

Future Directions CIC

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Future Directions CIC provides care and support to people who live in supported tenancies. People live together in tenancies with a small number of other people. It supports people with a wide range of needs, including people with a learning disability, mental health needs, autism, dementia and acquired brain injury. At the time of our inspection the service supported 208 people, of whom 170 were supported with a regulated activity.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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.

Without exception everyone we spoke with was full of praise for the service and its staff. The service was driven by its five values: 'put people first, be transparent, go the extra mile, be creative, be adaptable'. Through our observations and discussions with people and staff we saw that the service truly put these values into action.

People were treated with dignity and respect in a way that valued them as individuals. People were helped to set goals and staff supported them to achieve their dreams and aspirations and lead full and meaningful lives. People were helped to be as independent as they could be.

Staff worked with people to put together care plans that were person centred and achieved their desired outcomes. People benefited from support from small, consistent staff teams.

People were kept safe through robust safeguarding strategies. Staff were well-trained and received regular supervision to monitor their progress and ensure their work reflected the values of the organisation.

Staff were highly motivated and proud to work for an organisation which valued and praised its staff. There was a strong and knowledgeable management team who led by example and who were committed to continually monitoring and developing the service. The management team were passionate about the service. The service was forward thinking and innovative and worked creatively with outside organisations to promote the well-being of people with learning disabilities, autism, mental health needs, dementia and

an acquired brain injury.

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

Rating at last inspection

The rating at the last inspection of this service was good (report published 14 March 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 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Future Directions CIC

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 an inspector, an assistant 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.

Service and service type

This service is a supported living service. It provides care and support to people living in supported living settings, so that they can live as independently as possible. The service is based in Oldham, but provides support to people living in supported tenancies across the North, including Greater Manchester and East Lancashire. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service three days' notice of our inspection. This was to ensure there would be people available in the supported living tenancies to speak with us. Inspection activity started on 14 October 2019 and ended on 18 October 2019. We visited the service office 14 October 2019 and visited people in the supported living tenancies on 17 October 2019. We provided inspection feedback on 18 October 2019.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection reports and notifications. Notifications contain information about events the manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at 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. We used all of this information to plan our inspection. We gathered feedback from organisations that commissioned the service.

During the inspection

We visited the service office and reviewed a range of records. These included three staff recruitment files and supervision and training records. We reviewed a variety of records relating to the management of the service, including policies, audits and minutes of meetings.

We visited eight supported living tenancies where we looked at people's care plans and medicines records. We also looked at health and safety checks.

We spoke with 12 people who used the service, although these were not all full conversations. We spoke on the telephone with 19 relatives. We talked to several of the senior managers, including the managing director, the director of operations (registered manager), the assistant director of operations and the learning and development manager. We spoke with nine support staff.

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

- Everyone we spoke with during our inspection was very happy with the support they received. Relatives had confidence that staff would keep their loved ones safe. Comments included, "I know he's safe. He's always so happy to go back to where he lives. He smiles at them when they greet him"
- The service was committed to protecting people from the risk of abuse. Staff understood their responsibilities to report any safeguarding concerns. They were provided with training and had a good understanding of the safeguarding and whistleblowing procedures.
- Staff received training in positive behavioural support. This is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. Physical intervention was rarely used, and only by staff who had been trained in its use. The provider monitored any interventions to ensure they were used appropriately and only as a last resort.
- People who used the service were given information in an easy read format about what to do if they were treated poorly.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Disclosure and barring service (DBS) checks were completed, references obtained from previous employers and any gaps in employment explored. This helped ensure only people of good character were employed.
- People supported were involved in staff recruitment wherever possible. This included sitting on interview panels and asking interview questions. This gave them the opportunity to influence who the service recruited.
- People were supported by teams of staff who knew them well. There was good continuity of care. Gaps in the staff rotas, due to sickness or staff leave were filled by members of the staff teams, or by regular agency workers.
- Relatives told us they were happy with the staffing. Comments included, "We have regular staff. She loves them, they always have a smile", and, "They have good staff and continuity. They know her ways, they understand her and what she needs."

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

- Risks to people's health and well-being had been assessed and risk management plans were in place to guide staff on how to reduce the level of risk, while helping to maintain peoples' independence.
- People who might display behaviours that could challenge had person-centred risk assessments and plans in place to help staff identify triggers to distressed behaviour and how they should respond.

- Health and safety checks had been completed in each property. These ensured the building and equipment were safe. Everyone had a personal emergency evacuation plan (PEEP) which gave instructions on how to evacuate them safely from the property. People we spoke with knew what they should do if there was a fire in their home.

- All accidents and incidents that occurred within the service were recorded and investigated. A monthly analysis was completed to help identify any trends and minimise the risk of reoccurrence in the future. This helped to keep people safe.

Preventing and controlling infection

- Staff had a good understanding of infection control practices and used personal protective equipment, such as disposable gloves and aprons to prevent the spread of healthcare related infections.

- Staff supported people to maintain good housekeeping standards within their homes.

Using medicines safely

- The service operated safe systems for the management of medicines.

- People who received support with medicines had medicines risk assessments and care plans in place.

- Staff had been trained to give medicines. Some people required specialist medicines, for example medicines to help control epilepsy. Staff who supported these people had received additional medicines training.

- There was a process in place for dealing with medicines errors. This included an investigation and subsequent action, such as staff re-training.

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- During our inspection we saw that staff supported people to make their own decisions whenever possible. Staff used pictures to help people understand information more easily.
- People's care files contained mental capacity assessments for different decisions. Where people did not have the capacity to make a particular decision, the best interest process had been followed. For example, we saw details about a best interest meeting held to discuss whether a person should move to a different supported living setting.
- People had a thorough assessment before moving in to their supported living tenancy. The assessment included the involvement of health and social care professionals to make sure the service met people's needs.
- Staff assessed people's needs in a wide range of areas. These included their physical, emotional and behavioural needs. Assessments were used to develop people's individual care plans.

Staff support: induction, training, skills and experience

- The service was committed to ensuring all staff were well-trained and received regular supervision and support. Relatives told us staff were well-trained.
- All new staff received an in-depth induction to the service which prepared them for their employment. As well as a common core induction programme, staff received induction training specific to the person or people they would be supporting.
- Staff completed a variety of mandatory training including medicines management, autism, dementia awareness, positive behaviour support and moving and handling. The service was running a pilot leadership

programme for people aspiring to be managers and as refresher training for those people already in a management role.

- Staff were supported with their professional development through regular one to one meetings with a senior member of staff.

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

- People were helped to maintain good health, attend medical and hospital appointments and access relevant healthcare services, such as dentists and physiotherapists. People were supported to attend for healthcare screening and flu vaccinations where appropriate.
- Everyone had a health action plan which described how they should be supported with their health and well-being. Staff knew about people's different health needs and what they should do to help them stay well.
- The service was committed to the health campaign 'STOMP'. This aims to stop the over-use of psychotropic medication to manage people's behaviour, for people with a learning disability, autism or both. We were told about how staff had worked hard to encourage positive behaviour for one person, which meant they no longer needed a sedative medicine.

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

- People's care plans identified their needs and preferences in relation to their diet. Staff were knowledgeable about what food people liked to eat and drink.
- People were encouraged to make suggestions about what food they would like, and some were involved with food shopping and meal preparation.

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

- All the supported living properties were owned and maintained by housing associations. The properties we visited were generally well-maintained.
- People had been able to personalise their bedrooms as they wished.

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 remained the same. 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

- Without exception, relatives praised the service and its staff. Comments included, "The care that she is getting is amazing. We can tell that she is happy, by her body language" and "Unbelievable in everything they do, the way they look after her."
- During our inspection we saw many kind and thoughtful interactions between staff and the people they supported, and it was obvious staff had developed very warm and caring relationships with them. One person told us, "The staff are brilliant whenever I am upset they tell me I am going to be ok." Some staff had supported people for many years and knew them extremely well. They spoke passionately about how they supported people to live as full lives as possible
- People's differences were valued, and support was delivered in a non-discriminatory way. The service respected people's diversity and was committed to dispelling prejudice about learning disabilities.
- We spoke with some people supported by Future Directions who were proud to tell us about their involvement with the SPICE (supporting people into community employment) group. This group use their experience to teach others about learning disabilities and help improve services. Work they were involved with included staff recruitment, training at universities, hate crime awareness and speaking at events and conferences.
- People's sexuality was respected, and staff were non-judgemental and valued people's individuality. People were supported with their beliefs and religion where this was important to them. For example, we were shown a photograph of a person on their holiday being helped to light a candle in a cathedral, in memory of their mother.

Respecting and promoting people's privacy, dignity and independence

- The service was excellent at promoting and encouraging people's independence, while keeping them safe. Staff were proud to give us many examples of how they had worked with people to enable them to become independent in different aspects of their daily lives. A relative told us, "One staff member has helped him to progress and feed with a spoon."
- One support worker told us how they had researched and then purchased a piece of kitchen equipment to help a person who was registered blind make their own cups of tea. This had helped them become more independent in the kitchen.
- Staff talked to us about how involving people in day to day housekeeping jobs, such as helping with the laundry, cooking meals and tidying their rooms helped to give people a sense of belonging and self-worth.
- People's right to privacy and dignity was truly respected and staff we spoke with gave good examples of how they promoted this. For example, one person had their own lounge area where they could listen to their

music and record themselves singing. They did not like to be disturbed so staff had provided them with a 'do not disturb sign' for the door.

- One person's care plan identified that they liked to dress smartly. We saw that staff had helped this person to wear smart, coordinating clothes and helped them paint their nails in a matching colour.

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

- Staff helped people to have control over their lives and fully involved them in making decisions about how they wished to be supported. Staff put the service value 'put people first' at the heart of all they did.

- For example, we were told of one person who repeatedly asked which member of staff was on shift. They had been provided with an accessible rota with pictures of the staff members so that they could match the picture to the rota. This had helped them feel more in control and reduced their anxiety,

- People and those acting on their behalf were provided with opportunities to express their views about the care and support provided. Relatives told us, "I feel like they really listen. We have a lot of input", and, "They ring me. I'm kept in the loop with the care plan." People were given information in an accessible format to help them contribute to their care review. The review included looking at 'what's working and what's not working for me'.

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 the rating has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Future Directions CIC provided people with an exceptionally personalised service which met their specific support needs, preferences and wishes and which helped them live full and meaningful lives. Staff spoke warmly about the people they supported and told us how it was important to them to help people live contented and fulfilling lives. We saw this put into practice during our inspection.
- Staff worked with people to put together a care plan that was extremely person centred and achieved their desired outcomes. People's care plans were detailed and captured all aspects of the lives. For example, one person who was afraid of hospitals needed to have an operation. Staff went with the person into the anaesthetic room and sang some of their favourite songs to help calm their nerves.
- There was a strong emphasis on discovering what and who was important to each person and tailoring the support appropriately. For example, we met one person who always liked to have flowers in their house. Staff helped them buy flowers each week and display them in their lounge.
- Another person had special hygiene requirements associated with their religion. Staff ensured they were provided with the appropriate bathroom adaptations to promote their dignity and independence. This meant they were able to follow the teachings of their religion correctly.
- People were encouraged to set goals. People's care files contained information about their 'dreams and wishes' and we were told of many examples where staff had helped people to fulfil their dreams. For example, one person had wanted to increase their independence by venturing out of their home on their own by bus, having previously relied on taxis. Staff helped them gradually develop the confidence to be able to do this. We saw that this goal and many others, had been achieved. One relative told us, "They go above and beyond. It's amazing, it's absolutely fantastic."
- Staff went the 'extra mile' and we were told of many examples where staff had come into work on their day off to support a person when it was important to them. For example, some staff supported people to attend hospital appointments in their own time so that they could help reduce their anxieties. One person was supported to meet hospital staff and see equipment that would be used prior to their appointment.
- Some staff had invited people who did not have any family or friends to their homes for special celebrations, such as Christmas lunch.

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 take part in a wide range of social activities and interests of their choice. These included trips out shopping, to restaurants, art classes, the gym, theatre, and on holidays both in the United Kingdom and abroad. Some people volunteered, and others were supported to attend college.

- Staff kept the service value 'be creative' at the heart of their work. They continually looked for innovative ways to help people have fun and take part in activities that were meaningful and interesting. For example, one person who loved all things to do with skating had been supported to visit a local ice rink and helped onto the ice in their wheelchair.
- Friendships were enhanced through the service 'Friends for Life' group, which helped people meet on a regular basis and enjoy activities together. The group's most recent initiative to foster friendships and prevent loneliness was to encourage people to send a Christmas card to people who might not otherwise receive one.

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.

- Staff had assessed people's ability to communicate and were skilled at helping people to communicate their needs and wishes and understand what was being said to them. This ensured people were included in decisions and helped prevent them from feeling isolated.
- Staff knew people very well and were aware of the different ways they communicated. For example, one person used certain specific words to describe where they would like to go for a trip out. Another person used 'scrabble' letters to spell out words.
- Care documentation was written in plain language and enhanced with clear, colourful pictures to help people understand them and enable them to contribute.

Improving care quality in response to complaints or concerns

- Everyone we spoke with was extremely pleased with the service and no one raised any complaints or concerns with us during the inspection. Relatives told us they were aware of how to complain, if they had to. One relative told us, "As a family we have built up an excellent relationship with the staff and carers. If I was unhappy I could complain but I don't need to."
- The service had a clear system for recording, investigating and responding to any complaints or concerns. Learning from complaints was shared with staff through team meetings and staff supervision.

End of life care and support

- The service could provide support to people at the end of their lives. Staff helped people live life right until their last days. For example, a person with only a very short time to live wanted a party to celebrate their life. Staff bought a cake and balloons and helped them have the party they wanted.
- Staff provided excellent support to people who experienced a bereavement. For example, staff helped people to make memory boxes when a loved one had died.
- People's end of life wishes were recorded in their care files, in easy read format.

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 outstanding. At this inspection the rating has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There was a strong emphasis on the five values of the organisation and through talking to staff and people who used the service and through our observations, we found these were lived out in the day to day work of the organisation. Since our last inspection, the service had developed a values and behaviours booklet which outlined the values and behavioural expectations of all employees at every level.
- Since our last inspection the service had been shortlisted for a number of national care awards as recognition of their outstanding contribution to the people they support. In the Skills for Care Accolades 2018 the service won two awards.
- People received support which was exceptionally personalised. Everyone we spoke with praised the service and its staff. Comments included, "If we had a world with carers like them the world would be a better place. He loves living there and they keep me informed. They are amazing and always go the extra mile for him", and, "I feel like I've won the lottery. The carers are excellent, it's like an extended family and runs like clockwork."
- Staff were highly motivated and proud to work for the service. One support worker told us, "The culture (of the service) is about making sure that everyone is safe, supported, content and happy in their own way." Staff were proud to tell us how they had helped to make a difference in people's lives. For example, one person had been unable to speak when they first moved to the service. With patience and encouragement from staff they were now able to talk.

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

- The service was extremely well-managed. There was a strong leadership team and the organisation's structure provided clear lines of accountability and responsibility. The leadership team met regularly to discuss all aspects of the organisation.
- The organisation was forward-thinking and promoted a culture of innovation. We found many new developments had been implemented since our last inspection. These included delivering training courses for people to educate them in cyber security and staying safe online when using social media. This helped people to keep in touch with their friends, access information and develop new friendships safely.
- Since the last inspection the service has created a dedicated email address for complaints to help modernise its complaints process.
- Effective quality monitoring systems were in place to continually review and improve the service. Audits were completed at a local level and these fed into the wider governance system for the whole organisation.

- There was excellent oversight of accidents, incidents and complaints and information was shared throughout the organisation to ensure the correct action was taken. For example, incidents involving behavioural problems were discussed with the lead behavioural nurse, who reviewed the appropriateness of behavioural interventions.

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

- The service regularly sought feedback from people. This ensured everyone had a voice and contributed to decisions about the support they required. The service had its own 'getting it right' team, made up of people supported by Future Directions. They used an easy read audit tool to ask others if they were happy with the service and to write a report and make recommendations.
- People who used the service, families and staff contributed to the vision and future planning of the service through quarterly engagement sessions. Feedback from these sessions formed the basis for the annual service plan.
- Since our last inspection the service had added new questions around friendships and relationships to their questionnaires. Information gathered from these showed that people wanted more opportunities to develop friendships and this resulted in the establishment in 2018 of the 'Friends for Life' group.
- Staff praised the way the organisation encouraged and supported them. One person told us, "It is just such a good company to work for." Since our last inspection the positive behaviour support lead had completed a 'high intensity therapist' course. The positive behaviour support lead offers support to staff and people the service support, with their mental health and well-being.
- The service had initiatives to show staff they were valued and to promote staff wellbeing. For example, staff awards and the annual 'Celebration day' where people who used the service and staff came together to celebrate their achievements. The registered manager told us, "We are trying to create a climate where people are appreciated."
- Staff contributed their thoughts and experiences through regular meetings. The service produced a monthly newsletter which kept people and staff informed about what was happening within the organisation and celebrated people's success stories.

Working in partnership with others

- There was a strong emphasis on collaboration with other organisations to help improve understanding and support for people with learning disabilities. For example, people who used the service had made a training DVD about internet safety. Support for this project had been provided by Manchester's community safety partnership.
- The service was involved with a number of research projects. For example, some people were involved with the GM Gold (Greater Manchester growing older with learning disabilities) project.
- The service worked with local universities to provide training opportunities for students including those studying for nursing, radiography and social work degrees.

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

- There was an open and transparent culture at the service. The registered manager understood the duty of candour in respect to being open and honest with people and relatives.
- The registered manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.