

# Future Directions CIC

# Grange Ave

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 4 and 5 July 2016 and the first day was unannounced. This was the first inspection of this service since its registration with the Care Quality Commission in October 2015. The service is registered as a care home providing nursing care for up to five people with a learning disability and /or associated mental health need and who may have previously lived in a secured hospital environment. Each person has their own self-contained flat and receives one to one support depending on their assessed level of need. At the time of our inspection there were two people living at the home. A third person was in the process of transitioning from their current place of abode to the service.

Grange Avenue consists of five self-contained and individualised one bedroom apartments, each containing a fitted kitchen, lounge and bathroom. The flats are fitted with door sensors though these are only activated if required and lockable storage cabinets for medicines and cleaning materials. There is a small garden area and onsite backing at the back of the premises.

At the time of this inspection, there was a registered manager in post. 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.

People told us they felt safe living at this service. We observed that people were settled and comfortable with the staff and in their environment. There was a system for reporting incidents and accidents, including safeguarding, that occurred at the service. We saw these were recorded and actioned in a timely manner. This meant the service had taken appropriate measures to ensure that people were kept safe and that they felt safe and their wellbeing managed appropriately.

Staffing levels were planned according to people's dependency levels and activities such that people received support when required. This meant that people were not put at risk due to inadequate staffing levels. Recruitment processes in place were robust and we saw that the same processes were used to recruit agency and bank staff. This should help to ensure that the right people were hired to work with vulnerable adults. Staff were well aware of what safeguarding meant and could describe the types of abuse. They also knew what to do in the event they suspected abuse was taking place. This meant staff knew how to respond to potential risks which could affect people's safety and wellbeing. People's care plans contained relevant risk assessments which should help staff protect people from risks identified and support them safely.

We saw that people's medicines were managed safely at the service and that there were up to date policies and procedures in place. We saw medication profiles which were person centred and detailed. This meant that the service had put measures in place to ensure that people received their medicines in a safe manner. People at Grange Avenue had personal evacuation plans in place. This would help to ensure their safe evacuation from the premises in the event of an emergency. The care home was well maintained and kept

clean. Maintenance and health and safety records indicated that the appropriate checks had been done. These checks should help to ensure that the environment in which the service was provided was safe and fit for purpose.

Staff had a good induction and mandatory training and were able access additional training as required. This should help to ensure that staff were competent to undertake their roles. From records we saw that staff had regular supervisions and those who had been with the provider for more than a year had had an annual appraisal. These systems would help to ensure that staff received adequate professional development to help them provide effective care and support to people.

In the main, we found that the service was working within the principles of the Mental Capacity Act 2005 (MCA) and that management and staff had good knowledge and understanding about the impact of this legislation on people's consent to care. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We noted however that people had not signed their consent to care in their care plans. We raised this with the registered manager who said they would address immediately.

People were supported to plan and prepare their own meals. This demonstrated the service's commitment to encouraging healthy nutrition and supporting people's independence and choice. From care records, we saw that people were supported to access health care professionals such as GPs and dentists and attend hospital appointments. This meant the service took a proactive approach in ensuring that people's healthcare needs were met as and when required.

During our inspection, we observed positive and caring relationships and interactions between people living at Grange Avenue and the staff. We saw that people were able to chat easily and engage in good-natured banter with the staff. One person was very complimentary of registered manager and support staff. They told us, "[Registered Manager's name] is very caring and very kind" and "[Support worker's name] is a good bloke to work with; he's fantastic, makes people feel welcome and he's really good at his job."

One of the healthcare professionals we spoke with who has involvement with a person living at Grange Avenue said, "The service user I work with has developed positive relationships with (their) new staff team and with (staff's) support is making good progress and has been able to work through some difficult periods within the transition to supported living."

We observed good interactions between people and their support staff. Staff had good knowledge of the people they supported and equally people knew their support staff well. This meant people were supported by staff who knew their characteristics and individual requirements.

People were encouraged to develop and maintain their independence for example in the preparation of their meals and planning daily activities. This should help to ensure that people maintained a good quality of life and wellbeing.

People's privacy, dignity and confidentiality were respected by staff. We saw that staff sought people's permission and consent regarding medication administration and before they entered their flats. Staff also

told us they took care when discussing people's specific care needs. This meant that staff understood the importance of respecting people's dignity, privacy and confidentiality.

The service was responsive and used person centred planning to tailor its service provision to meet the person's specific needs. People's support plans contained personal profiles, personal history, preferences and personal aspirations, and there were health action plans in place. The service operated a key worker system in place which meant that each person had a member of staff who was responsible for talking to them about their care needs and wishes including social needs, dietary preferences and medication. This meant staff had clear and specific guidance on how best to support that person.

There was a good system of recording and monitoring complaints. We saw that complaints were well managed and that people were encouraged to raise concerns and complaints formally or informally. The service had only received one complaint.

The registered manager was well respected amongst people and staff at Grange Avenue, and health care professionals involved with the service. Our observations during inspection were that the culture was open and supportive. Managers and team leaders were supportive and staff told us they could approach them with suggestions or concerns. Management and staff at Grange Avenue told us they benefited from being a part of a larger network of services operated by the provider. This meant staff could benefit from internal support and networking systems which enhanced their care practice. There were good staff support systems in place such as team meetings and operational policies and procedures. This helped to ensure that there were appropriate resources for staff to do their job effectively and thus create better outcomes for people at Grange Avenue.

The provider had established systems in place which helped to get the people they supported into meaningful jobs in the community. This demonstrated the provider's commitment to help improve the lives and wellbeing of the people they served.

There was a robust system of quality assurance in place which helped the provider and management at Grange Avenue to have full oversight of their operations. This meant that the service was being managed effectively to help ensure the lives of people living there were not adversely affected. The provider participated in a quality improvement scheme called "Driving Up Quality" code which is a voluntary code of conduct that should help to improve the quality of services for people with learning disabilities; the provider also developed service user groups to help monitor the quality of its service provision. These measures should help to improve people's quality of life and well-being while accessing the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe at the service and that staff helped to keep them safe. Staff understood their responsibilities in keeping people safe and protecting them from harm.

Risk assessments for people using the service were in place and provided clear direction to support workers to manage identified risks and meet people's individual needs.

People's medicines were stored and administered safely and in accordance with the provider's procedures and protocols.

### Is the service effective?

Good ●

The service was effective.

People told us staff were capable and supported them in the way they wished. Staff had the right skills and knowledge to support people according to their individual needs.

There was a good induction process in place and all staff had received mandatory and additional role-specific training. Staff benefitted from regular supervisions and appraisals.

Staff and management had a good understanding of MCA and DoLS and the impact that this legislation had on people's lives. However, we noted in people's care records no documentation regarding their consent to care. We received verbal assurances from the manager that this would be addressed.

### Is the service caring?

Good ●

The service was caring.

People told us that support workers and the managers were kind and caring towards them. Staff were seen to be polite and respectful towards people when offering assistance.

Staff and management knew the people they supported and were able to talk confidently about people's preferences,

interests and hobbies.

People were involved in shaping the support they received; also, they were encouraged to be independent and to make their own decisions for example in the activities they undertook, meal planning and shopping.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People's care and support plans contained detailed and person-centred information which helped support workers understand individuals' needs and deliver safe and effective.

We saw that people had choice in deciding what activities they wanted to participate in and they were supported to attend these.

The provider ensured that people living at Grange Avenue were listened to and able to give their feedback on the service they received.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager was well respected by people living at the service and staff members.

The provider used good systems for audit and quality assurance to ensure safe and appropriate support to people and to plan services so that people's care and support was provided in line with current best practice. The provider had also signed up to the 'Driving Up Quality' code, a code designed for services that provide support to people with learning disabilities.

There were good staff support systems in place such as operational policies and procedures and monthly team meetings. Staff told us they felt appreciated and supported by their managers.

# Grange Ave

## **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 4 and 5 July 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (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. We reviewed the information in the PIR, along with other information that we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We contacted various agencies such as the local authority and Manchester Healthwatch to find out what information they held about the service. Manchester Healthwatch told us they held no information about this service at this time. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. We also contacted key professionals such as clinical nurse specialists and social workers that have involvement with the people living at Grange Avenue.

At inspection, we spoke with one person using the service, the registered manager, the service manager, a learning disability nurse and two support staff. We observed the way people were supported and looked at a range of records relating to the service. These included two people's care files, their daily record notes, five staff recruitment and training files, medication administration records (MAR), maintenance records, accidents and incidents, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

We saw that people were settled and comfortable in their environment at Grange Avenue and also with all staff. One person told us, "Yes, I feel safe here. It's a nice layout and it's a nice quiet neighbourhood."

In the main, incidents and accidents, including safeguarding, that occurred at Grange Avenue were recorded and actioned appropriately. However, we saw one incident which we were unable to determine what the final outcome had been and we raised this with the registered manager. They told us they would ensure the outcome was recorded properly. We were satisfied that the service had effective systems to help ensure people's safety and wellbeing were being managed well.

During our inspection we saw that there were sufficient numbers of staff deployed for the number of people currently supported. This included registered nurses as well as support workers. We observed that people were supported when required. For example, we saw that one person was supported by a staff member to attend a hospital appointment but that there were adequate staff available to support the other person. The person we spoke with told us that staff were always there to help them if needed but also "gave me my own space." This meant that staffing levels were appropriate to people's needs and dependency levels and that Grange Avenue was able to manage its current service provision.

Through discussion with staff and the examination of records, we confirmed that the recruitment and selection procedures in place met current regulatory requirements. We looked at five staff personnel records. In all five files, we found that there were application forms and records of the interview, proof of identity including photographic identification, references and disclosure and barring service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people who use care and support services. We were told that registration checks for nursing staff were done centrally at the provider's head office. We saw evidence that the provider had done the appropriate checks with the Nursing and Midwifery Council (NMC) to ensure all nurses employed at Grange Avenue were authorised to work as a registered nurse.

The registered manager said the provider, Future Directions CIC, had a "very inclusive recruitment process which definitely works" and helped them to make sure a potential candidate would fit into the organisation. They told us people using the service were involved in the recruitment process and were trained to interview prospective support staff. This was confirmed by one of the people we spoke with, the support workers and records we viewed. We were satisfied that there were robust recruitment processes in place which should help to ensure appropriate staff members were employed.

We asked if the service used agency or bank staff. The registered manager told us they used two specific agencies and the same recruitment and training processes. We checked one agency staff's records and this was confirmed.

From training records we looked at, we saw that staff were all trained in the principles of safeguarding. Staff we spoke with were knowledgeable on safeguarding vulnerable adults and were able to describe the



different types of abuse and knew how to record and report suspected abuse. This meant people using the service were protected from unsafe care and treatment because staff used effective systems to monitor the safety of the people they supported.

In two care plans we looked at, we saw that appropriate and relevant risk assessments for each person were in place. For example, diet and nutrition, behaviour that environmental risks. We noted that these were quite detailed, up to date and included review dates. This meant that people were protected from anticipated risks because there were measures in place to help ensure staff knew how to support people safely and effectively.

We checked to see how the service managed medicines and we found that this was satisfactory. We saw that medication counts and Medication Administration Record (MAR) checks which were done weekly by the nurse in charge. This should help the service monitor that medication was administered safely. We were told the nurse in charge that the chemist they used would be delivering training in medicine administration to staff in July 2016. We saw there were appropriate medicines procedure and PRN (as required) protocols in place and these were up to date. These documents would provide guidance to staff who were responsible for medication administration. We observed that medicines were stored safely in lockable cabinets in people's flats and that keys to these cabinets were held by nursing staff only. With their permission, we observed medicines being administered to one person during our inspection. We noted that the nurse followed the correct procedure which was to verify of the medication with another colleague and to seek the person's consent prior to administering. We did note however that the nurse did not witness that the person had taken their first set of medicines. We raised this with the registered manager.

People's care plans contained a medication profile which was person centred and detailed; it included current medications being taken and how the person preferred to take their medicines, for example orally and what the person could administer for themselves. In one person's medical profile we saw that they had signed appropriate consent to receive medicines. This demonstrated to us that the service, where people had mental capacity, had received people's permission to administer medication to them.

We noted the service kept an up-to-date list of staff specimen signatures for MAR sheets. This should help the service ensure that only authorised staff were administering medication and assist in monitoring quality.

We reviewed the service's health and safety, building, and maintenance records. We saw that the service had done all appropriate checks in line with manufacturers' instructions and that these were all up to date. For example, testing of fire safety equipment and fire alarm systems, and emergency exits and lighting. We noted that the service had done one fire drill in May 2016. We saw the service held personal emergency evacuation plans (PEEPs) detailing the individual needs of people. PEEPs would help to ensure that in the event of an emergency, such as a fire, people would be safely removed from the premises. We were satisfied that the service did the appropriate checks which helped to ensure safe delivery of the service provision.

We observed that the service was clean and well maintained. The registered manager told us and we saw that staff were responsible for keeping communal areas clean; staff also supported people with their own cleaning duties. This was confirmed by the cleaning rotas seen. The service undertook infection control audits as part of the governance audit programme and the last audit was done in May 2016. This meant the service took necessary steps to help maintain a safe environment for people and staff working there.

## Is the service effective?

### Our findings

People using the service trusted staff to support them appropriately. One person we spoke with told us staff supporting them were competent and understood their needs. Staff told us they enjoyed the job they did and that they felt appreciated by people using the service as well as their colleagues and managers.

Staff we spoke with told us the induction and mandatory training offered was rigorous and robust. They explained to us this training was done before they were able to work with their residents. We were told and we saw from training records that newly recruited support workers were enrolled for the Care Certificate. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers. The Care Certificate is not mandatory, although services that choose not to use it must demonstrate that their induction of workers new to health and social care delivers similar outcomes. From training records we reviewed, we saw that staff had completed training in areas such as health and safety, safeguarding awareness, infection control, and moving and handling and mental capacity awareness. We also saw that all staff had completed service specific training such as autism awareness, breakaway and physical intervention techniques, supporting people with complex health needs and epilepsy awareness, and that regular training updates were provided. We felt this should help to ensure staff had the right competencies required to undertake their role and support people safely and effectively.

Staff also told us they could access additional training if they needed to and that they routinely received information about upcoming training. One of the support workers we spoke with said, "I am looking forward to moving to the next level, that is, getting the opportunity to do mental health nursing." The service manager told us they were passionate about training and tried to ensure their team was skilled-up and knowledgeable. We saw that they were leading by example in that they had done some of the training modules offered to support workers. This demonstrated that management and the provider recognised the importance of continuing education and development for staff and how this improved the quality and delivery of care for people.

Staff we spoke with were enthusiastic about their jobs and told us they were well supported by the organisation. We saw there were formal systems in place to provide support and professional development such as supervisions every three months and annual appraisals. These were monitored as part of the provider's corporate audit processes, which should help to ensure that all staff were given the opportunity to raise any concerns they may about their own development needs and about the service. Staff we spoke with confirmed they had regularly scheduled supervision meetings with their manager and annual appraisals of their performance, and we saw these were documented in staff training records as completed or upcoming.

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 so that they can receive care and treatment when this

is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We checked to see if Grange Avenue was working within the principles of the Mental Capacity Act 2005 (MCA).

From speaking with staff and management and looking at training records, we felt the service had good awareness and understanding of MCA and DoLS and the impact that this legislation had on people's lives. From people's care records, we saw the service had involvement with relevant mental health professionals and that, where required, best interest decision meetings were held to help ensure that the care and support people received was appropriate. We noted that people had not signed their care documents nor was there any clear record within the documentation that they had consented to or refused care. We brought this to the registered manager's attention and they told us they would ensure that people signed their support plans. We will check at our next inspection to see if the manager has updated this information.

In people's care files, we saw that DoLS applications had been made to the local authority and that the service had notified us appropriately of the ones that had been authorised. This meant the service was fulfilling their legal obligation to notify the CQC of notifiable incidents that occurred at the service.

We observed staff encouraging people to make healthy eating choices and supporting them in meal planning. Menu planners in people's care plans provided evidence of this. We noted however that people's right to choose and wishes were always respected. This meant that the service supported people to make better choices regarding their nutrition and diet yet recognised that people had a choice in this decision.

We saw from people's care records that they are supported to access their GP and other healthcare professionals, and attend hospital appointments. During our inspection we observed nursing staff arranging a person's visit to the local health clinic. We saw that the service was proactive in facilitating people's healthcare needs as and when they needed those interventions.

Grange Avenue is a new and purpose built care home, comprising five self-contained one- bedroom flats. We saw that people had personalised their flat to suit their own tastes. There was a garden at the back of the building which all residents could easily access. The registered manager told us this layout would help people living there to integrate into the community, and develop and maintain their independence. This meant the service had considered how the premises could improve people's quality of life and wellbeing.

## Is the service caring?

### Our findings

During our inspection, we observed positive and caring relationships and interactions between people living at Grange Avenue and the staff. We saw that people were able to chat easily and engage in good-natured banter with the staff. One person was very complimentary of the registered manager and support staff. They told us, "[Registered Manager's name] is very caring and very kind" and "[Support worker's name] is a good bloke to work with; he's fantastic, makes people feel welcome and he's really good at his job."

One of the healthcare professionals we spoke with who had involvement with a person living at Grange Avenue said, "The service user I work with has developed positive relationships with (their) new staff team and with (staff's) support is making good progress and has been able to work through some difficult periods within the transition to supported living."

Staff we spoke with demonstrated a good knowledge of the people they supported. They were able to talk about individuals with confidence, giving examples of people's personal histories, their preferences and interests; this meant that support workers and managers knew people well and were supporting them according to their individual needs.

People told us that they were actively involved in making decisions about the support they received at Grange Avenue. This was confirmed in the care plans we reviewed.

Support workers told us, and we saw from people's care records, and in conversation with them, they were encouraged to be independent. During our inspection we observed staff encouraging this, for example in the planning and preparation of their meals and other weekly activities. People told us they appreciated this encouragement as it helped them to become more independent. One of the nursing staff told us that the ethos at Grange Avenue was to encourage people to do as much as they could for themselves and to help them to integrate into the community. This meant that the service was proactive approach in people integrate into the local community which should improve their quality of life and wellbeing.

We observed that people's dignity, privacy and confidentiality were respected. For example, we heard staff asking people's permission and getting consent before they went into their flats or supported them with medication or preparing their meals. Where staff needed to discuss people's care needs we saw it was done discreetly when others were present. This demonstrated to us that staff had adequate understanding and practice of maintaining people's dignity and privacy.

## Is the service responsive?

### Our findings

From service records, we saw that the service was responsive, tailoring its provision around the needs of the individual. The registered manager spoke passionately about working with people and professionals, if applicable, to develop support that was specific to that individual. This was confirmed by nursing staff we spoke who described the process of developing person centred plans with the direct involvement of people and at their own pace. We saw the service used person centred planning approach (PCP). PCP is the process of helping a person plan all aspects of their life thus ensuring they remain central to the decision-making process. The registered manager and staff told us the service operated a key worker system; this meant that each person had a member of staff who was responsible for talking to them about their care needs and wishes including social needs, dietary preferences and medication.

We looked at the support plans for two people using the service. We could see these had been developed in line with PCP principles and were detailed, person-centred and responsive to people's current needs. We noted each person's care records contained a one page personal profile, personal history, family tree and relationship circle, what's important to me, likes, dislikes and interests, personal aspirations, and what affected their mood. It was clear to us what each person wanted and needed by reading their care plans and because they were written in such a person centred way. The service supported people with mental health needs who may present with behaviours that challenge. We saw people supported had detailed positive behavioural support plans (PBS) in place and restrictive practice plans, if required. In the PBS, we noted if particular behavioural presentations were identified, what strategies should be put in place to address them. These should help staff to understand people's behaviour and manage their behaviours in a safe and positive way. We noted that people's care records also included health support plans for areas such as oral care, exercise, eating and drinking, smoking and diabetes. We also saw the service kept appropriate health action plans in place to manage current/identified health conditions such as diabetes. This meant that staff had clear and specific information which ensured that staff knew how best to support that person.

People's care plans contained a "skills match" which outlined what qualities and skills staff should have to help ensure they are supported according to their needs. For example, "friend and trustworthy" and "supporting me to cook my favourite meals". This showed the service tried where possible to respond to people's specific support needs and match staff accordingly.

At the time of our inspection, the care plans for both people living at Grange Avenue had been reviewed and were up to date. We felt the service had a robust system of care planning which focussed on the person's whole life and reflected their needs, choices and preferences. We looked at daily records and found these to be comprehensive, giving details of people's daily routines, what occurred, any incidents or food and drink consumed. From these records, we could see that people were given choice and independence, for example, in food choices or activities undertaken. We saw that staff always apprised themselves of what had occurred the previous to supporting a person.

From people's care records, we saw that they had choice in deciding what activities they wanted to participate in. One person confirmed this and told us they would plan their weekly activities with support

from their key worker. During our inspection we observed staff making arrangements with people to pursue activities of their choice. This meant that the service demonstrated a responsive and person-centred approach that met people's needs and involved them in activities that meant a lot to them.

We asked one of the people living at Grange Avenue if they knew how to make a complaint if needed. They told us they knew the process and had already done so. They told us they felt their complaint had been taken seriously. We looked at the service's complaints log and we noted that one complaint had been received in the period April 2016 to the time of our inspection in July 2016. We saw that the registered manager had taken appropriate action and had provided initial verbal feedback to the complainant. This meant there were effective systems in place for reporting and responding to people's complaints and concerns.

The manager told us and we saw that the provider had clear systems and processes in place to help ensure that people who were moving from another service into Grange Avenue were transitioned smoothly. We saw documentary evidence of this in people's care records and we noted that appropriate professionals had been involved. We were told that there was an individual who was currently in transition and this involved them staying at Grange Avenue once a week. This was to make sure that the placement was suitable for the person's needs and also to get them used to living in that environment. We were able to confirm this when we reviewed the person's transitional care records.

We asked about residents' meetings being held and the registered manager told us these meetings would be held quarterly and that the first meeting took place in June 2016. From the minutes of this meeting we saw that people living at the service, including the person in transition, had been involved in establishing the ground rules for future meetings. We also saw discussions about people's support and residents' developing the garden at the back of the premises. This demonstrated that the service was actively providing a forum for people to share their views on life at Grange Avenue and help to identify any improvements to the support provided.

## Is the service well-led?

### Our findings

People spoke very highly of the registered manager and staff at Grange Avenue and had no concerns about the support they received. Grange Avenue had a registered manager who had been in post since October 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. One of the healthcare professionals we spoke with told us "although (Grange Avenue is) a relatively new service, my experiences have been of a well-led and knowledgeable staff team, who are always welcoming. The staff I have met always speak positively about the service users and are supportive and demonstrate person centred values."

From the provider's statement of purpose, we saw a clearly developed mission statement and a set of core values for the organisation. We saw these values were displayed prominently in Grange Avenue's hallway and we saw from staff team meetings that these were discussed. This should help to reinforce the provider's ethos and motivate and focus staff on their roles within the service and the sector.

The registered manager had the skills and experience required to manage the home. They told us they felt supported by the wider network of colleagues within the provider's services and they kept their skills and knowledge up to date by ongoing training and networking with other managers and colleagues within the organisation. Staff told us the registered manager was "very supportive" and we observed an open and supportive culture at the home. Several staff we spoke with told us they felt appreciated and that their manager listened to any concerns they may raise. This meant and we saw that staff were able to raise issues about service delivery or any other matter relating to how this affected people using the service.

We saw that the provider, Future Directions CIC, had a robust and comprehensive governance system in place which monitored and assessed the quality of its services. We saw that various audits were carried out to help ensure people's safety and welfare were maintained. Examples of these audits included care planning, medication, infection control, security arrangements and risk assessments. The registered manager told us they conducted these audits and that actions required were undertaken by the home's service manager. We saw that these findings were reviewed by the Board of Directors and senior management team. We looked at the minutes of monthly governance meetings from March 2016 to June 2016 which confirmed what the registered manager had told us. This meant the registered manager and the provider had good oversight of the quality of the service and were able to make improvements when needed.

The registered manager told us about the group called SPICE (Supporting People into Community Employment) which the provider developed to help to support people into meaningful employment and to maintain links in their community. We saw evidence that people were supported to share their direct experiences via bespoke training packages with university students, hospital staff and the police. We saw that some of the areas they delivered courses in were Mental Capacity, Life in Institutions Versus Life in the Community, Hate Crime, Advocacy and Introduction to Supporting People with Learning Disabilities.

The provider had a system of recording and reporting on incidents that took place across their services. This meant the service would be able to identify any trends or patterns about specific people and address these concerns. Also, we noted the registered manager at Grange Avenue submitted notifications of all significant events which had occurred at the service as required by CQC regulations.

Staff we spoke with told us they felt the provider had excellent staff support systems in place, which included operational policies and procedures and monthly team meetings. These helped to reinforce staff's knowledge and understanding of the provider's core values and key policies and procedures. We were told and we saw that the first staff meeting had been held in June 2016. From the minutes we saw that there had been discussions for example about lessons learnt, policies and procedures and training updates. This meant that staff had the right resources and motivation to develop and drive the improvement of services, thus creating better outcomes for people using the service.

The provider used a range of systems to monitor the quality of their service such as the "Driving Up Quality" code and service user groups. We saw they had signed up to the "Driving Up Quality" code in April 2015 which demonstrated their commitment to helping to improve the quality in services for people with learning disabilities and sharing best practice. This demonstrated their commitment to ensuring that people with a learning disability or other complex needs were listened to and that people were supported to have meaningful and fulfilled lives. We noted the provider facilitated the establishment of service user groups which checked the quality of services provided across the organisation. This helped to ensure that people using services' had the opportunity to provide feedback on the services they received and could also drive improvements within a specific service and the organisation as a whole.