

## Future Directions CIC

# 10 Spennithorne Road

### Inspection report

10 Spennithorne Road  
Urmston  
Manchester  
M41 5BU

Tel: 01617486414

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11 May 2023  
15 May 2023

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

10 Spennithorne Road is a residential care home providing personal care to up to up to 4 people. The service provides support to people with a learning disability, all of whom have physical needs. At the time of our inspection there were 4 people using the service.

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

**Right Support:** The model of care and setting maximised people's choice, control and independence. 10 Spennithorne Road is an ordinary bungalow which is in a quiet residential location whilst not being isolated. There were enough suitably qualified and experienced staff. They were well supported and had access to a range of training and information. There was good teamwork and communication. Staff felt supported by the registered manager. People received their medicines safely and in line with their prescriptions.

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; the policies and systems in the service supported this practice.

**Right Care:** Staff knew people well and ensured they were supported with their social and care needs in a person-centred way. There was a warm and homely atmosphere where people's individual preferences and lifestyles were respected. There were enough staff employed at the service to meet people's needs and people were protected from harm as staff were recruited in a safe way.

**Right Culture:** The service had an open positive atmosphere and was very much people's home. Staff had received training in understanding learning disabilities and autism and were knowledgeable about people's needs and preferences. Information was shared to ensure staff were up to date on current best practice. Staff understood the principles of person-centred care and placed people as the focus of what they did every day.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 February 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Good ●

The service was 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.

# 10 Spennithorne Road

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

10 Spennithorne Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 10 Spennithorne Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought

feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the home and observed the care and support they received from staff. We spoke with 1 person who used the service. We telephoned 3 relatives to gain their feedback about the home.

We spoke with 5 members of staff including the registered manager and care staff. We observed interactions between staff and people who used the service.

We reviewed 1 person's care records and medication administration records (MARs). We reviewed documentation relating to recruitment and the management of the service. We also completed an out of hours visit to the home on 15 May 2023.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- There were systems and processes in place to mitigate risks to people.
- The service identified risks to people and included relevant information for the management of these risks. Risks to people were reviewed regularly and updated with changes when required.
- The local fire service completed a fire safety inspection of the home, shortly before our visit and an action plan was devised. Some of the works required had already been completed and other work was booked for completion. A new fire risk assessment needed to be implemented and completed by a competent assessor, assurances were provided this would soon take place.
- Risk assessments relating to the environment were in place. This included evacuation plans and equipment to be used in case of fire.
- Should an incident or accident occur, the provider had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.

Staffing and recruitment

- There were sufficient staff deployed to respond to people's needs promptly. Staff were always available to support people and spend time with them.
- Following the fire service safety inspection, they recommended an additional night support worker to ensure any untoward fire emergencies could be safely managed. Additional funding has been agreed in principle and once confirmation is received from the local authority the additional staff member will be added to the schedule.
- Staff told us they had time to support people without rushing them. A staff member told us, "I believe we have enough staff. The additional member of staff that will work nights will make a massive difference to the people."
- Systems were in place to recruit staff safely. These included obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood their responsibility to report concerns.
- People were at ease in the company of staff. We observed staff taking time to provide safe compassionate care to people.
- The registered manager was clear how safeguarding concerns should be reported and investigated. Where

additional information was requested by the local authority this was provided in order to ensure any lessons were learnt and people were kept safe.

#### Using medicines safely

- Peoples medicines were administered, stored and recorded safely. Records and medicines audits demonstrated people's medicines were administered in line with their prescriptions. Guidance was available to staff on how people preferred to take their medicines.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Care records contained information to demonstrate medicines reviews took place with relevant health care professionals.
- There was a medicines competency framework in place, however, the current observational medicines competency took place 2 yearly, with a self-assessment competency also included. We signposted the registered manager to the National Institute for Health and Care Excellence (NICE) where it recommends staff should have an annual review of their knowledge, skills and competencies relating to managing and administering medicines, this was implemented straight away.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The home had a policy in place which supported visitors into the home with no restrictions, in line with current government guidance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care was provided in a safe and clean environment. People had access to the equipment they needed to support their needs.
- However, aspects of the home appeared worn, tired, and in need of refurbishment. The registered manager informed us the provider has escalated their concerns about the environment to the housing association who were the landlord of the property. There was an action plan in place with timescales from the housing association when this work would be completed.
- Although the home was in need of refurbishment, we found the environment was homely and had been home to many of the people for a number of years. People's bedrooms were decorated and furnished with items which reflected their tastes and preferences.
- People had access to a nice spacious garden. The registered manager told us this was well used in good weather.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training, tailored to their specific needs and conditions.
- Staff also completed training in areas to support people with their specific health needs. This training was predominantly delivered by the registered manager who was also a qualified learning disability nurse. Although staff felt confident in delivering this level of care to people, we found there wasn't a structured competency based assessment in place, to assess whether staff were competent to deliver this level of care. Following our inspection, the provider acted decisively and commissioned bespoke training that was due to be delivered to all staff by a recognised training provider.
- All newly employed staff completed an induction which involved shadowing an experienced staff member. New staff members education was linked to the outcomes of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision to support them in their roles. Staff told us this was useful in being able to raise questions and gain feedback regarding their performance.

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

- People's needs were assessed prior to them moving to the home. This enabled staff to gain an understanding of the support the person required and ensure relevant training had been completed.
- People's initial assessments were used to develop care plans. These provided staff with guidance on what

support people required and how this should be delivered. Care plans were reviewed regularly and updated when there were any changes in people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a healthy and balanced diet. Care plans contained information about individual dietary needs and preferences, including cultural preferences.
- Where people required their food to be of a modified consistency, such as pureed, this was purchased from a specialist supplier to ensure it met the required standards. This also enabled people to have a greater choice of the dishes they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed action was taken when people's health or wellbeing deteriorated. Staff noticed changes to people which may indicate deteriorating health and sought advice promptly. Staff provided was example where they highlighted a change in a person's health, this was quickly escalated which meant the person was treated promptly.
- People had health passports. A health passport is used to provide health and social care professionals with the information to support people in the way they need. This included current needs, likes and dislikes and how to effectively communicate with people.
- Staff supported people to attend appointments with healthcare professionals. Outcomes of these appointments were recorded and communicated to staff members to ensure recommendations made by healthcare professionals were followed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care plans included information about their capacity to make decisions. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- For people that the staff assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's relatives or advocates were present at these meetings which was also recorded.
- The registered manager and provider must submit a statutory notification when a DoLS is granted. During the inspection we established there has been a significant delay in notifying CQC of DoLS authorisations, the registered manager apologised for this oversight and submitted the outstanding DoLS statutory notifications.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them with kindness and respected them as individuals. A regular visitor to the service told us, "We are blessed to have this home for [person's name]. The staff are so genuine and caring."
- Staff continued to demonstrate a strong commitment to providing compassionate care. We observed staff used different approaches with different people whilst still generating conversation and interest between everyone. This created a warm and caring atmosphere which people responded to positively.
- Staff took time to get to know people, to understand their needs, background and personal histories. Staff understood signs of distress and responded to support them. For example, staff were able to quickly pick up on a way a person was feeling by their facial expressions and quickly provided reassurance to this person.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. Staff treated people with respect and spoke of them with warmth and compassion. One staff member told us; "I have worked with the residents for many years, they're like family to me and we do our best for them."
- People's privacy was respected. Staff were seen to knock on people's doors and announce themselves to people prior to entering their rooms. When supporting people with personal care this was done discreetly and with doors closed.
- Staff were aware of the need to maintain people's confidentiality. Records were securely stored, and staff understood the need not to speak about people where others may be able to hear.

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

- The service strived for people to be involved in reviewing their care needs, however due to the needs of people this was not always possible. Therefore, the service ensured people's relatives were fully involved in the planning and review of their care.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was planned to meet their individual needs and respected their preferences.
- Detailed person-centred care and support plans were in place which provided information about each person's preferences, choices and the support they needed. A one-page profile was used to provide a brief overview of each person and their support needs.
- The staff knew people well and were able to describe their needs and how they wanted to be cared for. People's relatives confirmed this explaining how they received personalised care.
- We found people were well-cared for and in clean clothing. Their hair, nails and facial hair were clean and well groomed. The staff were attentive to their needs helping people to take a pride in their appearance.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Information about how people communicated and any barriers to this was recorded in their care plans.
- Information about the service was available in different formats for people who needed this.
- Staff communicated with people effectively. We observed staff taking time to sit with people when offering choices. They ensured the person understood the options available to them and waited for a response. Visual prompts and picture were used where these were of use to the people.

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 received person centred care in line with their needs and wishes.
- People had individual timetables of activities, which included trips to local amenities, including shops, cafes, leisure and entertainment centres. Staff supported people to identify what they enjoyed doing and what they would like to try.
- Staff were flexible in their approach to ensure people were able to try different things. Rotas were arranged flexibly to fit in with different things people wished to do or try. Adapted vehicles were also available for people to use to go further afield.

#### Improving care quality in response to complaints or concerns

- No complaints had been received by the service since our last inspection.
- People's relatives told us they felt able to speak to the registered manager at any time if they had a problem. Staff were reminded through supervisions and team meetings of the need to raise any concerns so these could be dealt with promptly.

#### End of life care and support

- There were no people receiving end-of-life care and support at the time of our inspection.
- Staff had access to relevant information and guidance to ensure people received sensitive and person-centred end-of-life care.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was suitably experienced and qualified. The registered manager worked closely with staff providing 'hands-on' care to people when needed and leading by example. Staff spoke positively about the registered manager. Their comments included, "[Registered manager name] has been great for the home. I find them very balanced and supportive" and "Great support, I cannot fault [registered manager's name]."
- There were systems and processes for quality monitoring and auditing. Quality audits were undertaken and actions arising were followed up. This ensured good governance of the service and continued service improvement.
- Staff had a clear understanding of their role and what was expected of them in respect of individual people they supported. Staff described ways in which they worked together as a team to provide consistently good care for people.

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 understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

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

- There was a positive and person-centred culture. We saw people were settled living at 10 Spennithorne Road and supported by an experienced staff team who had provided consistent care to them for many years.
- Relatives spoke highly of the service and felt it was well-led. Comments included, "It's a fantastic service, I have no complaints whatsoever" and "I am always fully assured the carers are looking after [person's name]. They know [person's name] much better than I do."

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

- The registered manager developed and maintained regular contact with people's families. One person's relative confirmed this, they commented, "Communication between the manager and staff is very good. I

never have to ask for information as they keep me fully informed."

- Where appropriate, relatives were asked for their views of the service through surveys and feedback was analysed at the head office along with the providers other services.
- Staff participated in regular team meetings where they were able to discuss issues related to their work at the home.

Working in partnership with others; Continuous learning and improving care

- The service worked alongside a range of professionals to improve the service provided to people. This included the community learning disability team and local authority. The registered manager was clear who they were able to approach for guidance and was also a member of a number of support forums.