Future Directions CIC

# Stanley Grange

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We last inspected this service on 16 March 2016, and found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to medicines management, consent and quality assurance. At this inspection 07 and 08 June 2017, we found that improvements had been made.

Stanley Grange is a small community for adults with learning disabilities and complex needs, nestled between Preston and Blackburn. There are 8 dwellings; houses, flats, bungalows and cottages (some shared, some single occupancy) with a community hall and gardens, set around a village green. The service is registered to provide accommodation and nursing care to no more than six service users. The service is also registered to provide personal care to people in a Supported Living setting. The Registered Provider must only accommodate a maximum of 36 people. On the day of inspection there were 32 people who used the service. Since 1 October 2015, the estate & buildings at Stanley Grange have been owned by Stanley Grange Community Association, a charity set up in 2014 by the families of people living there with the express intention of saving this thriving community from closure.

Future Directions CIC were appointed as the care provider for Stanley Grange 1 October 2015. Since the last inspection on 16 March 2017, Future Directions CIC, has developed a 6 bedded nurse led unit for people whose behaviour can be challenging, and who have moved out of long term institutions.

The service had 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. Each individual house on the Stanley Grange site had a team manager, who had oversight and responsibility for the running of the service in that home.

At our previous inspection on 16 March 2016 we asked the provider to take action to make improvements relating to the assessment of people's mental capacity. At the inspection, we found that improvements had been made. Care files were now found to contain decision specific mental capacity assessments.

At our previous inspection on 16 March 2016 we asked the provider to take action to make improvements relating to the management of medicines. At this inspection we found improvements had been made. We looked at how the service managed medicines. We found that the systems in place for the safe administration of medicines were now sufficient to ensure safe medicines management. Records we checked were completed, up to date and accurate. Staff completed medicine administration records (MARs) sheets. When handwritten, the MARs were found to be a copy of the information displayed on the medicines bottle or box, and this information was checked by two staff members to ensure the information was accurate. The recording of topical treatments, such as creams or ointments, was now consistent.

We found that the registered provider had developed personal emergency evacuation plans (PEEPs) for people using the service. The registered provider took action to keep the premises and equipment safe for

people to use. We found that the service's fire risk assessments were up to date, and reviewed periodically. We saw fire alarm tests took place weekly in line with the fire authority's national guidance. Staff had a good awareness of safeguarding principles and where to report any concerns. Following any safeguarding incidents, we found the registered manager met with staff to debrief and explore system improvement and lessons learnt.

We found that Stanley Grange had sufficient staffing levels to meet people's currently assessed needs. The service had systems in place to monitor and manage accidents and incidents, and maintain people's safety and welfare. This included records of accidents, any resulting injuries and the actions staff completed to manage them.

The service had a clear policy and procedure in place for the safe recruitment of staff to the service. The provider ensured staff received training to underpin their roles and responsibilities in protecting people from harm.

Meals were seen to be balanced, and people's cultural and dietary needs were catered for.

The registered manager had a training matrix which enabled them to keep a track of when staff were due to attend refresher training. Staff told us they had access to a good programme of training and we saw evidence within the staff training records that both mandatory and specialist training had been undertaken. People were supported to maintain their health and had access to health services as needed.

We found that there was a relaxed and pleasant atmosphere in the various parts of the service. Staff understood the importance of enabling people achieve their goals, follow their interests and be integrated into community life. Information held within people's care records showed that the people were asked for their views and these were taken into account.

People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and how to support people living at the service.

Discussions with staff at the service, and a group of the relatives showed that it was clear that the key principle of the service was that people using the service should be in control of their lives and they direct the service accordingly. The staff we spoke with were fully committed to supporting individuals to lead purposeful and fulfilling lives as independently as possible.

At our previous inspection on 16 March 2016 we asked the provider to take action to make improvements relating to the quality assurance systems. At this inspection, we found that improvements had been made. We found that a quality assurance policy was in place and that audits were undertaken and maintained. The audits were now more effective and their usage picked up areas for improvement or evidence of poor practice.

The ethos of the service was that it welcomed complaints and suggestions how to improve, and the managing director (MD) confirmed that she used these positively and hoped that the service learnt from them. The service had a positive ethos and an open culture. The provider and registered manager were visible, actively looking at ways to improve the service. There were effective quality assurance systems and audits in place; action was taken to address previous shortfalls, and improvements to service delivery had taken place.

## 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.

Staff were deployed effectively to ensure people received care in a timely manner and were only recruited and employed after appropriate checks were completed. People felt safe with staff, who took measures to assess risk to people and put plans in place to keep people safe.

Medication was stored appropriately and dispensed in a timely manner when people required it. Medication practices were regularly reviewed.

Infection control measures were now effectively used and maintained, ensuring that people's wellbeing was promoted.

### Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good

The service was caring.

Staff knew people well and what their preferred routines were.

Staff showed compassion towards people.

Staff treated people with dignity and respect.

## Is the service responsive?

Good

The service was responsive.

Care plans were individualised to meet people's needs.

There were varied activities to support people's social and wellbeing needs.

Complaints and concerns were responded to and thoroughly investigated in a timely manner.

## Is the service well-led?

Good

The service was well-led.

There were a wide range of systems in place for assessing and monitoring the quality of service provided. These were used to identify and address potential risks to the health, safety and welfare of those used the service.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service worked in partnership with other agencies, such as a variety of community professionals, who were involved in the care and treatment of the people at the service.

# Stanley Grange

**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.

We inspected the service on 07 and 08 June 2017.This inspection was unannounced. The inspection team comprised the lead adult social care inspector and an expert-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. The expert-by-experience who took part in this inspection had experience of caring for, and working with people living with learning disabilities.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. 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 received feedback from social work professionals, and we have include their feedback within this report. We spoke to trustees of the Stanley Grange Community Association. and their feedback has been incorporated into the body of this report, and is listed as feedback from relatives, as all seven trustees were relatives of someone living at Stanley Grange.

At the time of our inspection of this location, there were 32 people who used the service. We met some of them and spent time observing how the staff supported them and provided care. We were able to speak with 12 people who use the service and seven relatives of people who used the service on a regular basis. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We observed how staff interacted with people who used the service and viewed five people's care records. We also spoke with nine care workers, the managing director, the HR manager, the director of operations and assistant director of operations, the compliance lead and the registered manager.

We also looked at a wide range of records. These included; the personnel records of four staff members, a selection of policies and procedures, training records, medicines records and quality monitoring systems.

Good

# Is the service safe?

## Our findings

One person who lived at Stanley Grange told us, "I do feel really safe here, that's the most important to me." Another person said, "Yeah, I feel safe here. I like it here, this is a great place to live." People told us they felt safe because there were always staff around to help, provide support and "have a laugh with."

At our previous inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines management. recording keeping need improvement, and topical treatments needed to clearly written up and recorded. At this inspection we found improvements had been made. We looked at how the service managed medicines. We found that the systems in place for the safe administration of medicines were now sufficient to ensure safe medicines management. Records we checked were completed, up to date and accurate. Staff completed medicine administration records (MARs) sheets. When handwritten, the MARs were found to be a copy of the information displayed on the medicines bottle or box, and this information was checked by two staff members to ensure the information was accurate. For example, the recording of topical treatments, such as creams or ointments, was now consistent. Treatments were applied by care workers, and accurate records were maintained, and showed how, where and when these treatments should be applied.

A stock check of medicines was carried out daily. We viewed records of these checks to confirm they were carried out consistently. The checks included a record of the amount of medicines left in stock when a dose had been administered. For example, each person had a medicines profile in place, which had a photograph of the person and it contained comprehensive information of their medical conditions and details of their GP. These checks corresponded with the MARs we looked at to confirm stock levels of medicines. However, we found that the handwriting on one MAR chart (that had been completed a few days before our inspection and before the weekly audit) led to some confusion: what should have been the number eight, looked like the number two. This issue was looked into by the home manager and the compliance lead, and quickly resolved, and staff involved in the administration of medication were reminded of the need to ensure their handwriting was always legible and clear.

We found that the registered provider had developed personal emergency evacuation plans (PEEPs) for people using the service. The registered provider took action to keep the premises and equipment safe for people to use. We found that the service's fire risk assessments were up to date, and reviewed periodically. We saw fire alarm tests took place weekly in line with the fire authority's national guidance. There was a record of fire safety checks which we saw took place in line with the service's fire safety policy.

Staff had a good awareness of safeguarding principles and where to report any concerns. Following any safeguarding incidents, we found the registered manager met with staff to debrief and explore system improvement and lessons learnt. The service had systems in place to monitor and manage accidents and incidents, and maintain people's safety and welfare. This included records of accidents, any resulting injuries and the actions staff completed to manage them. The service also had systems in place which were used to report any accidents or incidents to external agencies such as the CQC or the Local Authority Safeguarding team. Details of how the staff could report concerns about colleagues and managers were

freely available, and the staff we spoke with knew that they could 'blow the whistle' on bad practice, and felt confident that they would be supported appropriately.

We found that Stanley Grange had sufficient staffing levels to meet people's assessed needs, which the registered manager informed us, will be reviewed with commissioners within the next 12 months. We looked at the rotas for the last four weeks we saw that staff numbers varied according to the activities or appointments people living there had that day. For example, information in people's care plans showed that each person had been previously assessed according to how many people they needed to support them to do various tasks such as get up, eat meals or going out to the shops. We spoke with the registered manager who said they amended staffing levels based on the needs of the people who used the service and what people were doing. For example if people were going out to various activities in the community or going shopping then staffing levels would be increased to accommodate this, within current funding arrangements.

We looked at five individual's care files, and they were found to hold personalised risk assessments that were used to remove or reduce the possibility of accidents and incidents taking place. Records covered risk areas such as behaviours, medicines, environmental and fire safety, nutrition, personal care, continence support and pressure area care. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely. The risk assessments were found to be detailed and tailored to each person's individual requirements.

The service had a clear policy and procedure in place for the safe recruitment of staff to the service. We found that new starters were required to complete an application form, and supply information about their past and present employment, qualifications and training, skills and abilities, referees, and declare if they had any convictions. Where applicants did not have a full employment history, any gaps or anomalies were discussed with individuals, and checks made to confirm any information supplied. Following an interview process, potential new staff undertook a criminal record checks obtained from the Disclosure and Barring Service (DBS). The registered provider had a system for seeking employment references. The provider ensured staff received training to underpin their roles and responsibilities in protecting people from harm.

We looked at records relating to environmental and equipment safety, and spoke to staff about how they and the service responded to emergencies or untoward events. There was a system in place for assessing, recording and responding environmental risks. This was primarily dealt with by the director of operations, registered manager and external maintenance team. However, the staff we spoke with understood the need to be vigilant, and report any new risks to the appropriate person, and take appropriate action to ensure people were safe. There were systems in place to regularly check the safety of equipment operated within the service. Information held within the maintenance records confirmed this.

Good

# Is the service effective?

## Our findings

People we spoke with told us they felt cared for because the staff at Stanley Grange were "really good at their jobs". One person said, "The staff are wonderful. Relatives of people using the service told us staff had the skills and knowledge they needed to support people. One relative said, "I believe that the staff are very well trained. Some people have very high care and support needs and the training staff receive reflects this."

The registered manager had systems in place to check staff learning and training through competency testing and supervision. The registered manager had a training matrix which enabled them to keep a track of when staff were due to attend refresher training. Staff told us they had access to a good programme of training and we saw evidence within the staff training records that both mandatory and specialist training had been undertaken.

The records showed that staff team had received training in subjects such as food hygiene, safeguarding, the Mental Capacity Act, movement and handling, environmental and fire safety, communication and medication. Staff also received training in values based practice and Positive Behaviour Support (a system that allows staff to establish what could be reasonably considered usual behaviour for each person and what their triggers for a change in their behaviour may be. This enables staff to know how these triggers or situations could be best avoided and if necessary managed safely).

Staff told us they had gone through an induction process prior to starting their roles, and they had found the training to be a useful learning experience as it was both classroom based and e-learning. This was supported through information held within individual staff personnel files.

One staff member told us that supervision was a one-to-one support meeting between the individual staff member and a house manager or management team, and was used to review their role and responsibilities. Information held with the individual staff supervision records confirmed this, showed that supervision sessions and appraisals for staff members had been completed regularly and consistently. The records showed that new employees were issued with a range of information when they first started to work at the service, including job descriptions and terms and conditions of employment, and were found to complete an individualised induction programme.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous inspection we found there were failings identified relating to the assessment of people's mental capacity which amounted to a breach of regulation 11 (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made. Care files were now found to contain decision specific mental capacity assessments. For example, we found consent for medication forms, and the use of bed rails. We found that the registered manager had taken appropriate steps to apply for DoLS authorisations for people to ensure any restrictions were legal. The applications contained all the relevant information.

The records showed that people's mental capacity had been appropriately assessed and this had been carried out on a decision specific basis. In the examples we reviewed, an advocate had been involved, and in another, a family member. Those DoLS that had been authorised had been correctly incorporated into people's care plans and risk assessments, and there were processes in place to ensure these plans were monitored and reviewed. For example, where people needed constant supervision, the registered manager obtained authorisation from the local authority. We saw no examples of people being deprived of their liberty unlawfully, and their rights were protected. We saw people's consent had been sought about decisions involving their care and the level of support required and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives and other professionals had been involved in discussions about care and support. This was reflected in the care plans we saw.

We observed people preparing and eating their lunch, and looked to see what types of meals were on offer to people. Meals were seen to be balanced, and people's cultural and dietary needs were catered for. For example, one person followed a religious diet, and so their preferences were catered for when they went shopping for food. We saw that people were given plenty of choices of food and drink and members of staff created a relaxed atmosphere. We observed staff listening to people living at the service, chatting to them and making sure that people were happy with everything. For those individuals who needed support during mealtimes, including those who had difficulty swallowing or chewing, staff gave assistance. They were discreet and sensitive when supporting individuals.

Mealtimes were flexible and relaxed, staff were seen to be patient and helpful, and allowed individuals the time they needed to prepare and finish their meal comfortably. Information held within people's care files showed that staff supported people with guidance about a balanced health diet. Personal choices regarding food were included in people's care plans, and any healthcare needs relating to diet and food were recorded, which included specialist health, nursing and dietary input from professionals.

The care records showed that people had access to healthcare services. Staff made sure that people attended appointments and visited local health care services as and when required. The health care needs of people unable to leave the service were managed by visits from local health care services. People who needed aids and equipment such as wheelchairs or hoists had these items well maintained. People were supported to maintain their health and had access to health services as needed.

People who used the service had a Health Action Plan (HAP) in place. This included a detailed medical history as well as any current medical conditions. The support people required to maintain good health was well detailed as was the input of external professionals such as district nurses, physiotherapists or occupational therapists. In addition to the HAPs a hospital passport was in place for each person. These

included important information for hospital staff in the event the person was admitted in an emergency.

Good

# Is the service caring?

## Our findings

People made many positive comments about the care and support they received from the staff. One person who lived at Stanley Grange told us, "The staff are lovely. They always ask me how I am, and always let me lead them and show they what I want to be. They are all very kind."

Family members said that they had a good relationship with the staff at the service. All the relatives we spoke with confirmed that they trusted the service provider (Future Direction CIC) and were very happy with the support provided by the staff. One family member said, "The individual staff teams really help to create good relationships." Another relative said ,"The staff really know my [relative] and there is always a positive vibe about the place. Both my [relative] and the staff who work with them really have bonded well. It's lovely to see." Family members told us people were well cared for in the service. Their comments included, "I'm very impressed. The staff are very good and [family member's name] is very happy" and "I'm very happy, there have been a number of changes recently and I've been impressed with [the changes]." During the inspection, we saw staff treated people with kindness and patience.

We found that there was a relaxed and pleasant atmosphere in the various parts of the service. People were seen to engage positively with care staff, making lots of eye contact, smiling and initiating contact. Staff understood when people communicated with them nonverbally and responded in a warm manner. People's individual communication plans included guidance on the ways they expressed themselves if they did not communicate verbally, and what this meant about how they were feeling. In addition, information about any communication aids used was included in people's care plans.

There were a variety of ways in which people were consulted on how the service was run. We saw records of service user/tenants' meetings, relatives 'meetings individual meetings and discussions, and regular individual care plan reviews. This meant that people could influence decisions about the service, and the ways they were supported. People who used the service were involved in decisions about staff selection: opportunities were given to people to take part in interview panels, and others were supported to meet potential new staff with a view to seeing how they got on with people.

We found that one person who lived at Stanley Grange had been involved in making of a short film, which explored how they had been supported to move into a community setting. The film was available via the NHS England website, and Future Directions had been happy to support this person in the initiative.

The staff we spoke with had a good understanding of people's needs, preferences and personal histories. Staff told us they accessed people's care plans and that they wrote in the daily records. Staff said they had time to read what had happened previously and to catch up if they had been away from the service. We saw people's consent had been sought about decisions involving their care and the level of support required and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives and other professionals had been involved in discussions about care and support. This was reflected in the care plans we saw.

Staff were seen to spend time with people, providing opportunities for them to express themselves. The staff took appropriate actions to maintain people's privacy and dignity. Information held within the care plans we looked at showed that information about people's religious belief or non-belief had been recorded, and staff understood the need to respect these beliefs. The registered manager said that staff at Stanley Grange could support people at the end of their life. This would involve finding out what people's wishes were regarding end of life care and support, and links with palliative care professionals as and when needed would be made. People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and how to support people living at the service.

Good

# Is the service responsive?

## Our findings

Relatives of people using the service told us their family members received care and support that met their needs. One relative said, "[Relative's name] has lived at Stanley Grange for a long time. The staff know [person's name] so well and know exactly what support they need." A second relative told us, "[Relative's name] loves living at [the service]. The staff know [family member's name] very well and the care is first class." A third relative said, "I think they try and provide lots of stimulation but [relative's name] is never forced to do things he doesn't want to."

The registered manager told us that people moving to the service to the service would receive a comprehensive needs assessment before admission. We looked at the care files and found that the service had obtained a summary of the assessments and care plans undertaken through care management arrangements, and had devised its own care plan once the person had moved into the service. Individuals were found to be supported and encouraged to be involved in the assessment process.

Information was gathered from a range of sources including other relevant professionals, and with the individual's agreement, their carer (who may be a family member) and others associated with their care and support. Before agreeing admission the service carefully considered the needs assessment for each individual prospective person and the capacity of the service to meet their needs. Assessment processes focused on achieving positive outcomes for people and this included ensuring that the facilities, staffing and specialist services provided by the service met their diverse needs.

From discussions with staff at the service, and a group of the relatives, it was clear that the key principle of the service was that people using the service should be in control of their lives and they direct the service accordingly. The staff we spoke with were fully committed to supporting individuals to lead purposeful and fulfilling lives as independently as possible. The people using the service who we spoke with confirmed that they were able to make their own decisions. The registered manager added that these decisions were always "informed" decisions, and based on assessed needs and an assessment of any risks.

Discussions with the staff showed that the central aim of the service was the promotion of the individual's right to live an ordinary and meaningful life in both the service and the community. Staff understood the importance of enabling people achieve their goals, follow their interests and be integrated into community life. Information held within people's care records showed that the staff had sought the views of the people and considered their varied interests when planning the routines of daily living and arranging activities both in their home and the community. People who used the service told us that routines were flexible.

We looked in detail at people's care plans and associated documents, including risk assessments. Care plans were seen to be up to date, contained all the relevant information and were available for staff to access. We found that in all cases the records were very detailed and very person centred, as they referenced things which made each person an individual, including their wishes, likes, dislikes, specific routines, behavioural strategies and preferences.

The service used a system of Positive Behaviour Support (PBS). This allowed staff to establish what could be reasonably considered usual behaviour for each person and what their triggers for a change in their behaviour may be. This enabled staff to know how these triggers or situations could be best avoided and if necessary managed safely.

The care plans were found to be developed with the person using the service. There was extensive information which illustrated people's personalities, how they communicated and how they could be supported to communicate with other people who did not know them well. Information such as who and what was important to a person, how they were kept safe, their goals and aspirations, their skills and abilities, and how they made choices in their life was included in the plan. We saw that staff reviewed care plans at least once each month; we also saw there were changes made if anything changed between these reviews.

A variety of different and creative methods were used to help people who use the service to contribute to the development of their care plan. For example, using the preferred communication style of the individual, picture boards, video recordings and accessible information. Key workers actively provided one to one support to people, kept the care plan up to date and made sure that other staff always knew the person's current needs and wishes.

Care plans included comprehensive risk assessments which were regularly reviewed. Staff we spoke with were clear that they had a 'can do' attitude to the care and support they provided, and that risks were managed positively to help people using the service lead the life they wanted. Any limitations on freedom, choice or facilities had been properly assessed and placed upon people after following appropriate processes. People were seen to be given information about any limitations placed upon them, and this was fully documented and reviewed regularly.

The ethos of the service was that it welcomed complaints and suggestions how to improve, and the managing director confirmed that she used these positively and hoped that the service learnt from them. Relatives associated with the service said that they were extremely satisfied with the service, and believed that their relatives were safe and well supported. The staff we spoke with knew the importance of taking the views of people seriously, and of the need to listen to and respond to issues raised.

People who use the service were supplied with a complaints procedure that they could understand. This procedure was available in a variety of formats such as large print, audio and pictures. The complaints procedure was clearly displayed throughout the service. The family members that we spoke with had a clear understanding of how to make a complaint. We reviewed the records relating to complaints, and found the process and procedure to be appropriate. For example, the service made sure that individuals were regularly updated on the progress of any investigation into their complaint, and all complaints made and the actions taken in response to them were fully recorded.  A review of the number and nature of complaints made was used as part of the quality assurance procedures in use at the service.

Good

# Is the service well-led?

## Our findings

People who lived at Stanley Grange said that there was always a fun and happy atmosphere around the site. Another said, "You can go into the office and talk to the manager and other staff, and if you have a problem, they will listen and try and sort it out."

People's relatives told us they had opportunities to feedback their views about the service and the quality of the care and support that people received in the service. Relatives confirmed they were asked for their opinions and feedback through care reviews and annual quality assurance questionnaires. One relative told us, "I have been to review meetings and we have regular meetings with [the registered manager]." Another relative said, "The care is very good now, better than it has been for a long time." This person added that communication with the registered manager and staff in the service was good.

At our previous inspection, we found there were shortfalls in quality assurance and risk management systems operated by the service, and this amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made. We found that a quality assurance policy was in place and that audits were undertaken and maintained. The audits were now more effective and their usage picked up areas for improvement or evidence of poor practice. For example, audits of the MAR charts picked up errors in administration, care plan audits were used to identify when plans needed to be reviewed, updated or changed, and accident and incident audits were used to identify safeguarding trends or health and safety risks.

When issues or errors were identified, then measures were put in place to make changes or improvements. For example, when recent safeguarding alerts were recently identified, changes to a person's care plan and the approach the staff took when working with this person had been made in collaboration with the person to ensure they received the support they required. All incidents were reported to the local authority.

The service had a registered manager. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run. When we asked relatives about how the service was managed, and the approach of the registered manager, they echoed sentiments offered by the staff team. They said the registered manager, and overall management approach was "passionate to provide high quality person centred care", "very professional with the highest standards" and "always looking at ways those improvements in service provision can be made."

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

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people the service supported and their relatives through regular house meetings. Relatives told us they used these meetings to feedback any issues or concerns. Staff also had regular team meetings where they could raise any concerns and discuss the needs of the people who used the service.

The management team analysed feedback from all surveys to check the quality of service provision. We saw feedback from professionals was actively encouraged and reviewed as part of Stanley Grange's ongoing development. The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. Staff carried out regular audits on health and safety, infection control and care records, medication, incidents and accidents, and this information was used as appropriate to continually improve the care people received.

We found evidence that the service provider worked with other agencies such as the local authority safeguarding teams and local clinical commissioning groups to ensure care and support was properly provided in a person centred manner, and cooperated with external agencies when incidents needed to be investigated. We found that Future Directions, alongside other service providers, has been involved in the Transforming Care Agenda, an initiative to provide services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. The main aim of the initiative is enable more people to live in the community, with the right support, and close to service. The evidence was found during this inspection clearly showed that this is aim was one shared by Future Directions.

We also found that Future Directions had links with UK academic institutions, and work had been carried to evaluate the organisation's training programmes and the impact this had on people using the service. Future Directions was also accredited with Investors in People (IIP – an external accreditation system that assesses how effective an organisation is in relation to leadership, staff support and continuous improvement).

There was a range of communication systems in place to keep staff up-to-date and maintain the care for people who lived at Stanley Grange, this included handovers and associated record keeping. We found that Stanley Grange's safety requirements and records were up-to-date, monitored and recorded. This included environmental, fire, water, gas and electrical safety.  Records we saw evidenced audits were reviewed, discussed and then new systems were implemented to replace or enhance the old procedures. This gave the provider good oversight of care provision, service quality and everyone's wellbeing.