to dietary needs were located in the kitchen area and

that advice from healthcare professionals was followed. This meant all staff were aware of people's individual needs and preferences and could cater for them. We observed one person had a specialised lowered table that could be used when the person declined to eat at the dinner table. This meant the provider ensured they catered for people's specific eating and drinking needs that was person centred to the person.

A pictorial menu was displayed in the dining room to assist people when making choices about meals. Relatives of people who used the service told us the food was good and choices were given. Their comments included, "The food provided is always freshly cooked."

Each person had a comprehensive assessment of their needs completed which included any risk areas. These were very thorough. Care records were individualised, person-centred and reflected the needs and wishes of the people who used the service. They detailed the level of support that people needed and gave crucial information such as preferred daily routines and life history, what was important to the person and how staff were to ensure this was met. For example, there were details about how one person communicated pain, happiness, their mood and distress.

The adaptation, design and decoration of premises were suitable for people's needs. Doorways were wide enough for wheelchair users to move freely within the home. A ramp enabled everyone living in the home to fully access garden. People's bedrooms were personalised with items such as family photographs and other possessions.

Good

Is the service caring?

Our findings

The atmosphere of the home was vibrant, warm and welcoming. Staff had relaxed, friendly relationships with people and we saw numerous examples of positive interactions and laughter throughout the day. Relatives said that their family members were more than happy living at 10 Spennithorne Road and their comments included, "I feel this home is special, I am delighted with the care [person's name] receives", "The care is superb. I feel the home goes that extra mile to make people happy" and "The care staff are passionate and you can clearly see they love their jobs and the people they acre for."

We looked at visitor feedback forms for 2017; we noted a number of positive comments had been recorded. These included, "Staff are very welcoming and knowledgeable, very good" and "Very nice home visit. Staff always friendly and helpful."

Treating people with respect and dignity was included in staff's induction and was a subject that was regularly discussed with staff. The registered manager told us that they monitored how people were treated by staff. Care workers spoke about the importance of treating people with respect. One care worker told us that they wouldn't hesitate to report any instances of people not being treated well by staff.

Staff interacted with people in a very warm and friendly manner. They did not rush people and gave people the time that they needed to communicate their needs and preferences. Before assisting people with their personal care we heard staff providing joyful interactions to people and asking them in a warm and friendly manner how they were feeling. During the inspection people showed signs of well-being. They smiled, laughed and engaged with staff in a relaxed and happy manner.

People's care plans showed people's preferences, were known to staff and supported. Each person had a detailed written profile which included information about their background, likes and dislikes, routines and details of how they wanted to be supported by staff. There was clear guidance for staff to follow to meet people's emotional needs.

The provider enabled relatives of people who used the service to visit their family member and placed no restrictions on visiting times. The deputy manager told us the provider encouraged relatives to maintain strong relationships with people who used the service and gave us examples of how the provider had facilitated visits for people and their relatives, including home visits. Relatives of people who used the service and staff confirmed there were no restrictions on visits and one relative told us, "I live in the countryside and this is a distance for staff to travel with [person's name]. But credit to the home they have arranged many trips to visit me."

Staff told us and records showed that religious festivals, birthdays and other commemorative days were celebrated in the home. Staff understood and respected people's cultural and spiritual needs. Details of these were included in people's care plans. A person was regularly visited by a priest at the home, due to limited access at the church they once attended. On one occasion the home supported this person's family to undertake a second christening ceremony at the home, so the person did not miss out on seeing their

close family member being christened. Care workers had a good knowledge and understanding of equality, diversity and human rights, which they told us meant treating people "equally and fairly" and "respecting people's differences."

Good

Is the service responsive?

Our findings

Person-centred care was at the heart of the service and people were encouraged to be involved in all aspects of their care. We found the service was extremely responsive to the individual needs of the people who used the service. The registered manager and staff gave us numerous examples where they had responded over and above expected levels to meet the needs of the people.

We found one person's family member struggled to visit the home due to mobility issues and bereavement within their family, which meant the person's family member struggled to visit them. The registered manager recognised the person's family member was struggling to visit and decided with the support of the staff team they would increase the number of phone calls they made to person's family member informing them of the person's daily activities and well- being. The registered manager also arranged on several occasions for staff to pick the family member up from their home so they could spend quality time with the person. The registered manager recognised the importance for both the person and the family member to keep contact to ensure their relationship was not affected. Since this intervention made by the registered manager and the staffing team, a number of activities in the community have taken place, such as a day trip to Llandudno where the person's family member also attended. Recently the family member joined other people's family members for Christmas day meal at 10 Spennithorne Road. This ensured people and their family members came together and were not isolated.

A further example of how the provider has been responsive to people's needs included. One person living at the home has a number of communication difficulties and has limited mobility. Staff noticed the person was deliberately lowering themselves to the floor by sliding down from the lounge chair. The person appeared to enjoy the sensory experience of lying down, the comfortableness and coolness of the floor as well lying on the grass in the garden. After recording and analysing why this historical behaviour was reoccurring, staff expressed concern about the person's safety. After discussion via mental capacity and best interest including involvement with the person's family member, it was agreed at the best interest meeting to buy an extra-large bean bag for the person to use. This meant the person's safety was maintained to enable the person to lower themselves straight on to it from a chair. A risk assessment and support plan was put in place for person to use the bean bag safely and considered the safety of other people. The use of the bean bag has increased the person's safety and minimised the risk of the person injuring themselves. The bean bag is also used in the sensory area in the garden which was designed specifically for the person with lots of highly scented plants and flowers. The person has been known to fall asleep on the bean bag due to the level of relaxation they experience. This is also an example of positive risk taking as when the person is calm and relaxed on the bean bag, they do not need a member of staff supervising them closely by sitting next to him. Staff can observe the person at a safe distance. Without the bean bag, risk assessment and support plan in place for this person, they would not experience the positive risk taking, the independence, the freedom of movement or the sensory experience.

The provider adapted the environment to ensure it suitably responsive to people's needs. One of the people living at the service could mobilise independently by lowering themselves to the floor. We noted that all the flooring at the home was laminated and this helped the person to move around. The provider considered

the lay out of the home to ensure the person's access around the home was not restricted by uneven surfaces or carpets. The provider realised that there was a potential issue in respect of infection control from staff/visitors entering the house and walking on the floor with outdoor shoes. Staff discussed how they could ensure cleanliness including asking visitors to wear plastic coverings on their shoes, however this was considered not practicable. Staff agreed to put up poster in the porch asking all visitors to wipe their feet and to ask staff for wipes if needed to clean outdoor shoes. A mat was also purchased saying please wipe your feet. Staff further identified that the wheels of wheelchairs could also harbour germs and be a source of mud and dirt. Staff as a result, check the wheels as they are bringing people back into the home. The cleanliness plan was reviewed to include cleaning the floors at night by walking night staff so that the person was not moving around on wet floors during the day. The provider made the garden accessible to the person and the paths are smooth and free of debris. The person had a detailed risk assessment and support plan in place which captured how the person would access the garden and recorded that the person needed to wear leggings to protect their skin/legs to minimise any injury. This meant the person can exercise choice and control over their life, while maintaining their privacy, dignity and control wherever possible in many aspects of their life.

The registered manager confirmed the service used a key worker system for people. A keyworker was a member of staff who knew the person extremely well and co-ordinated all aspects of their care. The provider encourage people as much as practically possible to be involved in reviewing their care plans where. This ensured that people were actively involved in developing their care and support plans. Staff made every effort to make sure people were empowered and included in this process.

People had the opportunity to spend one to one time with their keyworker where a range of topics were spoken about including, activities, visits to family and some policies that were relevant to people using the service. Staff told us that people attended care plan review meetings and were supported to be as actively involved as far as possible in making decisions about their care and the decisions about their goals. The provider ensured these reviews were also recorded on an accessible format to assist people with their choices.

Where people displayed behaviour that might be perceived as challenging, staff had been trained to recognise the trigger signs. The registered manager said, "We have positive behavioural support plans in place, that are continually reviewed to ensure they are person centred and supporting people safely."

The provider had responded to people's individual communication needs by ensuring staff had skills and instructions on how to use specialised sign language. There were posters around the service with pictorial signs and the meaning underneath in written form. This helped new staff to become acquainted with different communication methods.

During our inspection, we observed the people who used the service engaged in activities. It was clear staff had an excellent understanding of people's individual needs and encouraged them to engage in activities. There was a pictorial board in a communal area detailing the planned activities for the week, however we saw people who used the service were able to choose different ways to spend their time including accessing the garden and listening to music.

We saw the people who used the service were also able to attend events in the community. There were protocols and policies in place giving clear guidance to staff for these events, including adhering to disabled access routes where necessary. Staff told us relatives were involved in different aspects of the service including reviews, activities and events. They said this meant staff developed professional relationships with the relatives of the people who used the service which helped to provide a better quality of care for the

individuals through joint working.

The service continued to provide people with a flexible activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. The home has an adapted vehicle so people could access community facilities, amenities, and go on day trips and attend appointments without difficulty. The majority of people went to organised daily activities, with staff accompaniment, as necessary. People were offered outings, day trips and supported holidays and were encouraged to participate in community activities of their choice. Appropriate risk assessments were in place to support the activity programme. It was well recognised within the service that it was imperative that people were kept busy and engaged with activities appropriate to their individual needs, and that had meaning to them. This was in order to avoid boredom or anxiety which could lead to people becoming apathetic which would be detrimental to their wellbeing.

The provider encouraged new activities within the home and booked a musical entertainer each week who provided people with musical instruments. The registered manager commented that they thought this might have unsettled some the people, but this has had the opposite affect with people thoroughly enjoying the interactions from the musical entertainer. The home also benefited from a reflexology therapist who visited the home a minimum of twice a month and provided people with one to one 30 minute support. Reflexology is a non-intrusive complementary health therapy, based on the theory that different points on the feet, lower leg, hands, face or ears correspond with different areas of the body. Reflexologists work holistically with their clients and aim to work alongside allopathic healthcare to promote better health for their clients.

Staff have completed the Future Directions Pets booklet with the people who live at the home and it was identified that pets would be of benefit to the people. This was further explored in people's person centred planning meeting with positives and negatives on pets recorded. Subsequently it was agreed using mental capacity and best interests that bringing dogs in to the home to meet the people has therapeutic benefits. Staff including the registered manager brought in their own dogs in to the service, following a risk assessment. Sometimes the dogs spent time with the people by either sitting on their laps or spending time with them. The dogs visit frequently usually a couple of times a week. The registered manager identified the dogs visiting so frequently had made a positive difference for one person at the home, who has gained confidence with dogs and now will feed them treats. Evidence of photographs were provided, which showed people's excitement at seeing the dogs.

People were supported by the care staff for a holiday an annual basis. The registered manager had been proactive in thinking about the potential risks for people in travelling abroad. The registered manager told us they would ensure that robust risk assessments were completed months before the holiday went ahead to ensure the environment was accessible and safe for the people and staff accessing them. Once people returned from their holidays staff supported them to produce a holiday photo album to enable people to look back a nice memoires.

Photographs of people taking part in activities and celebrations were displayed. People's relatives told us that they were pleased that people had the opportunity to go away on holiday with staff.

We received a number of positive comments about the activities provided by the home. Relatives told us they thought their family members who used the service had enough to do. Comments included, [Person's name] is always out, the staff are great at coming up with new places to take them", "The activities are great, [person's name] has a better social life than me" and "[Person's name] enjoys to be out, they are going on a day out soon I believe."

We viewed two care plans alongside two summary care plan folders. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. People's care and support was planned proactively in partnership with them. Care plans contained information about people in an accessible format, for example, through the use of symbols or pictures; they were written in an easy-read style. The provider ensured templates had been put together in an accessible way, so that people were able to understand information about themselves that was being discussed. The files contained detailed personal histories, information on how each person liked to communicate and their likes and dislikes. We saw that this information had been used to personalise the care provided. For example, one person's communication care plan included descriptions of their facial expressions so that staff could interpret their mood and identify any requests for support.

Communication passports were in place and these showed how staff should communicate with people in line with their preferences. These passports also included information relating to people's likes and dislikes, hobbies and interests.

There was a complaints procedure in place and this was accessible to people, relatives and any other visitors. People had information about how to make a complaint which was written in a format that people could understand. We saw no complaints had been received. Relatives of people who used the service and members of staff told us they were certain their complaints would be taken seriously if they ever had need to complain. One relative told us, "I have never complained, this service is fantastic and know the people's needs very well."

People's wishes about the care they wanted at the end of their lives should they become unwell was recorded in people's care plans. The registered manager commented that the provider has worked alongside people's relatives to ensure this matter was sensitively discussed and recorded.

People living in the home were unable to communicate their end of life wishes. The registered manager told us they had met with people's relatives and representatives to discuss people's end of life wishes. The registered manager told us that an aim of the service would be to facilitate people's wishes at the end of their lives and involve community healthcare and social care professionals when needed. People's care plans contained a section about future wishes for end of life. We were provided with evidence of discussions that had taken place with people's family members to ensure people's end of life care choices were respected and supported.

Good

Is the service well-led?

Our findings

Relatives we spoke to were all positive about the registered and deputy managers. Comments received from people's relative included, "[Registered manager's name] is great, they have been at the home for years and understands people's needs very well" and "I cannot fault the leadership of the home." This showed us that the home had an open culture. The registered manager was also a dual registered nurse who was available to provide hands on clinical support to the people supported and staff when required.

Staff told us the registered manager promoted an open-culture and was supportive. Their comments included, "The managers are great, they are very supportive" and "You can see how passionate the manager is, they are always on hand and will at times provide support to people."

We saw that the aims and values of the service were clearly displayed and were available in an accessible format for the people who lived at the home. The values included putting people first, transparency and going the extra mile. Documentation showed that the values were discussed at every team meeting and during staff appraisals and supervision. This meant that the service made sure its staff understood the aims and values of the company and applied them when supporting the people who used the service.

Quality assurance systems were in place and used effectively. We saw weekly and monthly audits and safety checks were carried out. These included audits of accidents/incidents, equipment, medication, cleaning, and infection control. The registered manager met with area and operational managers weekly to report any complaints, safeguarding concerns, clinical issues or issues with medicines. They also reported detailed information relating to people's care, the upkeep of equipment and specific risk assessments monthly as part of a governance report to the service's head office. There were appropriate systems in place to monitor and audit the quality of work provided by the service.

We saw there were systems in place to monitor the quality of the service and promote continuous improvement, including regular audits. For example, the provider's quality compliance lead undertook a compliance visit in June 2017. This visit highlighted areas such as ensuring people's last wishes are discussed. This provider based this audit on the Regulations and CQC five key questions of safe, effective, caring, responsive and well-led. The aims of these audits are to focus on development, improvement and support.

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people the service supported and their relatives through regular house meetings. Relatives told us they used these meetings to feedback any issues or concerns. We noted the last relative meeting took place in December 2017.

Staff also had regular team meetings where they could raise any concerns and discuss the needs of the people who used the service.

Future Directions had signed up and used recognised accredited schemes such as the Investors in People

award scheme, the Dignity in Care Campaign, the Social Care Commitment, the Health Charter and the Driving up Quality Code to strive for excellence through research and reflective practice.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall and on their website.