

Mrs Charlotte Pow

4 Futures

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

4 Futures provides care and support for people with a learning disability or autistic spectrum disorder, younger adults and older people. The service provides care and support to people living in a 'supported living' setting; the people receiving support at the time of inspection lived in one four-bedroom house.

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. At the time of our inspection, the service was supporting four people, however only three people received support with personal care.

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

People were cared for safely. Risk assessments were in place and reviewed regularly and as people's needs changed. Staff understood safeguarding procedures. There were safe procedures in place for the administration of medicines and people received their medicines as prescribed.

Pre-employment checks were carried out to ensure that only suitable staff were employed. There were enough staff to meet people's care needs.

People made decisions about their daily routines and these were respected by staff. 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 were supported to access health care services when needed. People received the support they needed to meet their nutritional needs.

People's care records contained clear information covering all aspects of their support needs. Staff had a good understanding of people's wishes and individual preferences. People's personal histories, preferences and dislikes and diversity needs such as cultural or religious needs were considered within the care plans.

Staff received the training required to meet people's needs. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and people were treated with respect. Staff maintained people's dignity and promoted their independence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager was also the provider. They were involved in all aspects of the running of the service and had suitable processes in place to monitor and develop the safety and quality of the service.

The provider worked in an open and transparent way and was keen to develop and improve the service. People knew how to make a complaint if they were not satisfied with the service received.

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

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

4 Futures

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 one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 November 2019 and ended on 28 November 2019. We visited the office location and people at home on 26 November 2019 and spoke to relatives on the telephone on the 28 November.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this

information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People found it difficult to communicate with us about their experiences of support due to their complex support needs, however one person was able to indicate they were happy with the support they received. We spoke with two people's relatives and one health care professional. We spoke with five members of staff including the provider and four support workers.

We reviewed a range of records. This included two people's care files and three people's medicine administration records (MAR). We also examined a variety of records relating to the management of the service, including quality assurance processes and staff supervision and training records.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required. One person's relative told us, "I feel totally at ease knowing that [person's name] is supported there."
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to. Information on how to report abuse was available to staff and they knew where to find this should they need it.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned into their care. Personalised risk assessments considered risks in the environment and in delivery of personal care. For example, where people were identified as at risk when undertaking certain activities, guidance was provided to staff on how to support them.
- People, their relatives where appropriate and staff that knew them well were involved in the risk assessment process.
- Personalised evacuation plans were in place to support staff and people to evacuate their home safely in the case of an emergency. Fire risk assessments were regularly reviewed and up to date.

Staffing and recruitment

- The provider carried out safe recruitment procedures to ensure that all staff were suitable to work at the service. All the staff files we viewed contained evidence that criminal records checks, and satisfactory references were in place before staff began work.
- However, copies of personal documentation obtained to carry out staff recruitment checks had not been retained. We discussed this with the provider who recognised the need to keep a copy of this information and immediately reviewed their recruitment procedure.
- People received their care when they needed it and there were enough staff available to provide people's support. Staffing was flexible and adjusted depending on people's needs and choices.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines.
- Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Medicines administration was regularly checked, and audits were completed to ensure compliance. Any discrepancies identified were followed up with staff to improve practice.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control.
- Staff confirmed personal protective equipment (PPE) such as gloves and aprons were available for use when necessary. For example, when supporting people with personal care.

Learning lessons when things go wrong

- Records showed that staff knew how to record and respond to incidents and accidents.
- Accidents and incidents were reviewed by the provider, and action taken to address any identified concerns.

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.

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

- People's needs were assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's spiritual and cultural needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing an experienced staff member.
- Staff received suitable training for their roles. Mandatory training was refreshed regularly and included safeguarding, equality, diversity and human rights and first aid. Additional training was provided to enhance staff understanding and skills in areas such as epilepsy and positive behaviour support. One member of staff said, "We get regular updates in all our training, I've also done autism training which was really good."
- Staff attended regular supervision with the provider and told us they felt supported in their roles. One member of staff said, "I have regular supervision with [provider], I enjoy it we get all the help and support we need."

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

- People were supported with menu planning, food shopping and meal preparation in a way which ensured their decisions and preferences were followed.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements.

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

- The service worked in partnership with health and social care professionals to maintain people's health and emotional wellbeing; this included GPs, dentists and specialist nurses.
- Health appointments were recorded in people's daily notes and showed that staff followed the advice of health professionals.
- People were supported to live healthier lives. For example one person had been supported to lose a large amount of weight; their relative told us their health and emotional well-being had significantly improved as a result.

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.

- Care plans consistently referenced people's ability to make their own decisions.
- Care staff had received training in MCA, and understood the importance of seeking consent from people and people were supported in the least restrictive way possible.
- Mental capacity assessments and best interest decisions had been completed for decisions that people were unable to make for themselves. Some mental capacity assessments had been completed for more than one decision. However, we saw the appropriate people such as family members and health care professionals had been consulted for all assessments and decisions and appropriate best interest decisions had been completed where people lacked capacity. The provider agreed to review their practice when assessing mental capacity to ensure that all decisions were considered individually.

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 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 a small team of staff that were kind and caring. People and staff enjoyed each other's company. A person's relative told us, "They all get on so well, the staff and people. The staff treat them so well, they're very understanding and totally on the ball." Another person's relative said, "The staff are really, really good. When [person's name] comes to visit, they're always happy to go home... they get on really well with everyone."
- People's relatives told us that staff had time for people, their support was not rushed, and staff provided emotional support to people and reassured them when they were anxious.
- Care plans detailed people's preferences as to how people liked their care to be delivered and provided information about people's social, cultural and religious needs.

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

- People were encouraged to be involved as partners in their care and staff provided the support they needed to make decisions for themselves, or to participate in decision making.
- People's relatives said they were consulted about their loved one's care. One person's relative said, "We all did the support plan together with [person's name]. We have regular reviews and can have meetings anytime."
- People were involved in decisions about staff recruitment. People met prospective staff and spoke with them as part of the interview process.
- Records showed that care plans were regularly updated and were completed alongside people and their families, following their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw that people could spend time on their own and their bedroom was their own private space.
- Staff were respectful of people's private space and ensured they protected the person's privacy when supporting them with personal care. We saw that people were supported to take pride in their appearance.
- People were encouraged to be as independent as possible and were supported to engage in activities around the home and outside in the community. We saw many examples of people's independence improving as a result of receiving support from the service.

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 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

- We received positive feedback about the service and the way people's support was provided. One person's relative said, "It's wonderful, I feel so lucky that we found the service, [person's name] loves it and the staff are brilliant."
- Feedback received from health professionals involved in people's support was positive. One specialist nurse who worked with people supported by the service told us, "I have been very impressed with [provider] and how they respond. My input has reduced because they know what they need to put in place and they do it."
- People received their support from dedicated teams of staff who knew them well and helped them fulfil their wishes and aspirations. For example, one person had not had a holiday for many years and had enjoyed two holidays with staff. Another person had been supported to enjoy a train journey for the first time.
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on people's personal care needs and cultural 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.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs. For example, pictorial and easy to read information was provided to support people's understanding.

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 contact with their family. One person's relative told us staff had provided extra support to enable their family member to continue to visit them.
- Staff understood the importance of enabling people to pursue their interests and meet their social needs. During the inspection people's relatives told us about the activities people took part in and enjoyed. One person's relative said, "There's lots of social things, [person's name] is out all the time, they get lots of choice, they only have to say, and they get to do it."
- People were supported to be an active member of the local community. One person had been supported

to find voluntary work in a local café and helped out at a local community group.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue addressed.
- There was a complaints procedure in place; the provider had received no complaints.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- The provider had an end of life policy in place.

Is the service well-led?

Our findings

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

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

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

- There was a positive and open culture in the service. It provided people with a happy and homely atmosphere, where they were empowered, and their well-being was the central focus for staff.
- People's relatives and staff told us the provider knew people well and was available to them. One person's relative said, "[Provider's name] is always there at the end of the phone if needed."
- Staff were proud of working for the service and of the quality of care provided. They spoke about providing a good quality of life for people and staff working well together as a team. One member of staff said, "Everything is organised, all that needs to be done is done and we all work together."

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the care and support at the standards required.
- The provider regularly worked with staff to provide people's support. They also carried out audits of the service to maintain oversight of the safety and quality of the service and drive improvement.
- The provider was aware of the requirement to notify CQC and other agencies of incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular contact with people, their relatives and staff. We also saw that people had been provided with feedback leaflets to complete. All the feedback we saw was positive.
- Staff attended regular meetings to discuss the running of the service.

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 provider was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. People's relatives told us the service was open and transparent. One person's relative said,

"[Provider's name] is excellent, we have regular chats and any problems we talk about them. She keeps me informed."

- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care

- The provider listened to people and staff and responded to suggestions for improvement. One member of staff said, "It's a two-way process and any ideas are well received."

Working in partnership with others

- The registered manager worked closely with commissioners and health and social care professionals involved in people's support to ensure people received appropriate care.
- Staff worked well with other organisations and had good relationships with other care providers such as local GPs and dentists. They collaborated with them to achieve good outcomes for people. This included continually encouraging and supporting people to develop their skills, improve their health and wellbeing, and live as independently as possible.