

Future Directions CIC Stanley Grange

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Stanley Grange is a service for adults with learning disabilities and complex needs registered with CQC to provide a combination of accommodation and personal care. The service is linked under the same registration which comprised of bungalows, houses, flats and cottages (some shared, some single occupancy). The service had a nursing unit which was registered to provide accommodation and nursing care to no more than six people and also registered to provide accommodation and person care to no more than 30 people who required residential care. The service is also registered to provide personal care to people in a supported living setting. There were 27 people using the residential service, eight people using the supported living service and six receiving nursing care at the time of our inspection.

Whilst the campus style model of service delivery offered to people at this setting does not meet current best practice and not consistent with the principles of Registering the Right Support, there was a person-centred approach to care delivery and people achieved good outcomes. A significant effort had been put to reduce the impact of the historical care model. This was reflected by the ongoing alterations to the structure of the service, accommodation and the clear positive outcomes resulting from individualised person-centred care.

The principles and values that underpin Registering the Right Support, research and other best practice guidance outline that people who use services must be supported to live as ordinary life as possible which includes being an active participant in their local community and living as full a life as possible to achieve the best possible outcomes. How the provider can modernise the model of care will be discussed following this inspection.

People's experience of using this service and what we found

People were supported by staff who were incredibly kind and caring and who maintained their dignity and privacy and treated them with respect. People were fully involved in the service and had opportunities to give feedback. People's needs, and wishes were fully met by staff that knew them well and were passionate about people's independence. People were respected and valued as individuals and empowered as partners in their care in an exceptional service. Typical of people's comments were, "I can truly say without the help and people believing in me I would not have come this far, you've got to give people a chance. I'm proof with the right support staff team, training and understanding the person and seeing them as a person they can succeed and have a good life doing the things they choose."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. There was a proactive effort to promote community involvement and people's liberties. The policies and systems in the service supported this practice. Staff training was developed and delivered around people's needs. The provider recognised continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. People received a balanced diet which met their individual needs and took into consideration their preferences. Staff sought to improve people's care, treatment and support by identifying good practice.

People were assisted to learn to be involved in managing their medicines and received their medicines in a safe way. Staff were committed to enabling people to do as much for themselves as possible. Staff knew how to keep people safe and the service learned from accidents and incidents and used this learning to improve the service. Staff were recruited in a safe way and there were enough staff to meet the needs of each person.

People received personalised care and support specific to their needs and preferences. This had been effective in supporting people to achieve their goals and aspirations and encouraged more freedom for people. People's communication needs were assessed and staff used various tools to assist people with communication needs. Improvements had been made to complaints procedures in the service. However, there were mixed views regarding how complaints were dealt with. The registered manager and the provider needed to review and further improve how they received and shared outcomes of complaints with people and their relatives.

The service was well-led. The registered manager and the management team provided a positive model for all the staff. Feedback about the registered manager was positive and staff felt well supported. Staff were motivated and proud of the service, and morale was high. There had been several improvements made since the last inspection. There was a positive and warm atmosphere throughout the service during our inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stanley Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an inspection manager 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.

Service and service type

Stanley Grange is a combination of two 'care homes' and supported living service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people across the service, we asked them about their experience of the care provided. We spoke with the registered manager, the quality compliance lead, positive behaviour support lead, team leaders, deputy network managers, a service manager and the director for operations. We spoke with twelve staff and four visiting relatives.

We reviewed a range of records. This included six people's care records, multiple medication records and accident and incident records. We looked at a variety of records related to the management and maintenance of the service and walked around the buildings to make sure the environment was clean and safe for people to live in.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted health and social care professionals from the local authority who visited the service and received feedback from one relative over the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care by staff who had received training on safeguarding adults. One person said, "I am safe here, they protect me and show concern, but I am independent and enjoy regular ventures in the community on my own."
- Before the inspection we were aware of safeguarding concerns that had been raised in the service. The registered manager and the provider had thoroughly investigated the concerns in collaboration with the local safeguarding team and took appropriate action to maintain people's safety and confidence.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff assessed and monitored people's safety and risks. There was positive risk taking to enable people to live a fulfilling, safe but adventurous lifestyle with reasonable limits to maintain safety. One person said, "I am out every day, I am enjoying my independence and trying to get fitter."
- There was a focus on sharing learning from significant events across the service and throughout the organisation. Staff were encouraged to reflect after incidents, on how things could have been done differently and where improvements could be made.

Staffing and recruitment

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.
- The provider operated systems to ensure there were enough suitably qualified staff to meet people's assessed needs. One person said, "I am independent to do what I want but if I need help there is always someone to help me." Everyone we asked shared the same comments.

Using medicines safely

- People were provided with safe and appropriate support with their medicines, which were stored and managed safely.
- Staff were trained to handle medicines in a safe way and their competence was thoroughly assessed.

Preventing and controlling infection

- People were protected against the risk of infection. The service was visibly clean and people said they thought the home was kept clean. Staff used personal protective equipment (PPE), when providing care and support to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were delivered in line with law. The service had a thorough approach to planning and coordinating people's move from other services. Where people with complex needs were admitted into the service a wrap-around multidisciplinary crisis response team was implemented for the first few months to help people settle. The wraparound team included professionals such as clinical nurse specialist, social workers, consultant psychiatrist, psychologist and occupational therapists. This had resulted in a coordinated, holistic and smooth transition for people with very little disruption and difficulties for staff. This person experienced community living out of institutionalised care for the first time in many decades and was placed at the centre of choosing where they wanted to live.
- While the provider had referred to some current guidance, the architectural design of the service was not in line with current and modern models of care. We discussed with the provider the need to demonstrate future plans to make changes to adapt premises to meet best practice guidelines such as Building the Right Support. As part of this process the provider had separated the service through a change in their management structure.
- The provider had adopted recent guidance and recommendations on promoting transparency and preventing abuse also called 'closed cultures.' Closed culture guidance enhances a culture that respects human rights and includes dignity, respect, zero tolerance of abuse, person-centred care and least restrictive practice.

Staff support: induction, training, skills and experience

- The service worked in partnership with other organisations and kept up to date with new research and development. The service contributed to the development of best practice by collaborating with local universities and colleges in research projects and providing professional practice education to local students. Staff received monthly clinical supervision and mentoring from an external specialist professional who continually reviewed whether staff were adequately meeting one person's complex needs.
- People were supported by a staff team who were trained and competent with a varied range of professional and personal experiences which linked well with people's needs. One person said; "I'm proof that a person can succeed and have a good life doing the things they choose if they have the right support, right staff with training and understanding of the person."
- People and relatives felt staff were exceptionally well able to support them, and often went over and above to support people. One family member said; "I am very happy with the care my [relative] receives. It is consistent and of a very high standard. The staff always know the best way to deal with my [relative] if he becomes distressed."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their nutritional needs and to live healthier lives. Staff worked alongside other professionals during assessments to facilitate transition from other services.
- Feedback from people showed the support had a positive impact on their lives. One person told us, "I have done myself proud since I left hospital, over the years I've struggled with my weight, but my team have really supported and encouraged me to try and take on new activities and experience life, I can truly say without the help and people believing in me I would not have come this far."

Adapting service, design, decoration to meet people's needs:

- Regardless of the historical model, the care delivered and the practices in the service helped people to be as independent as possible. A number of people were able independently use a local bus service to travel to the city centre with no staff support. During national election campaigns staff invited political parties to come and share their manifestos with people so they could exercise their democratic rights.
- The registered provider had separated people with the most complex needs from those who were more independent, required quieter environments and able to meet some of their own needs. One person was happy with this and said, "I love living in this part of the house. I think this was the best decision to separate the house into two, it's a lot calmer and we get along much better."
- Staff used tablet computers, sign language and pictures to engage people in discussions and decisions about the environment they lived in. People's environment reflected their individual preferences and culture and supported their needs in the way they chose. In one part of the service each person was asked what they wanted on a wall opposite their bedrooms. There was a variety of choices from unicorns, and people's favourite fictional characters. All living at the service were free to personalise their own flats or bedrooms as they wish to give their accommodation a homely feel.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Applications had been made to deprive people of their liberties for their safety. Staff were following conditions where authorisations had been approved. In addition, there was a significant effort to enhance people's freedom of movement and access to community facilities such as colleges, leisure centres and travelling abroad. We observed some people were free to come and go in their local community without restrictions and in some cases with no staff escort.
- The provider had procedures to seek people's consent in various areas of their care. We discussed the need to ensure best interest decisions were recorded where people lacked capacity. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA

and showed a good understanding of the MCA principles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity;

- People were well treated with respect and as equals. Staff had an exceptionally person-centred approach and people were encouraged to do as much for themselves as they possibly could, being actively involved in every aspect of their support. One person was exceptionally happy and said staff had transformed their life and greatly enjoyed having more freedom such as having holidays abroad for the first time in their life. Comments included; "When I eventually came out of hospital, I was on a high support package, with careful planning and a different approach, interventions and an experienced staff team, from intensive 24hours support following my discharge from hospital and now receiving lower levels of support which is better and not restrictive."
- People's feedback was overwhelmingly positive. For instance, one person said, "This is my happy place. The staff love me and I love them. We do have lots of fun. I do lots of things bingo, hairdressers and to see my mum." All relatives we spoke with gave extremely positive feedback. One relative said, "We, as a family, are very involved in my [relative]'s care. When my [relative] was at home with the family they definitely missed the staff. This reassured us that our relative is happy and well cared for."

Respecting and promoting people's privacy, dignity and independence

- The service had a strong, visible person-centred culture. We observed staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. They demonstrated real empathy for people they cared for. In one act of kindness staff had dressed up in Christmas costumes to visit a person who had been admitted in hospital and was spending their Christmas in hospital. They were concerned the person loved Christmas celebrations and they would be sad if they missed out on celebrations.
- All staff members we spoke with were extremely passionate about encouraging people and supporting them to achieve best outcomes and were extremely proud of the difference they made to people's lives. Staff supported one person who had been unable to leave the service due to lack of confidence and anxiety. They introduced the person to indoor skydiving which they successfully accomplished with the support of staff who volunteered to support them. Following this the person has won an award for the most confident person in the service and had started going on independent walks in their own community.
- Staff treated people well and respected each person's individuality. People told us they valued the support they received. Staff completed exceptional care plans which showed a person-centred approach and helped them with in-depth knowledge of people's needs. One family member told us; "The staff know my [relative] better than me and therefore can fulfil her needs. The staff are marvellous. My [relative]'s wellbeing is their top priority. I think it is their quality of life that is very apparent."

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to express their views and with decision making. Care records contained evidence the person who received care or a family member had consented to the care and were at the centre of developing their care plans. The registered manager involved all relevant people in decisions about the care provided.
- Staff were particularly sensitive to times when people needed caring and compassionate support. They discussed this with them and helped people explore their needs and preferences in relation to personal and family support. People's key workers went over and above to support them to achieve the best outcomes. They used their skills and volunteered in their own time to refurbish the environment, painting, developing special portraits for people. Some staff donated gaming consoles to introduce people to new hobbies.
- Staff positively welcomed the involvement of advocates. An independent advocate was involved with people on a regular basis. Their feedback was very positive about people having increased confidence in speaking out and expressing their preferences. One relative said; "I have complete confidence in the care system and this home. My [relative] is reaching their potential. The staff here give him the confidence to express himself and try new experiences."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Before the inspection we had received concerns regarding availability of complaints procedures. The registered manager took action and resolved this. During the inspection we received mixed responses from people regarding how their complaints were dealt with and how outcomes were shared. There was no impact on people's ability to raise concerns. Following our inspection, the registered manager informed us they would review the way they receive and outcome complaints as well as sharing with people how to escalate concerns if they involve senior managers.

We recommend the provider consider current guidance on receiving and handling complaints and concerns and take action to update their practice accordingly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- Staff and the registered manager maintained person-centred culture and ethos within the service. Staff showed an understanding of what was important to people, their preferences and needs, and how best to meet them.
- The registered provider had developed facilities and premises to meet the needs of a range of people who used the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with the wider community by accessing the local public amenities and unrestricted access for members of the public to visit them if they wish to do so. Arrangements for social activities and, where appropriate, education and work, was inclusive, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. Activities were individualised and not dictated by other people's preferences and arrangements.
- While the service was rurally located, the location was served by a local bus service and within a walking distance of the local villages.
- Technology was used to enhance people's care. People had computers and tablets and various gaming devices and used interactive devices to play their own music, ask questions and play games. This enabled people to do things independently.

End of life care and support:

- The service had experience of providing end of life care to people. There was a caring approach on the way the service cared for one person at the end of their life. Staff told us, "We know they love alpacas and

knew they could not go out, so we arrange alpacas to visit them in the house, they were over the moon with joy."

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service took steps to meet people's information and communication to comply with the Accessible Information Standard. Staff ensured information was available to people in an accessible way.
- People had care plans that set out how they should be supported in communication.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered provider and management team had established clear, person-centred vision and company values that covered honesty, involvement, compassion and dignity. People and their relatives told us the service was well-led. One relative told us, "The home is always evolving and improvements are continuous." People lived differently between those in supported living and residential care. Some people prepared their own meals and meal provisions were individual rather than communal providing a personalised approach to living. This gave an individualised feel to the living arrangements.
- People, their relatives and professionals gave us positive feedback regarding the leadership of the service. One person told us, "Management here are trying their best, they're doing a good job."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were treated as equals and as individuals and with respect. The registered manager encouraged feedback and acted on it to continuously improve the service.
- The provider maintained an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they supported and family members through care plan reviews, comment cards and 'resident' meetings.

Working in partnership with others

- Staff in the service had developed and promoted positive working relationships with commissioners, other social care staff, advocates and health care professionals. The service was working in partnership with local colleges and agencies to facilitate people to be involved in arts and crafts and promote their independence and wellbeing.
- Staff told us they could contribute to the way the service was run through meetings and supervision.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their role and were accountable. There was a positive culture within the service, encouraged by the leadership and implemented by a staff team who were passionate and motivated about achieving the best outcomes for people.
- A programme of effective quality assurance and checks was in place. Audits gave clear actions for staff to take and where improvements were identified there was evidence discussions took place and if necessary

further training and support provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- The registered manager was committed to transparency in the management of the service and to deliver the best service possible. They also recognised the importance of learning when things went wrong and sharing that learning with others. This included improving their complaints handling procedures.