Future Directions CIC

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Summary of findings

Overall summary

We inspected this service on 17, 18 and 20 January 2017. We informed the registered manager that we would be inspecting the service before our arrival to ensure that someone would be in the office to assist with our inspection. This meant that the provider and staff knew we would be visiting before we arrived.

Future Directions provides care to people who live in supported tenancies and who require a range of support relating to their learning or physical disability, sensory impairment or mental health needs. A multi-agency health and social care team is built around the service to provide on-going support to meet the social care and health needs of the people supported by the service. The service is based in Oldham, but provides support to people living in supported tenancies across the North West, including Greater Manchester, East Lancashire and South East Cheshire. At the time of our inspection the service supported over 220 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection.
The service had a very strong value base which was reflected throughout the service. We were told that the service looked for people who shared the same values as the organisation when recruiting new staff, and wanted to ensure that staff were open and honest, creative and adaptable, and were willing to go the extra mile to put people first.

In order to recruit staff the service had developed innovative ways of seeking the views of people who used the service about the candidates' suitability to work with people with learning disabilities. One person who used the service told us, "I interview for staff. We get most say about if the person is suitable for the job".

We saw that when planning and reviewing services, the organisation had developed systems so that people who used the service had been consulted, and ensured that people who used the service were at the centre of everything they did. We saw a number of examples of how this was put into practice. For instance, they were involved in provision of training, and regular audits of service provision were carried out by a team of 'experts by experience' made up of people who used the service. They would inspect service delivery in supported tenancies, and feedback recommendations which the service would respond to.

During our inspection we visited eleven supported tenancies and saw that people were happy and content. They told us they were well cared for and involved in decisions about their lives. One person told us, "I am very happy with the support, especially around making choices. Yes, I am very happy here." They were supported by committed and well trained staff with good interpersonal skills who had developed excellent working relationships with the people they supported. Where people had difficulty communicating, staff were patient listeners. They showed understanding of people's particular communication styles and how to

interact positively with the people who used the service and demonstrated a good understanding of the background and history of people who used the service and were able to help them to consider their future options. People told us they felt safe. One person said, "I am safe here, the staff make sure of that".

People were involved in drawing up and reviewing their own care plans which we saw were person centred and produced in a way the person could understand, for example, using pictorial representation or charts. In one supported tenancy we saw how the people had drawn up their goals for the year and produced wall charts to show progress on how these goals were being met. The service had established good links with healthcare professionals and ensured that people who used the service maintained good access to healthcare. Relevant professionals were invited to contribute to care plans, and health action plans addressed the health needs of people who used the service.

We saw that the service aimed to make people less dependent on support services and took a positive approach to risk taking. Risks were measured and agreed with the people who used the service. Where people who used the service did not have the capacity to make their own decisions, the service ensured that decisions taken were in line with the principles of the Mental Capacity Act 2005. Best interest decisions and any consultation undertaken were recorded as to why the decision was taken in the best interests of the person. One person who used the service told us, "They've helped me to be more independent and make my own choices".

The service had systems in place to ensure that people were safeguarded from abuse, and promoted their whistle-blowing policy to allow members of staff to report any poor or unsafe practice. Where people presented with challenging behaviours which could result in harm to themselves or other people, a personal behaviour support plan was implemented. Plans helped the staff to recognise when individuals may be getting distressed, and identified more appropriate ways to help people get what they need. We saw that this had resulted in a reduction of the number of incidents of harm and minimised the use of reactive interventions.

Where possible people were supported to do their own shopping for food and received help to prepare their meals. Care records showed that attention was paid to what people ate and drank, and where people had been assessed as having a risk associated with eating and drinking, such as choking, specialist assessment and advice was followed.

We found the service was extremely well led with a highly trained and experienced management hierarchy to ensure effective communication, scrutiny and oversight of day-to-day activities and incidents. Robust systems had been developed to audit service delivery, and systems were in place to analyse information monitor complaints and issues, and identify trends and patterns.

The strong value base of the organisation was shared and demonstrated at all levels from personal assistants to the managing director, with all actions measured against the values of the organisation. Staff felt respected and valued in their role, and were encouraged to raise issues with their managers. They received regular supervision and yearly appraisal of performance, and attended team meetings where issues and practice could be discussed. They were rewarded at an annual event, which allowed the management team to acknowledge the work and commitment from the staff. Presentations were made and awards presented to staff who had helped achieve positive outcomes for people who used the service. This event allowed the management team to acknowledge the work and commitment from the staff.

The achievements of the service had also been recognised by a variety of national bodies, and Future Directions has won awards presented by national bodies such as Learning Disability and Autism Society,

Skills for Care and other national and local bodies.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided and there were systems for receiving, tracking and responding appropriately to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and there were appropriate procedures in place to protect people from abuse.

Where risk was identified detailed care plans were in place to minimise the risk of harm.

There were sufficient numbers of staff and procedures were in place to ensure the staff recruited had the appropriate qualities and values
to protect the safety of people who used the service.

Is the service effective?

Good

The service was effective.

People were supported by staff who knew them well and were sufficiently trained to support them to have a good quality of life.

Where people were unable to consent to care and support, appropriate steps were taken to involve them in their care, and best interest decisions were recorded.

People had access to external healthcare professionals, such as hospital consultants, specialist nurses, physiotherapists and GPs, who contributed to care plans.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and compassion, and were supported in ways that promoted their well-being.

Staff recognised people's individual care and support needs and had developed positive working relationships.

The service was committed to providing good end of life care.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed and were looked after in the way they liked. The person was kept at the heart of all that happened.

People were able to follow their hobbies and interests and participate in a range of meaningful social activities inside and outside of their home and were encouraged to increase their independence.

The service recognised the cultural and spiritual beliefs of people who used the service and supported them to maintain their beliefs.

Is the service well-led?

Outstanding ☆

The service was very well led.

The service had developed a culture based on sound values and put people who used the service at the heart of everything they did.

People were supported by staff who all shared the provider's commitment to running a well-led service.
The staff shared the provider's vision and values to ensure people benefitted from the best possible care and support.

There was a management structure which ensured clear lines of responsibility and accountability.

There were systems in place to monitor the quality of the service and promote continuous improvement, including regular audits and audits by people who used the service.

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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 17 18 and 20 January 2017. Prior to the inspection we gave the service provider notice, because the location provides a supported tenancy service for people with learning disabilities and we wanted to ensure that there would be someone available when we arrived.

The inspection team consisted of two inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both had experience of supporting people with learning disability.

Prior to the inspection we reviewed the information we had about the service. This included notifications about safeguarding, accidents and changes which the provider had told us about. We also received a Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we were able to speak to fourteen people who used the service and seventeen relatives. We spoke with the Managing Director of the service, the Director of Operations, who was also the Registered Manager. the Assistant Director of Operations; ancillary staff, including representatives from HR and compliance, and fifteen operational staff including team and network managers and personal assistants. We visited eleven supported tenancies, where we looked at how staff cared for and supported people. We also examined fourteen care records and three medicine records, five staff recruitment records, staff training plan and rota, and records about the management of the service.

Good

Is the service safe?

Our findings

When we spoke to people who used the service, they told us that they felt safe. One person said, "I was in [another service] for twenty eight years and never felt as safe as I do here. I can get out and please myself. I am safe here; the staff make sure of that. I don't have anything to complain about but if I did I would speak to the manager". The relatives we spoke to agreed. Comments from relatives included, "My relative is very safe with them. More importantly, he is happy. I don't ever want him to have to move from where he is".

People lived in their own homes and we visited 11 properties where people were supported by Future Directions staff. All supported tenancies had a home risk assessment which included infection control plans, health and safety risk assessments, and lone working policies. Staff information files in each supported tenancy included a one page profile for each person who lived there, and a personal evacuation escape plan (PEEP). These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs. Team Managers take responsibility for ensuring health and safety audits were carried out on a regular basis, including monitoring and review of medical devices and other equipment, and yearly checks on water, gas and electrical appliances.

Each supported tenancy we visited was secure. We rang the doorbell and were admitted after our identity was checked either by the people who lived there or their personal assistants, and we were asked to sign in. We noticed that all guests, including Future Directions managers and staff had signed to keep a record of all visitors. However, in one care plan we reviewed we saw that this referenced a door alarm on the rear door to prevent the person from leaving the building unattended but this alarm was not working. We also noticed that there was a conservatory door which was not alarmed. When we raised this with the team leader we were told that the person had never tried to get out this way, and the garden gate was kept locked. This minimised the risk that the person would get out. The team leader told us that they had requested the back door alarm be repaired and would review the care plan to determine if a door alarm was needed on the conservatory.

We saw that suitable arrangements were in place to help protect people from harm and abuse. The service had safeguarding policies and procedures which had been reviewed in line with government policy, and provided guidance on identifying and responding to the signs and allegations of abuse. When we spoke with staff, they told us they had received training in adult protection, and were aware of the safeguarding procedures. They recognised the environmental and behavioural factors which made people with learning disabilities vulnerable, including dangers posed by other people who used the service. We saw that safeguarding concerns were raised, and the service had systems in place to report, and investigate all allegations of abuse. The Assistant Manager showed us a record of alerts raised, and details of investigations including outcomes and actions taken to protect people from harm.

The service also had a robust whistleblowing policy, and posters on display in staff areas in all the homes we visited included tear off sheets giving the number of the confidential whistleblowing phone line. We asked about this and were told that this is an answerphone service in the main office. Administrative assistants

would follow up all whistleblowing concerns and pass them on to either the registered manager or Managing Director to determine who would be best placed to investigate. If this required an impartial investigation the concern would be passed to an operational network manager, not directly connected to the service involved, to allow a level of independent investigation. The staff we spoke with expressed confidence in the whistleblowing procedures and one person gave an account of how they had used the confidential help line to pass on their concerns about alleged bullying of staff, which they were satisfied was fully investigated.

We looked at fourteen records which showed that risks to people's health and well-being had been identified. Each person supported by Future Directions had a Support and Risk Matrix which was reviewed on a six monthly basis or more frequently if needs changed. This identified areas for support including potential areas of risk.

For each person who used the service there were assessments for a variety of physical and environmental risks, including behavioural risk and risks around lifestyle choices. The staff we spoke to showed an understanding of the concept of positive risk taking and balancing the risk to individuals against allowing managed risks and freedoms, so that risk was managed in a way that enabled people who used the service develop their independence. Risks were cross-referenced to support plans where applicable. For example, we saw that where a person was at risk of skin breakdown leading to pressure sores, their care plan identified steps to minimise risk including provision of pressure relieving equipment, regular body mapping and liaison with district nurses. We also observed that other appropriate equipment such as frames and hoists were commonly used and regularly reviewed. In two supported tenancies we saw that the risk of exposure to the sun had been identified for people using medicines which would make them susceptible to extreme sunburn. Appropriate steps had been taken to mitigate this risk, including in one the construction of a sunshade in the garden to allow the person opportunity to sit out in good weather.

We were aware that the service supported people who are extremely vulnerable and presented with multiple needs including severe health issues and behaviours which can challenge service providers. Through thoughtful risk management the service had reduced risk, for example of injurious behaviour. We spoke to one personal assistant who told us that when a person began using the service they required close supervision of two care staff at all times, but through proactive and positive risk taking this person was now able to go out into the local area unaccompanied and required less support in their home. This was reflected in the person's care records.

We looked at five staff files which showed procedures to ensure the staff recruited had the appropriate qualities to protect the safety of people who used the service. The files contained job descriptions, proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, a medical questionnaire, a job description, references and interview notes. The service sought references from all employers over the past five years. Pre-employment checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We spoke to the HR manager who informed us that DBS checks were updated every three years,

When we spoke with staff they told us that they felt there were enough staff to meet the needs of the people who used the service. The service employs over 500 members of staff. The HR manager informed us that staff were recruited locally and allocated to work in specific teams, each with its own duty roster compiled according to the support needs and level of dependency of people who used the service and the specific skills of the staff, so staffing levels varied from tenancy to tenancy. We saw staff had time to work closely with

people to assist them to meet their needs. As care staff would normally work within a specific team they were able to get to know the people who used the service well and could provide a consistent response to people's needs.

The HR Manager informed us that there was a low vacancy rate, but to cover vacancies and sickness the service maintained a bank of workers available to work on a casual basis as required. In some areas there had also been a reliance on agency staff. These staff were given the same training opportunities as all regular staff, and were required to work alongside other care staff for a maximum of five supernumerary shifts. The same opportunity was offered to any worker returning from a long-term absence. This gave infrequent staff the opportunity to get to know the individuals and provide a consistent level of support. All staff returning from sick leave had a back to work interview, and where necessary an action plan to support the person maintain good health. The HR manager informed us that this had helped to reduce the level of sickness, and we saw that there was a low level of sickness.

Where staff were not performing effectively the service had clear disciplinary procedures to address this.

There were clear policies and procedures for incident reporting, and an on line system for incident and accident reporting was accessible to team managers to identify and monitor any trends. However, when we looked at the system in one of the supported tenancies it was not clear from the accident report what remedial action had been taken to prevent future occurrences as the updated information from the electronic record was not available to the personal assistant working at the time.

We looked to see how the medicines were managed. Staff were trained to administer medicines, including the administration of epilepsy rescue medication where appropriate, and this training was reviewed and updated every two years. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of five people who used the service. The MARs we looked at showed that staff accurately documented on the MAR when the medicine had been administered and taken by the person. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected. For each person the record documented how the medicine should be taken; an explanation of the medicine, and why it was prescribed, and when it needed to be administered. The care staff we spoke to demonstrated a good understanding of the medicines they were administering.

We looked at how medicines were managed in three supported tenancies. In one we saw that the staff had developed good relationships with the local pharmacist. Medicines were delivered in pre-prepared blister packs to minimise the risk of the wrong medicines being given, and ordered two weeks in advance. Any changes were documented and highlighted in red on the MAR sheet to alert all staff to the change, and minimise the risk of the wrong dose or medicine being given. Any unused medicines were returned to the pharmacy for disposal. We saw that one person had been prescribed medicines for a skin rash which had improved and saw that arrangements had been made with the GP to review this medicine.

Staff were encouraged to report medicine errors. We saw that one error where the number of tablets recorded on the MAR sheet did not tally with the number still available. This had been fully investigated and had led to improvements in the checks on receipt of medicines and closer monitoring of tablets available. However, we saw that medicines were not always stored securely. In one supported tenancy we saw that they were stored in an unlocked cupboard where they could be accessed by people not authorised to use them. When we raised this with the Team Manager she agreed to padlock the medicine box. We also found that in four of the supported tenancies we visited there was no temperature monitoring in place. If medicines are not stored at the correct temperature they can lose their potency and become ineffective. We

noticed that this issue had been raised in one of the supported tenancies we visited following a pharmacy audit, and plans had been made to ensure regular checks of temperatures.

The service had a policy regarding the use of 'as required' or PRN medicines, which was in line with The National Institute for Clinical Excellence (NICE) guidelines. The use of PRN medicines to control behaviour was seen as restrictive, but sometimes necessary. If it was used for this purpose six times in seven days, there must be a planning review. Where PRN medicines were prescribed, care files showed that this decision was made in the best interest of the person and agreed with the general practitioner. We looked at one care file which instructed staff to monitor and observe behaviours which might indicate the need to provide calming medicines, and gave clear instruction, including authorisation by the manager of the supported tenancy or on call manager prior to administering this medicine. We were told that careful vigilance of behaviours and proactive intervention had reduced the need to administer the medicine.

We saw that the system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

Good

Is the service effective?

Our findings

People who used the service were supported by dedicated and well-trained staff. All Operational Network Managers and some team managers had a nursing background and the majority were registered nurses with many years experience working with people with learning disability, and the service employed a full time Training Manager. Some of the people who used the service had been recruited to assist with training, and these were also employed by a local university and local colleges as lecturers in Learning Disability. The relative of a person who used the service told us, "I think the staff are really well trained in the care they deliver. They all know so much about things and they know how to respond to [my relative]".

The HR Manager told us that recruitment of staff was based on values rather than experience, and the service sought to take on staff with a value base similar to the values of the company. In order to do this they actively involved people who use the service in recruitment, using a variety of methods. Some people who use the service sat on selection panels; prospective candidates might be informally interviewed by a group of people who use the service on a 'speed dating' type interview or selection may include a visit to the supported tenancies with people who use the service asked about the prospective candidate. One person who used the service told us, "I interview for staff. We get the most say about if the person is right for the job". We were informed that all staff including office based staff were interviewed by people who use the service.

We saw that all new staff went through a thorough induction programme over three weeks prior to starting work with people who use the service. This was carried out in the workplace, where new staff got to know the people who used the service and the daily routines of the supported tenancy they would be working in, and in the classroom where basic skills were introduced. We spoke to one personal assistant who had recently begun working for Future Directions. They told us, "I definitely received enough training and induction, and felt comfortable and confident when I started to work unsupervised." They said that their induction training included food hygiene, Control of Substances Hazardous to Health (COSHH); medication, safeguarding vulnerable people; dementia, and autism. They were also given information about safeguarding and whistleblowing procedures.

The Training Manager told us the induction is based on the Skills for Care standards, and all new personal assistants are enrolled on the Care Certificate. This is a professional qualification which aims to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care. Seventy-one people were registered and completed the Care Certificate in the past twelve months.

Further ongoing training was provided and refresher training was mandatory in key areas such as, person centred care, equality and diversity safeguarding adults, first aid, medication, food hygiene, care of the dying, and clinical subjects such as epilepsy, autism, and positive behaviour management. There was also some training around level one dementia care. We looked at the training matrix in two supported tenancies which identified the training needs of the staff who worked in the service and when refresher training was due. Additionally staff were enrolled on external courses including NVQ in care. Managers were encouraged to enrol on NVQ levels four and five. Where appropriate, external training was offered. We spoke to one

Team Manager who informed us that they had recently attended a course around brain cognitive therapy, and from this had applied learning to support a person to successfully overcome recognition, memory problems and improve speech.

Staff we spoke with confirmed that they received regular supervision. Team managers would be responsible in part for ensuring that all support workers had a supervision session every eight to twelve weeks. In turn they were supervised by their line manager. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

The service also recruited volunteers, and at the time of our inspection there were 12 volunteers at Future Directions. These people all had access to the same training as paid staff.

Supervision records and discussions were documented. Areas for discussion included person centred care plans, health plans and risk management issues. We saw in the supported tenancies we visited that there was a clear timetable setting out times and dates for individual supervision sessions with the support worker supervisor, and dates noted for annual appraisal. However when we looked at one audit completed by a Network Manager they had noted that supervision dates had not been brought forward, but this omission was duly actioned.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

Future Directions had a policy on capacity and consent, and when we reviewed other policies we saw that these cross-referenced the capacity policy. Staff were aware of principles of MCA and the service was working within the principles of the act. The service had identified that 163 people were unable to give consent to care and treatment. We saw that consideration had been made regarding people's capacity and decision-making; best interest assessments had been carried out for individuals on a case-by-case basis. Best interest decisions were recorded, including any consultation undertaken and a rationale for reaching the decision taken. Care plans indicated how individuals should be supported to be involved in decision-making, including consideration around presentation of information and times of day, depending on when they were most responsive. We saw risk assessments were made when any interventions might be restrictive. For example, we saw documents from a best interest meeting which showed how a decision to provide personal care to a person had been reached which documented how to conduct the task in the least restrictive fashion.

The staff we spoke to demonstrated a good understanding of mental capacity. One personal assistant told us, "We assume they have capacity, and have the right to make unwise choices, so we try to advise people by giving them enough information to make a more thoughtful decision. We spell out the risks and consequences to support and inform decision making". Other staff told us that they would ask for consent if possible, but always act in their best interests. A team manager told us, "Staff will support people in their decisions, but have to step in sometimes.
We want to make people more independent, and help them to make the right choices. Sometimes we think about our values but need to recognise everyone is different. We can think people can make the wrong choice but when people have capacity we can only advise."

We looked at how the service manages challenging behaviour and the restraint of people who used the service. Restraint is the act of restraining a person's liberty, preventing them from doing something they wish to do. We were told that physical intervention was only ever a last resort. We saw that some people who used the service had a 'Positive Behaviour Support' plan. Positive Behaviour Support (PBS) is an approach to support behaviour change in people who have behaviours which are challenging. It does not use punishment or 'fixing' a person but teaches a more effective behaviour to reduce the challenge in a non-adversarial way.

We spoke to a deputy manager about this and they explained that this approach has helped the staff to recognise when individuals may be getting distressed, and to consider more appropriate ways to help people get what they need. We saw that this had led to a reduction in the use of any form of restraint, and when we reviewed the person's care plan we saw that restraint had not been required for over twelve months.
However, we saw that implementation of PBS was at different stages in different houses. Some staff had basic DVD training, whilst others had more in-depth training at this stage. At one house, a person with behaviours that challenge did not have a PBS support plan. The plan in place referenced the use of physical intervention, which we were told was no longer used and required updating. We spoke to the Training Manager who told us that the home had recruited a training officer who was working across the whole organisation to provide underpinning training on PBS, over a four-day workshop, and was hoping to complete this within the next three months. Ongoing support for people in a number of supported tenancies had been reviewed and the incidence of challenging behaviour had reduced so that intervention strategies were no longer required.

People had varying degrees of support needs ranging from mostly independent to requiring increased levels of support. Some people were able to plan and select their food choices with assistance from support workers. People were supported to do their own shopping, and we saw in one supported tenancy this was seen by the people who used the service as a pleasurable experience; staff would help them to choose where they would like to go shopping, and would combine the trip to the supermarket with an opportunity to explore beyond their local environment. We saw that people had choice about what they wanted to eat. We saw that where possible people received help to prepare their meals, and inspection of care records showed that attention was paid to what people ate and drank. Daily record sheets indicated the type and amount of food they had eaten, and any fluids taken during the day where necessary.

Routine checks were made every three months, or more regularly if required, to monitor people's weight and body mass. In one supported tenancy we visited the people who used the service did not like to be weighed. This had been discussed with them and their decision was respected, noted in their care plans and reflected in their Health action plans. Where people had been assessed as having a risk associated with eating and drinking, such as choking, people had received specialist assessment, and advice was followed. We spoke with one relative who told us, "They really have my relative's welfare at heart. He wasn't too well last year and he lost a lot of weight but they've been giving him special food and drinks to build him up and he is looking really well now. He has put some weight back on."

People told us that they were supported to have a healthy diet and lifestyle. A number of people we spoke to told us that they were helped to attend weight watchers club, and one person told us how they had been helped to reduce weight. They told us, "I am supported with my diet, and staff have helped me to enrol in a gym and go swimming. They have encouraged me and I'm doing really well. The staff are approachable, understanding, and go the extra mile to make people happy and feel good about themselves".

We saw attention was paid where necessary to monitoring skin integrity, with body maps in place for the

application of creams, and district nurse visits where risk had been identified.

Each person who used the service had a health action plan which was reviewed on a three monthly basis. These plans were thorough and detailed, with actions noted. They identified that people had access to external healthcare professionals, such as hospital consultants, specialist nurses, physiotherapists and GPs, who contributed to care plans. We saw evidence of annual health checks with GPs, and in one file evidence of involvement of community psychiatry, psychologist and speech and language therapists. In another we saw good liaison with the epilepsy nurse who was closely involved in monitoring the level of seizures a person was having.

Good

Is the service caring?

Our findings

People told us that carers are kind and compassionate. They said that staff are respectful and polite, and observe their rights and dignity. One person who used the service said, "I'm really happy with my staff. I trust them very much. The manager is great. She looks after other houses as well as ours but she's great", and another told us, "I love it at my home. Staff are lovely and really helpful. If I have a problem I can talk and they listen. Sometimes I will go to another house to talk to staff. They provide a lot of support, such as prompting me to take my medicines, budgeting, and taking me to new places, but don't interfere, just enough for me to know they will be there for me". We saw that the culture of the service was person centred; one personal assistant told us, "It's their home at the end of the day. It might be my place of work but it is their home. [The people who use the service] come before everything else".

We visited eleven supported tenancies and saw that staff appeared to know people well and had good insight into their support needs, along with knowledge of their social history. Some staff had worked with people for many years, including staff who had worked with people who used the service when they lived in long stay institutions. In the main, staff teams were consistent, which meant that people were supported by staff who knew them well. One relative we spoke to, however, commented that their relative lived in a supported tenancy where there had been a number of unfamiliar staff supporting them, possibly due to sickness, and that this meant they did not know the people as well as they knew the regular staff. However, they told us that all the staff were caring and supportive.

Some of the people who used the service presented with difficult behaviours but the staff understood that this was a part of who they were, and remained patient. A relative commented, "I don't know how they (the staff) manage sometimes because my relative will give you a thump on the back and he can hurt. He doesn't mean it but I wouldn't like it all the time. They never lose their patience with him and they do all kinds of things with him." This was reflected across the service. One personal assistant, referring to a person with complex patterns of behaviour, told us, "She is complex but we love her". We saw that the care records reflected behaviours this person presented had become less challenging, and staff told us that this had been achieved through consistent support understanding and empathy.

In each of the tenancies we visited, there was an open, relaxed and friendly atmosphere. Conversation between people and staff was respectful, and demonstrated a good understanding of the needs and interests of the people who used the service. We saw that that people were encouraged to remain as independent as possible, and staff supported people to manage tasks within their capabilities. The people who used the service enjoyed the responsibility this afforded. Staff were able to give examples of how they have supported independence and learning new skills.

When we observed interactions between staff and people who used the service we saw that staff were kind and patient. We saw that staff would ask for consent before carrying out interventions such as support with personal care, and people told us that staff always offered choices and asked before they did anything. We saw staff spoke to people in a quiet manner, making eye contact and touch as appropriate. We witnessed a conversation between a team manager and a person who had difficulty with speech. The manager was

patient and listened attentively. Once the person had finished speaking the manager repeated what had been said to check that they had understood what they were being told before continuing the conversation, ensuring that they fully understood what was being said. In two of the supported tenancies we visited we saw evidence of supporting communication through use of pictorial aids, such as photos of food in the kitchen to help people with limited verbal communication to help decide what meals they might want to eat.

People had a full stake in the delivery of their care, including recruiting their own care staff, and were able to influence how their care needs were met. Care plans were person centred, decisions were made with people rather than about them, and all reviews took place with the person who used the service. We visited one supported tenancy where each person had been encouraged to complete a wall chart entitled, "2017 will be a great year for me because..." by writing down personal goals for the year. We saw that plans had been implemented to achieve these goals.

The registered manager told us that the service was committed to recruiting staff whose values reflected the organisational aims, and provided ongoing training to promote dignity in care, and person centred planning. People's needs and wishes were respected. The service had a policy for supported holidays which stated that 'everyone should have seven days holiday each year'. We saw that holidays or trips out had been arranged for people either on their own or with their friends. These varied from trips abroad to short breaks or days out. We saw the minutes of a residents' forum in one supported tenancy where the people who used the service had agreed to go on a barging trip with support from staff. A service user told us how they were supported after their cat died, and helped her to bury the animal and arrange a short funeral. We also spoke to a person who had recently celebrated their one hundredth birthday. They proudly showed us pictures of the celebrations planned with staff and family members, and the telegram received from Buckingham Palace. They told us, "staff are very good with me, they take me out. It's better here".

We saw that staff had developed a good rapport and understanding of the people who used the service and treated them and their belongings with respect. Staff were mindful of peoples' right to privacy. One staff member talked about the positive benefits of allowing a person space and time to themselves. Another staff member rightly challenged us when we rang up the house asking questions as they were unsure who we were.

People who shared the same accommodation were well matched in terms of age, interests, and other factors, and consideration was given to their compatibility. The service accommodated people with learning disabilities across a number of local authorities and clinical commissioning groups across the North West of England. We asked the registered manager how people were allocated to the different tenancies within the service. He told us that demand for accommodation for people with learning disabilities was high, and there was pressure on the service to introduce new people where vacancies existed. However, he explained that compatibility issues remained the focal point, and if the service could not guarantee to maintain the quality of care for all the people supported then they would not take on new people. The service placed a high degree of emphasis on compatibility with other service users before determining suitability to move in to one of the properties.

A discussion with a team manager showed the service was aware of how to access advocates for people, and where necessary they would advocate on behalf of people who used the service. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We saw that most records and documents were kept securely in locked cabinets in staff offices. This ensured that confidentiality of information was maintained. Access to electronic documents relating to people who used the service was secured by an internal firewall and password protected. However, in one supported tenancy completed behaviour charts were displayed on the wall in the communal kitchen where they could be seen by anyone entering the home. When we pointed his out to the manager, they agreed to remove it to the staff room.

There was recognition that people who used the service were aging and we saw that plans for end of life care had been considered. All people who used the service had a plan entitled "When I die" which documented their wishes at the end of life, including funeral plans, any advanced decisions, and details about how they would like to be treated after they died, such as items placed in and on their coffin.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us that the service was responsive and met their needs. A relative told us "They look after my relative really well. They are tremendous and he is totally safe with them. He can be unpredictable at times but the staff know how to calm him down".

We looked at fourteen care records. These contained information about each person which was comprehensive and contained sufficient detail to guide staff on the care and support to be provided, including their likes and dislikes. When we spoke with care staff they were aware of people's preferences as recorded in care plans. Information was held in a format to aid people with limited literacy skills including pictures or photographs. There was evidence that people who used the service were involved in planning their care and they confirmed this when we spoke with them. Person centred care plans provided detailed instruction to support the person, identifying strengths and needs, including culture, interests, aspirations, and education or work ambitions. We saw that assessments were carried out with the individual concerned, and their families if the person agreed. Plans were checked by the manager on a monthly basis, reviewed every three months and a full person centred review conducted on a six monthly basis or if there was a change in need, and the person was always invited to their review. Relatives told us that they were also invited but a number chose not to attend. One relative said to us, "We trust them to look after our relative, and we are getting too old now to go to meetings".

People told us how they were encouraged by staff to take ownership of their care plans. We spoke to one person who had been involved in drawing up their own care plan. They informed us that they wanted to become less reliant on staff, and explained how the staff had encouraged them to reach their goals, for instance assisting with road safety, route planning and using public transport to visit their relatives independently. They said, "I am very happy with the support, especially around making choices. Yes, I am very happy here. I go to my activity classes on my own and I can now get to my mums on my own, they've helped me to be more independent and make my own choices".

In one supported tenancy we saw how the people who used the service had devised their own care folders so that these represented who they were and gave them a sense of ownership and identity. However, some of the care files we looked at contained lots of information so there was a risk that information could be lost. For example, we noticed one person had a crash mat in place by their bed. This information was contained in the local authority moving and handling assessment, but was not incorporated into the persons waking night support plan, or a specific plan on mobility or nighttime routine. The service had established a suite of care plans, not all of which were relevant to the needs of each individual, for example, a care plan addressing mental health needs was not relevant to all people who used the service, but we were told that incorporating them into care files reduced the risk of staff becoming complacent about presenting needs.

Care plans were person centred, and provided a well-documented personal history, and included a section, 'How I choose my support staff'. Plans contained a 'relationship circle' which detailed the personal and professional relationships for the person showing those people closest to them. Relatives we spoke with told us that people were supported to maintain relationships, and they were made to feel welcomed when

they visited. One person told us, "My relative is very happy. The staff are lovely with me as well. They take my relative out for a meal sometimes and they have fetched me so that I can go with him." Another relative told us how Future directions had helped to maintain relationships with their relative, saying, "My relative can't walk anymore and we can't get to visit him unless somebody takes us so the staff bring him here to see us. They are really careful moving him from the car to the wheelchair so that he is safe."

Future Directions had a well developed understanding of equality and diversity issues and respected individuals values and beliefs. Support plans reflected cultural and spiritual beliefs. For example we saw that one person practised an uncommon religion. We reviewed the care plans for this person which showed staff how to support the person to maintain and practice their beliefs. These included the tenets of the religious doctrine, including what activities were allowed or not, and information on which food and drinks were permissible. We also saw a support plan to support the person to attend church services. A care plan for the person's morning routine also reflected his religious beliefs.

We saw that one of the Network managers recognised that people supported by Future Directions can struggle to manage their faith as they are not always welcome in church. Consequently they have established a partnership with a local church, and have arranged inclusive services for the local community and people supported by the service over the past two Christmases. There are ongoing discussions with the church to hold further inclusive services throughout the year.

People told us that the service responded to their needs in a proactive and positive fashion, by listening to them and assisting them to consider how best to meet their needs one person told us, "They listen, support and advise, but it is down to me what happens. They are there to encourage me. I was getting twelve hours a day for my care, now it's just seven. I am looking to move on to get my own place". The service aimed to assist people to be less dependent on service provision, and worked to reduce dependence. A number of people who used the service had presented with behaviours which were challenging, but we saw that these behaviours had reduced in levels and frequency as staff had got to know, interpret and understand the behaviours. Case notes included observation and behaviour charts which allowed staff to understand and interpret the person's responses, either positive or negative, to new experiences. Through consistent support and careful vigilance, incidents of challenging behaviour had reduced. One personal assistant told us, "Challenging behaviour has been our biggest challenge, personal care could be a problem but it is less so now. We used to need mask and gloves when we were giving a shower, but constant reassurance and explanations has minimised the disruption and now we don't need protective equipment."

We saw staff were highly motivated to seek positive opportunities to enrich the lives of the people they support. For example, when a person who used the service informed the staff that he felt he was in prison because of the high level of supervision and control staff had over his life, they set about looking at how to make the person's life more meaningful. Over the past two years they have helped to reduce the person's level of dependence from a very high level of support where he was receiving constant supervision of two staff to being able to go out alone in the local community. We saw that he has built a strong community presence in his local area where he has begun to carry out voluntary work supporting the local community, and advocate for other vulnerable people.

In another supported tenancy we discussed challenging behaviour with a personal assistant and team manager. They told us how they reviewed the whole person and looked at all aspects of care provision and by linking needs, exploring sensitive issues such as sexuality, and inviting the person to contribute to meeting their need the incidence of challenging behaviour had reduced. Over the past two years the person's dependence on care staff had reduced, to the extent where the person had secured part time occupation lecturing at local colleges about learning disability, drawing on their own experiences..

A number of the people who used the service had volunteered to join the SPICE Group. Made up exclusively of people who use the service, this group delivered training to staff, people supported by Future Directions, and external organisations such as universities and the police. In addition they also completed quality audits in different supported tenancies, making recommendations to improve the quality of the service.

All the people we spoke with were able to describe how they were encouraged and supported to maintain their hobbies and interests, and we found evidence that people were supported to access activities in the community on a regular basis, take part in leisure activities and in some cases volunteering opportunities. When we visited one supported tenancy we saw a person was being supported to make cakes. They told us that they, "Loved baking and shopping. The staff take me shopping every week, and we like to try out new places". A number of the people who lived in supported tenancies had clubbed together to hire lease cars which allowed greater access into the community. We spoke with one person who had bought a season ticket for their favourite football team and attended each home game.

We looked at how the service managed complaints. We saw that the service had a complaints policy and provided all the people who used the service with an easy read complaints leaflet. When we asked, people who used the service told us that they were aware of how to complain if they needed to.

The assistant director of operations told us that complaints were generally raised locally and verbally with the team or network manager. When this occurred the person handling the complaint would offer to meet with the complainant to see if the complaint could be dealt with quickly and informally. We were informed that most issues were resolved in this way; managers kept an open door policy and presence within the supported tenancies, and were familiar to staff, people who used the service and other stakeholders. If the complaint could not be resolved this was raised to a higher level, and allocated to a senior member of staff to investigate. These would be monitored on a weekly basis and records kept of actions taken. We were informed that there had been ten investigations in the past three months, covering issues such as staff attitude, inappropriate behaviour, or control of finances. Where these had been sustained, appropriate and proportionate action was identified. The assistant director of operations told us that they viewed complaints as a learning opportunity and action was taken from complaints to identify areas for improvement. Similarly, incident reports were logged and filed centrally. Detailed weekly analysis explored occurrences and trends and were used to inform and improve service delivery.

The service encouraged feedback form people who used the service, their relatives and other stakeholders. All people involved in the service were consulted before the latest annual plan was published and asked for their views. Annual surveys were conducted with people who used the service and care plans included details on how families wished to be contacted about the care and support their relative was receiving, including the method of contact and the level of information they required. The service held a 'Family Forum' for relatives to give an opportunity to share information and allow relatives to air their opinions on all aspects of the service. These meeting had been held on a three monthly basis but at the most recent forum earlier in the month the attendees agreed to reduce the frequency to every six months. The service also produced a two monthly newsletter sent to all stakeholders, family members and staff, as well as placing a copy on the service website.

Outstanding ☆

Is the service well-led?

Our findings

Everyone we spoke with was positive about Future Directions and the quality of care and support it delivered. A person who used the service told us emphatically, "It's a great company. I've seen a lot of houses and staff always treat people well. You would never get as good a service as with Future Directions."

When we spoke to relatives they told us, "I am completely content with this service. I think it is really good", and, "I am extremely happy with the support my relative gets. I don't ever want him to be moved anywhere else. It's a weight off my mind knowing that he is well looked after."
The service was headed by a Managing Director, who provided a visible presence across the service. Day to day management of the service was conducted by the Director of Operations and Assistant Director of Operations. The management team practiced high visible leadership, for example, the managing director and other senior managers including board directors visited people in supported tenancies on a rolling weekly basis. This provided an opportunity for the people who used the service to maintain familiarity with the senior management team and allowed them to observe at first hand the quality of service delivery.

In addition to the operational directors there were a number of non-operational management staff including a Finance Director, Training Manager, Human Resource Manager and quality compliance lead officer.
There was a very high degree of competency at all levels within Future Directions from support staff to Board level. The registered nurses employed by the organisation were either Learning disability or mental health trained and received regular clinical supervision. The senior management team identified that the nurses used bespoke clinical skills to meet the health needs so they bought in training by a NHS trust to ensure skills were updated to meet need. A network manager who was the organisation's specialist epilepsy nurse attended an epilepsy nurse forum, to ensure the service remained up to date with current practice.

Supported tenancies were spread across seven networks covering a broad area across the North West of England. Each network had a manager and assistant manager, all of whom had a background in learning disability, and were used to working with people presenting a high level of need. Within the networks team managers would cover three or four supported tenancies with support from assistant managers. Personal assistants would be attached to each supported tenancy to provide consistent support to the people who used the service. Despite the size and geographical spread of the service we found a consistent adherence and support for the values of the service, and the structure allowed not only for regular oversight and supervision of supported tenancies but also flexibility of response to need. We spoke to a network manager who explained that they were able to adapt their workload to respond to the service in greatest need. They told us, "If someone is struggling, I can book a day in for support, and help out as necessary". This also meant that the people who used the service were familiar with their network managers, and comfortable approaching them if they needed. One relative told us, "I've not had much to do with the management at all, but [our relative] speaks about the manager quite a bit and says they are really good".

Discussions with the registered manager and staff showed they had an excellent understanding of the values, the aims and the objectives of the service. The registered manager told us that he wanted to make

sure that people who use services had as much control and choice about the services they received as possible. Person centred approaches - based on what was important to people - coupled with high quality support, helped the people who used the service to achieve their desired outcomes.

We reviewed the service's 2016 annual survey which showed that every person supported by Future Directions was happy with the care and support they received, and feedback directly from families showed that 100% of respondents believed their relative was receiving good care and support. Staff were positive about the service, highly motivated and believed Future Directions was well led.

We spoke to the Managing Director, who was passionate about the service. She told us that the service was developed with the people it supports and their relatives, who were consulted through a series of events and open days, and were instrumental in deciding what kind of a service they wanted, helping to shape the core values of the company. She told us, "We developed the 'Future Directions Way' to make the values real. The core values are at the heart of everything we do. I am proud of how we have taken the best knowledge and skills and built a value based service. It is not just about lovely signs and words, we live it out and make it real".
The service had five core values: put people first; be transparent; go the extra mile; be creative and be adaptable.

Staff were able to explain what these values meant and give examples of how they helped the service to live up to them. For example one personal assistant told us "I think about how it would be if I had a person with learning disability in my family. I would want the best, so I try to see how I can give the best. I think, 'How can we work to deliver that service'? We get why they are hard work, so we have to work with it".

It was clear that people within the service were at the heart of all aspects of the service, and their views were consistently sought and taken into account when planning and reviewing service delivery. When we looked at policies and procedures we saw that they were developed in line with the core value of putting people first and reflected the needs of the people who used the service. We saw, for example, a procedure had been implemented for reviewing all documents, which asked the question, "Are people involved in the development identified"? We were told that all new or revised documents and policies were discussed with people who used the service and they would ratify any decisions made about 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, we saw support plans were audited and spot checks were undertaken in supported tenancies to ensure people who used the service were happy with their care provision and also to monitor staff performance. We looked at a full audit check completed by a network manager in one of the supported tenancies the week prior to our inspection. Identified issues were addressed and actions noted.

The service recognised the expertise people who use the service could bring to help drive up the quality of care. They had developed a 'getting it right' team of experts by experience, who conducted audits and reviews of care and support in the supported tenancies. People on the team carried out unannounced inspections of supported tenancies and produced reports with recommendations which were acted upon. Ratings of good, OK, or not good were given on a variety of observations, such as activities, relationships between staff and people who used the service and household tasks. We looked at two reports completed by the 'getting it right team' and saw that in both they had identified issues for attention. We spoke to a person who is a part of the 'getting it right team' who told us that they make recommendations based on their findings, and return to the property to check that their recommendations have been actioned. They explained the purpose of the team: "We do visits to see how are people treated: are they treated with

respect? We have found some problems. We do a report for panel and recommend improvements which are carried out, so we go back to check".

Staff were not employed without consultation with people who used the service, and the service had developed innovative ways to ensure that their involvement in the recruitment process was not merely tokenistic. For example, methods included casual observation; observation of body language and communication techniques, and informal meetings over a cup of coffee. Assessment in the supported tenancies to allow people with limited mobility an opportunity to observe potential personal assistants, or setting up round robin interviews where people who used the service would have an opportunity to ask a series of questions on a specific subject to potential new starters.

Any work undertaken by people who used the service was recognised as valuable employment, and they were paid a competitive wage for their work. This included reviews and audits, presenting training and interviewing staff.

The service also supported people to use their expertise outside the agency. We spoke to two people who used the service who have been supported to act as lecturers on the Health and Social Care degree at a local university. Other people who use the service have volunteered to be 'I care ambassadors', promoting careers in social care to various community groups, at events such as job fairs and in local colleges and higher education institutes.

The service had developed extremely efficient systems of communication to ensure that all relevant people were kept informed of events which affected the service. Each supported tenancy held regular residents meetings, and staff meetings were held ten times each year. In order to maintain contact with relatives and other stakeholders, a relative's forum met every six months and a bi-monthly newsletter was produced to update stakeholders of upcoming events and issues affecting the service. Each week the operational directors and senior staff would meet to monitor any incidents, safeguarding concerns or complaints and check progress. This also included analysis for trends or emerging patterns.

Staff felt respected and valued in their role, They were rewarded at an annual event, which allowed the management team to acknowledge their work and commitment. People who used the service were encouraged to nominate staff and teams in categories such as adaptability, putting people first; going the extra mile and creativity. There were also awards for 'newcomer of the year' most outstanding team and most outstanding manager. Presentations were made and awards presented to staff who had helped achieve positive outcomes for people who used the service. This event allowed the management team to acknowledge the work and commitment from the staff. The Managing Director told us, "I have never worked with such a great group of people who want to make a difference".

We saw the service had a range of policies and procedures, with a timetable to ensure timely reviews of all policies. We looked at a number of policies, including safeguarding, mental capacity and deprivation of liberty, end of life policy 'friendship and support' procedures, and some policies relating to clinical needs, such as epilepsy policy and dysphagia/Peg Feeding. We saw these policies were in line with current best practice guidance and current legislation.

The service worked to establish a positive community presence for the people who use the service, and we were shown examples of how the service has worked with local communities to support people. These have involved fund raising events for other charities such as MacMillan afternoon teas, and people who use the service have been encouraged to volunteer, for example, gardening in local park, helping to provided lunches in a local Salvation Army kitchen and helping out in local Age Concern day centre. The service has

established good links with other providers, for example, working with the East Greater Manchester Learning Disability Forum, and other local authority provider forums. In addition the service works with a number of local authority contract and commissioning teams and produces regular reports to meet their requirements and contractual obligations.

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.

The service worked in partnerships with Skills for Care and other external training providers including Disability Health Alliance (DHA) , Voluntary Organisation disability group (VODG), Positive Response Training (PRT). The training manager is a member of the Oldham Training Partnership and a small group of training providers in Stockport. We were told that Future Directions has signed up to receive alerts and guidance from national agencies, such as Learning Disability England, BILD, The National Institute for Clinical Excellence (NICE) and the Health and Safety Executive. This has assisted the service to ensure that their policies and procedures remain in line with current guidance and legislation. Relevant issues would be raised at board level, for example, recent research into people with learning disabilities identified a higher than average risk of choking. This information was fed to the board, and action identified to assess behaviours at mealtimes, with referrals to speech and language therapists if necessary.

The Service remains committed to providing a high quality of care for both the people it supports and the staff, and has received a number of accolades. We were shown a number of trophies presented to future directions in recognition of their achievements, these included an award from Skills for Care as the best employed of over 250 staff in 2015/2016, and was also a finalist in Skills for Care 'most effective approach to leadership and management'. The Spice group won 'Making a Difference' award for people with learning disability and autism, and won the 2016 'driving up quality' award for openness and transparency. We were told that Future Directions had recently won a further community research award for a research project relating to the practice of Personal behaviour support. Further recognition has been received from the North West Finance awards for business management, and a number of staff have been recognised for their work with people with learning disabilities in the National Learning Disability and Autism awards.

We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.