

Fine Futures Limited

Finefutures

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fine Futures provides a service to people with learning disabilities, autism or mental health needs living in their own homes. People's support is based upon the individual needs and can range from 24-hour care to a set number of hours each week.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were positive about the support they received. People were familiar with the staff and felt comfortable in their presence. Staff had received training and understood the importance of protecting people from harm. Risks to people's health had been detailed in care plans for staff to refer to. Risks had been reviewed periodically and in line with people's needs. The registered provider had processes in place to recruit staff safely. Where appropriate, people were supported with their medicines. Staff received training on supporting people which was reviewed regularly. Support people received was monitored so that if improvements were needed, these were implemented.

People's needs were assessed prior to them joining the service so that the registered manager had the correct support in place prior to the person commencing their care. Staff training needs were reviewed and monitored to ensure staff training was up-to-date. Staff were also supported with regular supervision meetings and encouraged to take up opportunities in order to further develop their career. Staff had good links with a number of healthcare professionals in order to seek further guidance when needed. 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.

People liked the staff supporting them and staff had developed a good understanding of their individual needs. People's cultural and religious preferences were taken into account. Staff understood how to support people whilst maintaining their dignity and promoting their independence.

People were involved in regularly reviewing their care so that it met their needs. As people's needs changed their care was adapted to reflect their needs. People understood they could speak to staff or the manager if they were unhappy about anything in connection with their care. Where appropriate, discussions had taken place about people's end-of-life care needs.

People and staff felt able to speak and approach the registered manager to discuss any issues that were important to them. Staff felt communication from both the registered manager and registered provider was forthcoming and open. Systems were in place to review and check the quality of care people received. The

registered manager worked with other stakeholders in order to further develop the service and deliver care based on best practice.

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

Rating at last inspection The last rating for this service was requires improvement (published 09 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Finefutures on our website at www.cqc.org.uk.

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 responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Finefutures

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

There was one inspector in the inspection team.

Service and service type

This service provides care and support to people living in a number 'supported living' settings, so that they can live as independently as possible. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, training manager, quality assurance manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records sent to us by the registered manager. We also spoke with three relatives by telephone.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe around staff. Relatives felt assured their family member was safe. Staff had received training on how to protect people from harm. Staff felt assured that the registered manager would take the appropriate action if they raised any concerns. Staff also understood people's individual circumstances and any issues in relation to their safety in order to help keep them safe.

Assessing risk, safety monitoring and management

- Risks to people's health had been documented and were reviewed when needed.
- Staff understood the risks that people lived with. Risks to people's health and wellbeing had been documented in people's care plans for staff to refer to.

Staffing and recruitment

- People told us they received support when they needed.
- The registered provider told us they planned recruitment based on people's assessed needs so that they had sufficient staff to support people.
- Systems were in place to recruit staff safely. Checks of potential staff included references, identity checks as well as Disclosure and Barring Service (DBS) checks. These were followed up prior to staff commencing employment.

Using medicines safely

- People were receiving support in line with guidance detailed in people's care plans.
- Staff had received training on supporting people safely. Training was updated annually to assure the registered provider staff could competently support people.

Preventing and controlling infection

- Staff had received training in preventing the spread of infections. Staff had access to equipment that would help them limit the spread of infection. Equipment included gloves, aprons, and hand gels.
- Staff had received training and understood the importance of preventing the spread of infection.

Learning lessons when things go wrong

- When electronic care plans systems did not reflect the detailed information staff would need to support people safely, the electronic system was amended. The management team collaboratively worked on refining the bespoke system so that care plans detailed the information needed to support people as well as run audits to check people were supported appropriately.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection staff training had been identified as being an issue as not all staff had up to date training. At this inspection we found the situation had much improved and robust systems were in place to monitor staff training.

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

- People's needs and preferences were assessed prior to them beginning a care package with the service. This was to ensure the registered manager had the correct support in place. Where people had specific needs, training was offered to staff.

Staff support: induction, training, skills and experience

- Staff told us they received training and guidance which exceeded their expectations. One staff member told us about how they were encouraged through training and support to take on board further career opportunities. Since the last inspection, the management team had reviewed training and the delivery of training and had overhauled support offered to staff. The training manager explained that staff received a comprehensive support package in order to meet the needs of people using the service. This was supplemented by in depth training during their induction so that staff received the appropriate training.

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

- People told us they were supported by staff to purchase food that reflected their choices and preferences. One relative told us, "They do go out shopping for food together." Where people's weight was a concern, people were encouraged by staff to select healthier options.

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

- People told us staff supported them to attend appointments and access healthcare services. Relatives told they were confident staff would seek advice and guidance from healthcare when needed. The registered provider told us they had access to a multidisciplinary group of professionals that could support and guide staff as appropriate. For example, physiotherapists and speech and language therapists supported people when this was needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to assess persons ability to make decisions. People were supported to make as many decisions as possible for themselves. Staff understood the importance of consent and had received training.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now 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

- People liked the staff supporting them and felt at ease in their company. People told us staff were kind and listened to them. One relative described staff as "Really fantastic." Another relative told us, "Really good."
- People were supported by a diverse team that had received training in celebrating people's lifestyle and culture. Where appropriate, staff supported people to maintain their cultural heritage and respected their lifestyle choices.

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

- People were involved in their day-to-day care. People told us about how they made decisions that were important to them. For example, one person told us about how they have planned with staff what they were going to do that day. They told us they enjoyed being involved in decisions because it meant doing things that they liked.

Respecting and promoting people's privacy, dignity and independence

- People were supported to achieve independence in ways that were important to them. For example, staff understood what people were able to achieve in order that their independence was promoted. One person was supported to move to another part of the city where they had developed a strong network of friends. Staff knew when to intervene and when to allow person to attempt to do something for themselves. Care plans we reviewed detailed guidance for staff to refer to if they were unsure about the level of support people needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they regularly discussed with staff their care needs. They discussed with staff the things they liked as well as the things they did not. People were encouraged to feedback about the care they received. Families confirmed regular care reviews took place and they were invited to share feedback. For example, people were asked for their feedback about the staff supporting them so that people felt comfortable with the staff supporting them. One person had expressed a reluctance to be supported by a particular staff member. The registered manager took action and ensured the person was supported by people they had a good working relationship with. Where people's needs had changed, people's care was adjusted accordingly. For example, one person's care needs had decreased as the person became more independent. The person's care together with a care plan was updated to reflect their current needs.

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 told us they used a number of ways in which to support people with the communication. For example, we saw where it was appropriate staff used shorter, simpler sentences to enable the person to understand the information they were given. Staff told us they also had access to a speech and language therapist who was able to support staff to communicate information. For example, one of the people being supported recently underwent a medical procedure and staff were able to draw upon the speak and language therapist's support in order to explain the information fully to the person.

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 maintain interests and relationships that were important to them. One person told us about how staff supported them to regularly visit their family. Another person told us about all friendships they had developed in the social activities they were supported to attend. Staff understood people's interests and supported people to achieve these.

Improving care quality in response to complaints or concerns

- People and families understood they could complain if they needed to. Systems were in place to register, review and respond to complaints. Copies of complaints were also shared with the registered provider in order to identify any trends in care or staffing support.

End of life care and support

- The registered manager had where appropriate initiated conversations with people and their families in order for them to consider end-of-life care planning where appropriate. In circumstances where families did not want to consider this information, the registered manager had the appropriate information about who to contact in the event of a life limiting emergency.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we identified that quality assurance checks were not effective and staff training was not being monitored adequately. At this inspection, we found a comprehensive system in place to monitor people's experience of care that included staff training.

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

- People were central to the service. Relatives told us communication was forthcoming and they had confidence in the registered manager and how care staff supported people.
- Staff told us the registered manager was approachable and that could speak with any one of the management team.

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 provider understood the duty of candour and promoted an open and honest culture within the service.

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

- The registered manager had clear systems in place to routinely check the quality of care people received.
- The registered provider also had systems in place to assure themselves that the care people received was of a standard they expected.
- The registered manager together with the registered provider understood their responsibilities. Statutory notifications were submitted appropriately and promptly. The inspection rating was displayed at the service.

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

- People and their families were supported to provide input about the service. Regular reviews were used to gather feedback about the service people received.
- Staff were encouraged to feedback about the service through staff meetings and supervisions meetings. Staff told us they felt listened to and that communication from the management team was open and clear.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with the management team to ensure lessons learnt from the previous inspection were embedded.
- The registered provider worked together with the management team to people's experience of care was regularly checked. The management team undertook a number of quality checks to try and identify trends where this was appropriate. Where action was needed, the registered manager took the appropriate action.