

Future Directions CIC

Stanley Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 16 March 2016, this inspection was unannounced. The service is a new service and so this was the first CQC inspection.

Stanley Grange is a small intentional community for adults with learning disabilities and complex needs, nestled between Preston and Blackburn. It was established in the 1970s by a charity called Cottage and Rural Enterprises (CARE) to provide a home for life for adults. 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 were appointed as the care provider for Stanley Grange 1 October 2015.

There are 7 dwellings; houses, flats, bungalows and cottages (some shared, some single occupancy) with a community hall and gardens, set around a 'village green'. On the day of inspection there were 31 people who used the service.

The service has 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.

We looked at how the service managed medicines. We found that the systems in place for the safe administration of medicines were not sufficient to ensure safe medicines management and in breach of the service's own medicines policy. Records we checked were not always completed and accurate.

Accidents and incidents forms were available to view. However we found that staff were not always completing these in full.

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. However, we found the service's fire risk assessments were missing some information. We made a recommendation about this.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act 2005. We found that the service did not have sufficient systems in place to enable assessment of a person's mental capacity prior to making any best interest decisions..

We saw evidence that staff were receiving regular formal supervisions. Supervisions and appraisals are important to ensure staff have structured opportunities to discuss their training and development needs with their manager.

We observed staff support people who lived at the service. We saw that staff had good skills to communicate with people on an individual basis and used effective communication. We saw that the staff were confident within their role and understood the needs of the people they supported.

We saw that staff interacted with people in a kind and caring way, and it was obvious that trusting relationships had been created.

People told us that their independence was encouraged in a positive way and their privacy and dignity was consistently promoted.

People had personalised care plans in place to guide staff as to how they wanted their care to be provided. Care plans included details about people's specific preferences and wishes. There was a range of activities for people to take part in through links with the local community.

We found a positive culture at the service was reported by all the staff members that we spoke to. However staff told us that this was work in progress. This was due to the recent change in provider and management.

We found that a quality assurance policy was in place but saw that audits were not always undertaken as part of the quality assurance process. Audits completed were not effective and did not always pick up areas for improvement or evidence of poor practice.

We 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. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff demonstrated that they could recognise and report the signs of abuse.

Recruitment procedures were robust which helped ensure people received support from safely recruited staff.

Improvements were needed around medicines management to help ensure people were protected against the unsafe use of medicines.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements or current guidelines.

Not all staff had received training to help them to do the job for which they were employed.

People had access to on-going healthcare support and appropriate advice was sought from relevant professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff respected people's privacy and dignity in a caring and compassionate way.

Staff were kind and patient in their approach towards those who lived at Stanley Grange and interactions with people were noted to be caring.

Staff knew people well and responded to their needs appropriately.

Good ●

Is the service responsive?

The service was responsive

Care plans were person centred and included detailed descriptions about people's care needs.

People using the service were supported to take part in activities.

Good ●

Is the service well-led?

The service was not consistently well led.

We found a positive culture at the service was reported by all the staff members we spoke to.

There was a quality assurance system in place to monitor the quality of the service being provided. This did not always pick up inconsistencies within people's records or other areas of potential improvement.

Requires Improvement ●

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 16 March 2016. This inspection was unannounced. The inspection team comprised two adult social care inspectors 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 charity trustees. Their feedback is included within this report.

At the time of our inspection of this location, there were 31 people who used the service. We met some of them and spent time observing them receiving care and support. We were able to speak with 11 people who use the service and six 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 three people's care records. We spoke with five care workers and the registered manager during the course of our inspection.

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

Is the service safe?

Our findings

People told us they felt safe living at the service: "I do feel safe here, I love it": "I do feel safe". Staff confirmed they also felt people were safe. One staff member commented: "This is their home and they are safe here". One visitor told us: "I am totally happy with the care and the safety of [name removed]".

We looked at how the service managed medicines. We found that the systems in place for the safe administration of medicines were not sufficient to ensure safe medicines management and in breach of the service's own medicines policy. Records we checked were not always completed and accurate.

Staff completed medicine administration records (MARs) sheets. When these are completed by anyone other than the pharmacist they should be an exact copy of the information displayed on the medicines bottle or box. We found that this was not being followed within the service and found that MAR charts omitted important safety information. An example of this was where one medicine should not be given with milk, this information was not on the MAR. The impact of the person being given the medication with milk would have reduced the effects of the medication which could result in a negative outcome for the person.

We found that the recording of topical treatments, such as creams or ointments, was inconsistent., Treatments were being applied by care workers, however records to evidence this application were not available to ensure that correct application was achieved. The person administering these treatments should have clear direction and demonstrate accountability by signing administration records. Records should clearly state how, where and when these treatments should be applied and this information was not always clear.

This amounted to a breach of regulation 12 (2) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A stock check of medicines was carried out twice 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. These checks corresponded with the MARs we looked at to confirm stock levels of medicines.

We looked at how the service protected people from avoidable harm and known risk to individuals. Risk assessments were included in people's care files and actions were documented clearly for staff to follow. We did find an example of one risk assessment that had not been fully completed with regards to bed rails. The implications of this assessment not being fully completed could have resulted in a negative impact for the person who used service.

Records of accidents and incidents were recorded however some documents were missing actions taken. The majority of the records included details of those involved, what had happened and details of action taken following an incident or accident. Incident and accident records corresponded with the incident and accident log. We discussed the importance of completing the documentation with full details with the

registered manager as we found that staff were not always completing these fully.

The registered provider had a specific plan in place detailing the arrangements to deal with emergency situations including a fire. The plan provided details of information the fire service needed, such as the layout of the building and the support arrangements in the service. The registered provider had developed personal emergency evacuation plans (PEEPs) for people using the service. We found that some people who used the service requested that their bedroom doors were kept open. This was not included in the fire risk assessments for the properties. This was discussed with the management team and we have made a recommendation around this.

The registered provider took action to keep the premises and equipment safe for people to use. Records showed the service had up to date portable appliance testing (PAT) checks, a fire risk assessment and legionella risk assessment. The registered provider had an electrical safety certificate for the premises and certificates to confirm the gas boilers had been serviced. New para here?

Personell records demonstrated staff with the right skills, experience and competence were recruited. Spacing here

Recruitment checks had been completed before new staff started working with vulnerable people. This included checks on their identity, occupational health, reference checks and a Disclosure and Barring Service check (DBS). DBS checks show if a person has ever had a criminal conviction or been barred from working with vulnerable people.

During our inspection there were enough staff to meet people's needs. One person told us: "There are enough staff to look after me." One visitor told us: "The staff appear to be settled, with little turnover, and they are highly competent." Staff also confirmed there were enough staff. One staff member said: "When people are going out there are enough [staff] on." We saw from viewing staff rotas that staffing levels were consistent, with additional staff deployed to cover specific events such as outings. The service was using agency staff to cover shifts with vacancies and recruitment was ongoing.

Staff showed a good understanding of safeguarding adults and knew how to report concerns. They were able to describe potential warning signs they would look out for, such as changes in a person's usual behaviour. Staff said if they were concerned about a person they would report it straight away. We viewed the registered provider's safeguarding log, which confirmed that most concerns had been reported to the local authority safeguarding team and investigated in line with the agreed procedure. We did find incidents where further information was missed and not all incidents had been reported to the local authority. We discussed with management the local authority's procedure for reporting medicines errors as safeguarding concerns. We have made a recommendation about this.

Staff were aware of the registered provider's whistle blowing procedure. They said they felt concerns would be dealt with appropriately.

We recommend that the service review and update the fire risk assessments and gain advice from the fire and rescue services to ensure that they are following best practice when supporting people in the event of an emergency.

We recommend that the service report all medication errors to the local authority in line with the local authority's safeguarding procedures.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

We asked staff about their understanding of the MCA. Staff told us: "I have an awareness of the MCA, I would pass any concerns onto my manager": "We offer choice, consent can be different depending on the decision". And: "I have done training and understand the basics".

We looked at staff training records and found that six out of 50 staff had received training in the MCA and DoLS.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the service did not have sufficient systems in place to enable assessment of a person's mental capacity prior to completing any best interest decisions.

Care files did not contain decision specific mental capacity assessments. There was documentation that stated when a person lacked capacity, but no information on the assessment that had taken place. Some care files contained 'consent' forms, although not all had been signed. These forms were not specific. In the care files we looked at we found consent for medication was not clearly recorded.

Failings identified to adequately assess a person's mental capacity prior to making decisions on their behalf amounted to a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at 'restrictive practice' records for one person who accessed the service. Restrictions were recorded for aspects of the person's care and support, for example the use of bedrails. We found that although the registered manager had taken appropriate steps to apply for DoLS authorisations for people to ensure any restrictions were legal, the application for this person did not contain all the relevant information. We have made a recommendation around this finding.

We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "I get support with any training needs". And: "We have had training. If anything comes up we can request further training". People who used the service told us they had confidence in the staff and in their skills and knowledge.

We saw evidence that staff were receiving regular formal supervisions. Supervisions and appraisals are important to ensure staff have structured opportunities to discuss their training and development needs

with their manager.

We observed staff support people who lived at the service. We saw that staff had good skills to communicate with people on an individual basis and used effective communication. We saw that the staff were confident within their role and understood the needs of the people they supported.

People had access to external health professionals when required. Records confirmed people had regular input into their care from a range of health professionals including dentists, GPs, community nurses, podiatrists and specialist nurses.

People's care records told us about their likes and dislikes in regards to food and drinks. People were supported to meet their nutritional needs. One person said: "Staff help me with dinner". Another person said: "I go shopping for food at [supermarket name]. I have support to do shopping". The staff told us people had their meals in their own homes and had a choice of where they would like to eat. Staff supported people to prepare meals as and when required, in line with individual care plans depending on their needs. One person told us: "The food is good and the staff have got me eating more healthily".

We recommend the service ensure all the up to date information is included in the most recent applications for DoLs to ensure that the most current restrictive practices can be reviewed by the relevant supervisory body.

Is the service caring?

Our findings

All of the people we spoke with said they were happy with the care they received at the service. People told us: "The staff are really good, very caring": "The staff are very good and nice with me". And: "They [the staff] are nice to me when I get upset".

We saw that staff interacted with people in a kind and caring way. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

We observed staff members treated people with respect. We saw staff always knocked on doors before entering people's homes and bedrooms. In the lounge areas staff acknowledged people by their name when they passed through. Staff we spoke with understood the importance of treating people with dignity and respect. They gave us examples of how they delivered care in a dignified and respectful manner. For instance, closing people's doors and keeping them covered as much as possible when supporting them with personal care.

People's support plans showed their circle of support. The information included their key worker at the service, professionals involved at day care services and family links. Support plans were written with easy read pictures to facilitate people with learning disabilities.

We found that people had been actively involved in the review of their care plans. We asked relatives if they felt they were included in plans about their loved ones' care. They said: "I am very much involved in the care planning here". And: "The staff take our views around the care needed into account".

People told us that their independence was encouraged in a positive way and their privacy and dignity was consistently promoted.

The home had policies and procedures that covered areas such as confidentiality, privacy and dignity. We saw that staff were aware of this guidance and were following it whilst supporting people who used the service.

We saw that people had individual bedrooms and their own space that facilitated privacy and independence. People's individuality was maintained. An example of this was a person who used the service who liked to collect kitchen utensils. The service had arranged an outdoor building where these could be stored and accessed safely.

Staff members said they had access to information in people's care records about what they liked and disliked.

People were supported to maintain contact with friends and family members outside of the service. One person said: "Family come and see me." One family member told us: "I visit all the time. [Name removed] likes to go for a walk in the grounds so we do that". Friendships were also encouraged and supported with

others from the service. We observed someone invite their friend from another cottage at Stanley Grange to share an evening meal with them.

We found that end of life care planning within the service was evident. One care plan we saw included input from the person and their family, as well as other professionals and staff members, to ensure that everyone was aware of how best to support the person.

Is the service responsive?

Our findings

People had their needs assessed shortly before admission to the service. The assessment was used to gather personal information about people to help staff better understand their needs. This included any cultural or religious beliefs people had, their next of kin, a medical history and a brief life history. The assessment also included sensory needs, finances, daily living skills, nutrition, medicines and the person's interests or aspirations. For example, one person's aspiration was to visit Disney Land in Paris on the Euro Star.

People had personalised care plans in place to guide staff as to how they wanted their care to be provided. Care plans included details about people's specific preferences and wishes. For example, one person's dietary care plan stated: '[name removed] likes to eat her meals in the quiet room'. The care plan also stated what support the person needed from staff and her food preferences.

There was a range of activities for people to take part in through links with the local community. One person attended a local disco each Wednesday. People told us: "I go out for some activities and I do some cleaning jobs": "I'm going shopping today". And: "I really enjoy going out to nice places with the walking club". One staff member said: "Every day is different, I know what [name removed] enjoys so will take him to see live bands or shopping".

Plans for the future of Stanley Grange include the re-instatement of a garden centre and woodwork shop that will be open for people who use the service to have an active part in. These developments will also be open for the public to access.

There were regular meetings with people to decide on future visits and activities. People who used the service told us that they were able to voice their opinions at any time but also at monthly meetings which were held in the individual cottages. Relative forum meetings were held each month by the trustees of the Stanley Grange Community Association and were attended by the trustees, the registered manager and friends and families of the charity. These meetings were a chance for information sharing and an open forum for people to suggest changes and improvements.

People knew how to raise concerns if they were unhappy about their care or the service. Nobody we spoke with raised any concerns during our inspection. One person told us: "I would talk to [staff member] if there was something I was concerned about. I am very happy here." Another person commented: "If I have a problem I can talk to [staff member] it would be sorted". A third person said: "I could talk to staff if I was unhappy about things". One family member said: "If there were problems I would talk to the manager".

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

Is the service well-led?

Our findings

We found a positive culture at the service was reported by all the staff members we spoke with. However staff told us that this was work in progress. This was due to the recent change in provider and management. Future Directions were appointed as the care provider for Stanley Grange following the purchase of the service from the previous provider. Some of the staff were transferred over onto Future Directions contracts. This change in provider brought with it a change in the way the service operated including the policies, procedures and paperwork.

Staff told us they felt supported by management overall. However, staff comments were variable. They said: "Management are approachable": "There have been a lot of changes very quickly and these are not always explained.": "I have raised concerns and they have been listened to and acted on. However communication from management could be better." And: "My manager is really good".

A relative told us: "I am not quite certain who the current manager is due to the recent changes but I know most of the team very well and think this place is very well run. They keep us informed and we also get feedback from the monthly meetings. I am fully aware of the situation over the past year with the change of ownership and the place being now run by a new company but I feel things are already improving."

A wide range of written policies and procedures provided staff with clear guidance about current legislation and up to date good practice guidelines. These were reviewed and updated regularly and covered areas, such as The Mental Capacity Act, Deprivation of Liberty Safeguarding, medicines, appraisal, staff supervision, individual planning and review and health and safety. However, our findings throughout the inspection demonstrated that staff were not always following their own policies and procedures.

We found that a quality assurance policy was in place but saw that audits were not always undertaken as part of the quality assurance process. Audits completed were not effective and did not always pick up areas for improvement or evidence of poor practice. For example, audits of the MAR charts failed to pick up that these were being completed by hand and staff were not following the service's policy and procedures. This resulted in people being put at risk of improper medicines administration.

We found that incident reporting was not always completed fully, investigated and reviewed. Trends and analysis data was not available. The incidents had not been audited or overseen by management.

The shortfalls in quality assurance and risk management amounted to a breach of Regulation 17 (1) (2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service took part in the interview process for new staff. People told us that they were able to voice their opinions at any time, that their opinions were listened to and that they could make changes.

We saw evidence of regular staff meetings that covered areas such as medicines best practice, staffing

issues and updates.

Staff used a communication book during staff handovers. This was used to record things that happened on a daily basis and to direct staff to read a particular person's care records. This helped staff keep up to date with people's changing needs or provided an update on a specific event.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. Regulation 11(1) (3)
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for people who use the service. Regulations 12 (2) (g)
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service provider must ensure that there is a robust system in place that can monitor the quality of service provided. Regulation 17 (1) (2) (a) (b) (c) (f)