Chailey Heritage Foundation

Futures

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 6 February 2018. Futures is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Futures consists of three bungalows which are located on the site of Chailey Heritage Foundation. The provider, Chailey Heritage Foundation, is a registered charity supporting children and young people who have complex physical and learning disabilities and health needs. Futures provides care for up to 21 young adults between the ages of 16 and 25. It is a transitional service that supports young people with the development of life skills in preparation for adulthood. At the time of the inspection there were 19 young people living at the home. Some people were not living at the home permanently but had regular periods of planned respite care.

The home had a registered manager and they were present throughout the inspection. 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.

At the last inspection, on 3 February 2015, the home was rated as Good overall. At this inspection the rating remained Good overall, however we did find some areas of practice that needed to improve.

Staff demonstrated a firm understanding of their responsibilities with regard to safeguarding people. Incidents were recorded and addressed promptly. However, consideration had not always been given to ensuring the proper external scrutiny in line with the provider's own policy. This was identified as an area of practice that needed to improve.

Incidents and accidents were being recorded however not all recording was complete. This meant that the registered manager could not be assured that all incidents and minor injuries were being investigated thoroughly. Maintaining complete and accurate records to show what actions have been taken for each recorded incident is an area of practice that needs to improve.

People and their relatives told us that they felt people were safe living at the home. Medicines were stored, managed and administered safely. Staff had a good understanding of how to identify and manage risks. There were enough staff to care for people safely. The provider had robust procedures for recruitment.

Staff told us they received the training and support they needed. People and relatives felt that staff were knowledgeable about people's needs. One relative told us, "All the staff are skilled across the board."

People were supported to have enough to eat and drink. They were able to choose the food they wanted,

and nutritional risks and needs were managed effectively. A staff member explained, "The young people have meetings every week and decide what meals they would like to have."

Staff supported people to access the health care services they needed. The provider had partnership arrangements with a health care provider based on the Chailey Heritage Site. This meant that people could access a range of specialist clinicians, nurses and therapists.

People's needs were assessed in a holistic way. Care records were comprehensive and included people's choices and preferences.

Staff worked effectively with each other and with health care professionals to support people. Staff demonstrated a firm understanding of their responsibilities with regard to the Mental Capacity Act. 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 their relatives spoke highly of the staff. A relative told us, "All the staff are very caring." Staff knew people well and understood how to support people with their communication needs. People were actively involved in making decisions about their care. Staff were respectful and actively promoted people's dignity and independence.

People were receiving care that was personalised and responsive to their needs. One relation told us, "The staff know my relation very well, so they act more quickly when some thing's wrong." People were living full and busy lives. They were supported to pursue their interests and to maintain relationships that were important to them.

There was a complaints system in place and people and their relatives were confident that any concerns would be responded to effectively.

People, their relatives and staff spoke highly of the management of the home. There was clear leadership and staff understood their roles and responsibilities. Quality monitoring systems were used to drive improvements. People and staff were involved in development plans and they told us their ideas were welcomed. Staff had developed effective working relationships with partner agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Incident records were not consistently completed to show the outcome of investigations.

People received their medicines safely and risks to people were assessed and managed effectively.

The provider used a robust recruitment process and there were enough staff to care for people safely.

Is the service effective?

Good

The service was effective.

Staff were receiving the training and support they needed to be effective in their roles. Staff understood their responsibilities with regard to seeking consent from people.

People were supported to have enough to eat and drink. People were supported to access health care services. Staff had developed good working relationships with health care professionals and communication was effective.

People's needs were assessed in a holistic way. The design and decoration of the building was effective in supporting people's individual needs.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and compassionate way and provided emotional support when they needed to.

People were supported to express their views and were included in planning their care and support.

Staff were respectful, supported people's dignity and encouraged them to be independent.

Is the service responsive?

Good

The service was responsive.

Staff provided care in a person- centred way and responded to changes in people's needs.

People were supported to follow their interests and to maintain relationships that were important to them. People were leading full and busy lives.

People knew how to make complaints and the provider responded in a timely way. Complaints were analysed and used to improve the service.

Is the service well-led?

Good

The service was well –led.

Staff were clear about their roles and responsibilities.

Systems were in place to monitor the quality of the service and to drive improvements.

People and staff were positive about the management and open culture of the home.

Futures

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 6 February2018. We gave the service 24hours notice of the inspection visit as we needed to be sure that staff would be available to speak with us. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor had experience of working with people who had complex needs, similar to the people living at Futures. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke with four people who use the service and three relatives by telephone. Not everyone communicated verbally but some people were able to respond to our questions using gestures or eye movements. We observed the support that people received. We interviewed nine members of staff and spoke with the registered manager and the Head of Residential Operations. We looked at a range of documents including policies and procedures, care records for six people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems.

The last inspection of 3 February 2015 identified no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Futures. One person said "I am very safe here, because of the staff." Relatives told us they felt the service was safe. One relative said, "They (staff) are always on top of things." Another relative said, "They (staff) are very good at looking after my relative." However, despite these positive comments there were some areas of practice that needed to improve.

Staff had received training about safeguarding people and demonstrated that they understood their responsibilities in this regard. They could describe how they would recognise signs of possible abuse and told us they would report any concerns to senior staff. One staff member said, "It's about keeping people safe from abuse." Another staff member told us, "We protect the young people from abuse or injury." Incidents were recorded and had been dealt with promptly by the provider. However, consideration had not always been given to ensuring the proper external scrutiny in line with the provider's own policy. This was discussed with the head of residential operations as an area of practice that needs to improve.

A system was in place to record incidents and accidents. Staff told us they were completing reports on all incidents and accidents and records confirmed that this was happening. Staff told us that learning from incidents and accidents was used to make improvements at the services. For example, one staff member told us about a medication error that had occurred due to a mistake on a MAR chart. They explained how this had been identified and recorded, an investigation had led to further training and the incident had been discussed with all staff to ensure that learning from the mistake was disseminated across the team. Recording of some incidents and accidents was not complete. Staff told us that if they noticed marks, bruises or scratches on people they completed a form indicating the type and site of the injury and any reason known to have caused the injury. For example, a small graze had been noted for one person and a nurse had identified that this was likely to have been caused when using a new chair. Staff were guided to monitor this so that any adjustments could be made to the new chair to prevent further injury. Not all records had been completed with the outcome and signed off by the nurse in line with the provider's system. This meant that the registered manager could not be assured that all incidents and minor injuries were being investigated thoroughly. We have not judged this to be a breach of regulations because it was clear that staff were monitoring any changes to people's skin condition closely and were seeking advice from nurses when they noticed any changes. However maintaining complete and accurate records to show what actions have been taken for each recorded incident is an area of practice that needs to improve.

Risks to people were identified and plans were in place to guide staff in how to manage risks. Staff demonstrated a good understanding of people's needs and risk assessments were detailed and comprehensive. People were living with complex health needs and assessments and care plans were in place to support them to take positive risks. For example, a person living with epilepsy had regular seizures. A detailed risk assessment was in place to guide staff in how to support the person with this condition when they were out in the community. Another person, with multiple and complex physical needs, enjoyed swimming and a risk assessment provided clear details describing the support the person needed to be able to swim safely. Manual handling risk assessments and care plans provided clear guidance for staff to ensure that people were supported to move around safely. Diagrams and photographs were used to ensure that

people were supported to sit and lie down in a position that was suitable for their physical needs. We observed staff supporting people to move around with the use of equipment such as electronic hoists and slings. Staff were skilled and confident in their approach, they explained what they were doing and used gentle physical contact, eye contact and quiet reassurance to support people throughout the process.

Some people were at risk of developing pressure sores as they were not able to move around or change position independently. Risk assessments were in place with details of specific equipment to support people with pressure care. For example, air mattresses and cushions relieved pressure and care plans provided clear guidance in how and when people should be supported with repositioning to relieve pressure points. Staff demonstrated a firm understanding of how to care for people who were at risk of pressure sores, including the importance of maintaining fluid intake , good nutrition and supporting people with their continence. Staff had received training in pressure care and told us that they would recognise, record and report any changes in the appearance of people's skin to ensure that risks were managed appropriately. Records confirmed that people were being supported with repositioning regularly and nobody had a pressure sore at the time of the inspection.

People were receiving their medicines safely. People were living with a range of complex needs and required medicines at specific times throughout the day. There were safe systems in place for staff to administer people's medicines at the prescribed times. Staff were not allowed to administer medicines until they had been trained and assessed as competent to do so. Medicines were stored appropriately and safely. Medication Administration Record (MAR) charts were completed consistently and accurately. Some people were prescribed PRN (as required) medicines. There were clear protocols in place to guide staff in when these medicines should be given. Staff had access to support from nurses at all times and one staff member told us that staff always consulted the nurse before giving any PRN medicines. Staff understood the need for people to consent to having their medicines and told us that people had the right to refuse to take their medicines if they chose to. One staff member said, "We must respect people's wishes at all times." Staff demonstrated a clear understanding of the process for making decisions in people's best interests if they lacked capacity to consent to having their medicines. Nobody was receiving their medicines covertly on the day of the inspection. Staff were following a person centred approach to the administration of medicines. We observed staff communicating with people about their medicines and providing support and assistance to ensure that people could take their medicines safely.

Some people had been prescribed adhesive patches containing medicines that were released through the skin. Good practice requires the position of the patch to be alternated to reduce the risk of skin sensitivity. Records were not in place to indicate where each patch had been placed. This meant that when a patch was replaced there was a risk that the new patch could be applied in the same place and this could increase risks of skin sensitivity. We recommend that the service consider current guidance on using adhesive patches and take action to update their practice accordingly.

People and their relatives told us that there were enough staff to care for people safely. One relative told us, "Any organisation has staff that are sometimes sick but yes, they do have enough staff here." Another relative told us they felt there were enough staff, saying, "They do use bank staff sometimes." Staff told us that enough staff were deployed. One staff member said, "There is the odd day when someone phones in sick but we tend to get cover from another bungalow." Another staff member told us, "The manager is good at making sure there is enough cover. The staffing level is the same at weekends too." Staff confirmed that use of agency staff was minimal and regular staff were used to maintain continuity for people. Records confirmed that staffing levels were consistently maintained. Throughout the inspection our observations were that there were enough staff on duty and people did not have to wait to have their needs met. Staff were able to spend time supporting people on an individual basis. People were not rushed but were

encouraged to do things at their own pace. When people needed assistance staff were on hand to meet their needs quickly.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Personal Emergency Evacuation Plans (PEEPs) were in place for each person to identify the support they would need to evacuate the building in the event of a fire or other emergency.

Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Staff told us that when repairs were needed to equipment or around the fabric of the building they completed an on-line log which ensured that the issue was addressed quickly. One staff member said, "Any repairs are undertaken pretty quickly now, that's something that has really improved."

Staff demonstrated a good understanding of infection control procedures and we observed that personal protective equipment was used appropriately. The registered manager told us that housekeeping staff had recently been recruited to oversee the hygiene levels in each of the bungalows. A member of staff told us that schedules were in place to ensure that a daily cleaning regime was maintained and that regular sanitisation and deep cleaning was undertaken to reduce risks of infection. One relative commented, "The place is always very clean and tidy." Another relative said, "It's very clean, whenever I visit."

Good

Is the service effective?

Our findings

People told us that they felt staff members were knowledgeable and knew how to support them. Relatives also spoke highly of the staff and told us, "From day one my relation has been supported and so have we." Another relative said, "The staff are very good, if my relation has a health problem the communication is very good." A third relative said, "The staff are very committed and I have nothing but praise for the care they provide."

Staff told us they were well supported and received the training they needed to meet people's needs. One staff member said, "The training is very good and there's plenty of it. If anything changes you are sent on more training and the team is good at keeping each other up to date." Another staff member told us that training was relevant to the needs of people they were supporting. They explained, "Some people have behaviour that can be challenging to others and we have had training in how to support them." A third staff member described having received a thorough induction which included a period of shadowing so they could get to know the young people they would be supporting. One staff member told us that the provider was supporting staff to complete qualifications and an assessor was working with staff on the day of the inspection.

Records confirmed that staff had received a wide range of training in subjects that were relevant to people's needs. Some people had complex health needs and staff had received specific training to support them. For example, some people were at high risk of choking and staff had received training in how to use a suction machine to support them. Other people had epilepsy and staff had received training and regular updates on this subject. Throughout the inspection we observed staff were confident in their practice and knew how to support people with complex needs. One member of staff told us that training was also available for bank staff who did not have a permanent contract but worked at the home on a regular basis. A relative told us that they had confidence in the skills and knowledge of staff at the home, saying, "All the staff are skilled across the board."

Staff were receiving supervision and they told us that it was useful. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. One staff member said, "There is regular supervision and it's good to have the space to discuss things." Another staff member told us, "I use supervision to get support with any concerns I have and to ask for training if I need it." Records confirmed that staff were receiving regular supervision.

People's needs were assessed before coming to live at the home to ensure that staff were able to meet their needs. Assessments were holistic and comprehensive and covered all aspects of people's lives including their cultural background, life history and religious needs and beliefs. Staff used validated tools to make assessments and people's needs were regularly reviewed. Care plans were based upon assessments and provided detailed guidance for staff in how to care for people's needs effectively. People and their relatives had been involved in the assessment and care planning process. One person told us about a meeting they had with their key worker and a family member to discuss their care plan. People's views and wishes were

evident within care plans. For example, one care plan included a specific order that the person preferred things to be done. This enabled staff to support the person to maintain their independence.

People were using equipment and technology in a number of ways to maintain their independence. For example, some people had electronic wheelchairs and were able to travel around the home independently. Some people were using technology which enabled them to communicate effectively. For example, one person who was not able to communicate verbally used an electronic pad to talk to staff. Another person used a touch screen computer and a third person told us that staff supported them to send text messages on their mobile phone and to stay in contact with their family and friends with video calls.

The accommodation consisted of three bungalows which were purpose built and designed to meet the complex physical needs of the people who lived there. Rooms and doorways were spacious to allow people in wheelchairs to move around freely. A specialist overhead hoist system with tracking in the living room, bedrooms and bathrooms, enabled staff to support people to transfer to and from their wheelchairs in all areas of the home. Specially designed bathrooms provided people with the space and facilities they needed to bathe safely. Bedrooms were decorated according to people's wishes and choices and the communal lounge areas included decoration and lighting to provide interest and sensory stimulation.

People were supported to have enough to eat and drink. People told us that they enjoyed the food available. Throughout the inspection we observed that staff were encouraging and supporting people to drink fluids and regularly offered them a choice of drinks. People told us they could choose what to eat. A staff member explained, "The young people have meetings every week and decide what meals they would like to have." We saw that a visual description of the most recent meeting included requests for chilli, fish and chips and pancakes. One person told us that they enjoyed party food and staff told us that a birthday party was being planned and this would include party food and cake. One person told us that they could ask for something different if they didn't want the meal that was planned that day. People's personal preferences were included within their care plans. We observed this happening during the lunch time meal and a staff member responded quickly to provide the food requested. Some people enjoyed being involved in preparing food and staff told us that they were able to support people with cooking and eating the food they had prepared.

People were supported individually at meal time. Some people had specific risks and nutritional needs. Risk assessments included guidance for staff in how to support people with their nutrition and hydration needs. Some people had swallowing difficulties and had been referred to a Speech and Language Therapist (SALT) for assessment. Where people had specific dietary requirements this was recorded in their care plans and staff were knowledgeable about people's individual needs and preferences. For example, some people needed to receive their food, fluids and medicines via an enteral feeding system. This is a flexible tube that enables fluids and liquid foods to be delivered directly into the gut. Staff had received additional training in how to support people with an enteral feeding system and one staff member explained that they could call on the specialist nurse for support and advice at any time. Where people had been assessed as having risks associated with poor nutrition or hydration staff were monitoring their intake to ensure they were receiving enough to eat and drink. Records showed that this was happening consistently.

People were supported to access the health care they needed. The provider had partnership arrangements with a number of specialist clinicians and nurses based on site at the location. This meant that people had access to specialist nurses, dieticians, psychologists, physiotherapists, SALTS, and occupational therapists whenever they needed them. Records confirmed that people were receiving regular health checks. A staff member told us, "People can see a doctor whenever they need to, most issues can be sorted out with the nurses." Another staff member said, "We have a dentist that will come in and see people if they don't have

their own dentist. They are seen by which ever health care professional they need because they have such complex conditions." People's records confirmed that a multidisciplinary approach was taken to provide people with the support they needed.

Staff spoke of positive working relationships with the clinical team and described clear communication systems. One staff member explained, "When we review people's needs each professional will report on their area of expertise. Then we work out a plan with the person and their family so we know what goals they are trying to achieve." Care records reflected this approach and a relative told us, "They most certainly work well together."

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

Staff demonstrated a firm understanding of their responsibilities with regard to the MCA. One staff member said, "Some people can't make some decisions for themselves. We might need to make a decision in their best interest with the involvement of their social worker and their family." Another staff member told us, "The MCA is about acting in the best interest of the person." Throughout the inspection we observed staff were seeking consent from people before providing support. For example, we heard a staff member asking, "Would you like me to help you with that?" and, "Can I put this on to protect your clothes?"

Records showed that issues of consent had been considered for specific decisions. For example, CCTV was in use to enable staff to monitor some people who had specific health needs. Staff had sought consent from the person and records showed that they had been consulted and had agreed to the use of CCTV. Some people needed additional support to express their consent, for example due to specific communication difficulties. Care plans included guidance for staff in how to obtain consent from people. One example included planning the discussion, using a quiet place, giving clear explanations and using photos so that the person could understand what they were consenting to. A relative told us that staff encouraged people to make choices within their capacity, saying, "They always ask, and however they are supported it is always in my relation's best interests."

Some people were having their movement restricted in order to keep them safe. For example, some people were using lap belts and bed rails. Where people had capacity to consent to the use of these restrictive practices this was recorded and regularly reviewed to ensure that people continued to be supported in the least restrictive way. Where people lacked capacity to give their consent a multidisciplinary decision had been recorded in consultation with the person's representative. This included consideration of alternative arrangements to ensure that the least restrictive option was agreed. Where appropriate the registered manager had submitted DoLS applications to the local authority. Staff were aware of those people who had an approved DoLS application and understood their responsibilities to comply with any conditions imposed by the local authority.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff. People confirmed that staff were caring, respectful and communicated with them effectively. One person told us that a move to another service was planned and expressed great sadness about leaving the staff who they had developed a strong relationship with. A relative told us, "All the staff are very caring." Another relative said, "The staff are all amazing and they show a very high level of care." A third relative said, "I am very happy with how my relation is treated." Other comments included, "The staff are superb" and, "I trust the staff members 100%."

Staff spoke about people in a compassionate way. They were knowledgeable about people's individual needs and it was clear that they held them in high regard. One staff member spoke about a person they were supporting saying, "They have amazing resilience, with such a lot to contend with, they have true strength of character. That's what 's so good about this job, it's a very positive place to work." Another staff member said, "It's a privilege to work here." Staff showed kindness and supported people's emotional needs. We observed a staff member quickly stepping in to support a person when they became upset, offering them a hug, reassuring them and encouraging them to talk about the emotion they were experiencing.

A key worker system was in place. A key worker is usually a named member of staff who takes a lead and special interest in the care and support of a person. One staff member told us about being a key worker and how they had developed a close relationship with the person they were supporting. They were able to tell us about the person's background and particular physical needs. They described the people that were important to the person and the activities that they particularly enjoyed. The staff member explained how small details were important when providing care for the person who had sensory loss and gave specific examples to demonstrate the impact that this had.

Throughout the inspection we observed staff supporting people in a caring and responsive way, paying attention to small details that indicated the high level of understanding they had about people's individual needs. For example, some people were not using verbal communication but were able to indicate their needs and preferences to staff using a variety of techniques. Staff were adept at identifying small movements and changes in people's expressions or eye movements that indicated an answer to a question. Some people were using technology specifically designed to support them with communication. Staff told us that people were expert in using the technology and this supported their independence.

Staff told us that people were involved in making decisions about their care and support. Records confirmed that people's individual needs were regularly reviewed. Review meetings were held which involved health and social care practitioners and family members. Staff supported people to prepare for review meetings. Some people were supported by staff to keep a log of their activities and achievements on a daily basis. We observed a staff member supporting a person to update their log, they asked them what they wanted to record and noted their response. They asked the person about some exercises they had been doing, saying, "Do you think the stretches have helped?" and recorded the person's response. Some people had been supported to make a video to demonstrate the things that they had achieved, this was included within the review meeting. Staff told us they involved people as much as they could in describing what they had

achieved and in deciding on future goals and aspirations. People confirmed that staff encouraged them to be as independent as possible. For example, one person had been encouraged and supported to use their electric wheelchair without staff assistance. Their progress was monitored regularly as they worked towards achieving their goal of driving their wheelchair independently.

Staff arranged regular meetings for the young people living at Futures. One staff member explained, "The meetings are weekly and people decide what food and drink they want over the coming week and what activities they would like to do." Notes from the meetings were displayed on the lounge wall in the form of a colourful poster with pictures and symbols to remind people about what was discussed at the meeting. For example, a horse had been drawn to represent a request to visit stables. Food items showed the choices people had made for the menu.

People appeared to be relaxed and comfortable with staff. Staff positioned themselves appropriately to maintain eye contact and ensure ease of communication with the people they were supporting. Staff used gentle touch and quiet tones when talking to people. They consistently included people in conversations and encouraged communication with other people around them.

Staff promoted people's privacy and ensured their dignity. For example, people's confidential information was kept securely and staff checked with people before allowing access to their care records. Staff routinely knocked on doors and waited for people to respond before entering a room. One person wanted to talk to a staff member. The staff member immediately checked if the person wanted to talk in private and suggested they go to their room. An engineer was called in to look at repairing an item belonging to a person, a staff member encouraged them to address their comments to the person and not to speak over their head. Throughout the inspection staff were observed checking that they had correctly understood what people were communicating. This showed that staff were consistently supporting people to be actively involved in daily decision making and promoted their dignity in a respectful way. A relative told us, "I visit regularly and I've only ever seen a good level of respect for privacy and dignity." Another relative said, "Staff make sure doors are shut and curtains are drawn to protect people's privacy and dignity during care."

The registered manager told us that staff were supporting people to become more independent as part of their transition from children's services into adult's service. Some of the young people had lived in the children's home on the same site before coming to live at Futures. The registered manager told us that staff were aware of the ethos of the home as being a place where young people could begin the transition into adulthood. Staff demonstrated throughout the inspection that they understood the importance of supporting people to be as independent as possible and to develop skills to improve their independence further. Staff explained that many people attended the Life Skills Centre on the same site and were able to use facilities such as a hydrotherapy pool. One staff member said, "A young person might take part in some cooking at the life skills centre and then bring whatever they made back for tea. We also try and get people involved with cooking and other household tasks when they are here." We observed staff encouraging people to do things for themselves including choosing music, mixing food and helping with some chores. A relative told us, "The staff encourage my relation, however they need a lot of support." Another relative said, "They (staff) really support people to be independent." People's care plans included goals that people wanted to achieve to work towards improving their independence. For example, one care plan included guidance for staff in encouraging a person to use an electronic switch to increase their ability to communicate independently. Another care plan guided staff in how to support a person to use smart phone technology to maintain contact with family and friends independently, on a regular basis.

People were supported to have the involvement that they wanted from their family and from independent advocates. An advocate is someone who can offer support to enable a person to express their views and

concerns, access information and advice, explore choices and options and defend and promote their rights. Staff told us that people were offered the option of having an advocate to support them individually and in group settings. For example, one person had asked for support from an advocate when they were looking at options for future care and support arrangements. Another person who was not able to communicate verbally also had advocacy support with discussions about transition arrangements to another service. An advocacy group was also available for people to attend on a regular basis. Staff said that this group had helped people to express their views about the care and support provided by the home. Staff told us that they were aware of the importance of promoting people's independence and of protecting their privacy, particularly with regard to parental involvement. One staff member said, "We involve family members but only when it is the person's wish to do so."

Good

Is the service responsive?

Our findings

People were receiving care that was personalised according to their individual needs. People told us that staff were responsive and listened to them. A relative said, "The staff know my relation very well, so they act more quickly when something's wrong." Another relative said, "I feel very confident in the way they look after my relation, the staff response is very good."

Our observations throughout the inspection were that staff were observant and vigilant about any changes presented by people. Staff noticed small details in people's expressions or behaviours that enabled them to recognise how the person was feeling or any concern that they were experiencing. This demonstrated how well staff knew the people they were supporting and showed the level of understanding that had developed between people and staff. For example, one staff member noticed that a person was showing signs that they were uncomfortable and they took immediate action to check if this was the case and to assist them to move to a more comfortable position.

Care plans were detailed and comprehensive, covering all aspects of people's lives. They focussed on the individual needs and wishes of people. Descriptive sentences were used to help make it clear to staff members how people wished to be supported. This included descriptions of what people liked to wear, their preferences for drinks and particular foods, people who were important to them and things that they enjoyed doing. Care plans included clear guidance for staff. For example, one care plan described how to support someone to make choices and described offering two options. Another care plan described the importance for one person of doing things in a specific order and we noted staff following this guidance.

Care plans were reviewed on a regular basis and when people's needs changed. For example, a person had recently been discharged from hospital and their mobility needs had changed. The care plan had been amended and staff were aware of specific changes in the person's usual care routine including certain equipment that was not appropriate to use.

People's mental health needs were described within care plans and included signs and symptoms that might be exhibited. There was clear guidance for staff in how to support people when they were experiencing symptoms and records included monitoring charts to support psychiatric reviews.

People's personal history was included within their care records and provided a sense of the person and their background, including their religious and cultural beliefs. A staff member told us that people were supported to follow their religion and gave an example of how specific dietary requirements had been met for a person from a particular religious background. Another staff member told us about a person who was supported to attend a local church on a regular basis.

People's differences were acknowledged and respected. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. For example, some people had posters of their favourite singers on the bedroom wall. Staff told us that people were supported to express their individual identities and described

offering people opportunities to attend community events that were culturally and socially relevant such as the gay pride parade. Another staff member described how people were supported to maintain relationships that were important to them and described how some people were offered the option of sharing a room together. One person told us about using social media and skype facilities to keep in touch with friends and family.

People were leading full and busy lives. Staff supported people to attend activities of their choice and to remain involved and connected with the local community. People told us that they could choose how they spent their time and we noted that people had busy calendars with appointments and planned activities listed. For example, one person went swimming regularly, and had weekly trips to a gym for physiotherapy and planned time with family members. Another person enjoyed attending music therapy, massage therapy and having spa treatments. Throughout the inspection people were seen spending time engaged in activities of their choice. Staff were seen supporting people to attend planned activities and therapy sessions and during their free time people were able to choose what they wanted to do. For example one person was listening and singing along to music playing through headphones, another person was watching a music video and a third person was watching a television programme on an electronic tablet. Relatives told us they were impressed with the activities on offer. One relative said, "I think they are great, they are busy all week with different activities. People choose what they want to do, recently my relation went dry ski-ing." Another relative told us, "My relation gets to live a normal day-to-day life." A third relative said, "There's always something very different going on."

People were being supported to go out into the community as often as possible. One person told us they enjoyed trips to the local shops. Some people were being supported to have access to educational opportunities. A staff member explained how consideration of people's future placements included looking at opportunities for continuing their education if appropriate. One care record included a transitional plan which identified the person's preference to remain living near to their college when they moved. People's activities and achievements were recorded in a monthly review completed with their key worker. For example, one person had completed a variety of activities including arts and crafts, pottery and painting. Their report included that their favourite activity had been painting. A staff member told us that undertaking a range of activities enabled people to identify the things they most enjoyed to help with future planning.

People's communication needs were identified and addressed in their care plans. For example, one care plan guided staff in the need to explain everything verbally for a person who was visually impaired. We observed staff were aware of this and heard them explain what was about to happen before beginning to support the person. Care plans included pictures, photographs, and symbols as well as bright colours and large print to support people to read and understand their plans. One person was heard asking staff a specific question about their transitional plan and staff took time to show them the plan and to explain some of the detail as well as acknowledging their concerns and reassuring them.

The provider had a system in place to record and monitor any complaints received. Relatives told us that they were encouraged to raise any complaints or concerns that they had. One relative said, "If I have any issues I will let them know." People we spoke with told us they didn't have any current concerns. Records showed that complaints were responded to in a timely way and consideration was given to how the service could be improved using information from people's complaints or concerns.

The provider told us that they did not provide end of life care for people. However, people living at Futures often had life- limiting health conditions. A staff member told us that in the event that a person's health deteriorated suddenly they would receive support from the health care professionals based on the same site as the home. The operations manager explained that they were considering how to include end of life care

planning to ensure that people would be supported in the way that they wanted and that their wishes were recorded.

Good

Is the service well-led?

Our findings

People and relatives told us that the service was well-led. One relative said, "They are very competent, no issues with the management at all, it runs well." Another relative said, "It's a very good service." A third relative told us, "Overall, I have to say the service is outstanding, we are tough judges and they are outstanding."

Staff also spoke highly of the management and described an open culture where staff could contribute their ideas. One staff member said, "We are often asked to bring our development ideas to team meetings and we will all have a discussion." Staff told us they understood their roles and responsibilities and felt well supported. They described managers as being accessible and visible within the home. One staff member said, "We can go to any of the house managers for advice, they are all approachable." Another staff member said, "We have staff meetings every month, we can talk about any suggestions or concerns and we can always ask the seniors or talk to the nurses when we need to." The registered manager told us that staff were encouraged to talk about any errors and described how they would be supported with additional training if needed.

The provider had a clear statement of purpose describing a person- centred, transitional service that supported young adults to develop life skills in preparation from adult hood. Staff demonstrated a firm understanding of the provider's aims and objectives which were embedded within their practice. One staff member described the organisation's values as "To keep people safe and encourage them to develop, including their social skills." Another staff member said, "The best bit about the job is watching people develop and achieve their goals." Staff understood their roles and responsibilities and spoke with pride of their achievements. Throughout the inspection our observations were that staff provided a highly personalised service that kept people at the centre of everything they did and celebrated their achievements.

Governance arrangements were clear and included a range of policies and procedures to guide staff in how to deliver the service effectively. Equality and diversity issues were evident in the provider's policies to ensure that staff understood how to promote and protect people's rights. The provider had systems and processes in place to monitor the quality of the service. For example, the provider had undertaken an equalities audit and identified specific equalities targets such as reducing barriers to communication within the service. An evaluation of outcomes showed that improvements had been made, including increased availability of equipment that enabled people to communicate using eye gaze techniques. The provider's website had also been improved and included a function which enabled translation for people whose first language was not English, making information about the provider more accessible for all communities.

A range of audits were used to monitor performance and identify any shortfalls in standards. Information from audits was used to identify and drive improvements. For example, thorough audits of medicine administration, together with regular staff competency checks had ensured that people's medicines were managed safely. The registered manager explained that some aspects of governance were managed by other departments, for example, building maintenance and environmental checks were the responsibility of

the estate manager. However they described effective communication systems and robust responses to any environmental risks.

Improvement plans were in place to support continuous development of the home. The registered manager explained that a recent development had resulted in each bungalow recruiting their own housekeeper to support with maintaining high standards of hygiene around the home and to provide additional expertise with preparing meals to meet people's nutritional needs. People and staff were included in planning developments at the home, for example, some people were involved in a project group planning improvements to the garden. A staff member told us of plans to introduce voice activated lights in some areas to enable people to have more control of their environment.

Staff had developed good links with the local community including with colleges and a local hospice. There were strong partnership arrangements in place with a health care provider based on the same site. This enabled people to have access to a range of clinicians supporting their health care needs. The provider had ensured clear working arrangements and governance to facilitate effective partnership working. Staff had developed strong links with other agencies and providers to ensure smooth transitional arrangements. This meant that people were supported to move in a planned way, with time for a robust handover ensuring that the new provider understood the complexities of people's care.

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. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.