

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

Fine Futures provides a supported living service to people with learning disabilities, autistic spectrum disorder or mental health problem living in their own home. People lived in supported tenancies that were staffed 24 hours a day. The service is registered to provide personal care to people, 15 people received personal care at the time of our inspection.

We visited the offices of Fine Futures on 3 May 2016. We told the provider before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

The service was last inspected on 12 June 2014 when we found the provider was compliant with the essential standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service did not have a registered manager. 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. The provider had appointed a manager who was applying to register with us.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care. Care staff understood how to protect people from abuse and keep people safe. The character and suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

The managers understood the principles of the Mental Capacity Act (MCA), and care staff respected people's decisions and gained people's consent before they provided personal care.

There were enough care staff to deliver the care and support people required. Care staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. Care staff had the right skills to provide the care and support people required.

People told us care staff were kind and respectful and knew how people liked to receive their care. Support plans and risk assessments contained relevant information to help staff provide the personalised care people required. People knew how to complain and information about making a complaint was available for people. Care staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There was an experienced management team who provided good leadership and who care staff found approachable and responsive. There were systems to monitor and review the quality of service people

received and to understand the experiences of people who used the service. This was through regular communication with people and staff, spot checks on care workers and a programme of other checks and audits. Where issues had been identified, the provider acted to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibility to keep people safe and there were procedures in place to protect people from risk of avoidable harm. Care staff understood the risks relating to people's care and supported people safely. There were enough suitably experienced staff to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care staff completed induction and training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care staff respected decisions people made about their care. People received support to prepare food and drink where required and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by care staff who respected people's privacy and promoted their independence. People received care and support from care staff that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and how they wanted to be supported. People's care needs were assessed and people received a service that was based on their personal preferences. Care staff understood people's individual needs and were kept up to date about changes in people's care. People

knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The management team were committed to providing a person centred service that focused on the needs of the individual. Care staff shared these values and felt supported to do their work. The managers provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

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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 reviewed information received about the service, for example, from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They had made recent visits to the service and had no concerns about the service provided.

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 were able to review the information in the PIR during our inspection. We were also provided with names of people who used the service that we could contact by telephone to find out their views about the service. Due to people's disabilities they were unable to speak directly with us, so we spoke with their relatives to find out their views.

We spoke with six relatives over the telephone to find out their experience of using the service. We also sent care staff a survey by email to find out their views of working for the service. Twenty surveys were sent to staff; at the time of writing this report one survey had been returned.

The office visit took place on 3 May 2016 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with other staff. The inspection was conducted by one 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.

During our visit we spoke with a support worker, a senior support worker, a service manager, the lead occupational therapist, the head of care, head of learning and development, the quality assurance manager,

the manager, and the provider of the service. We also spoke with two people who used the service who visited the office with staff while we were there.

We reviewed two people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Is the service safe?

Our findings

All the relatives we spoke with felt their family member received safe care and would speak to one of the managers if they had any concerns. One relative told us, "Yes I do think [person] is safe. If I had any concerns my first port of call would be his house manager."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training and knew how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. One staff member told us, "I completed an update on safeguarding yesterday. It gave me a gentle reminder about how to safeguard people, it makes you more alert." Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform one of the managers if they had any concerns about someone's safety.

The provider's recruitment process minimised risks to people's safety because checks were made to ensure staff who worked for the service were of a suitable character. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Each person had plans completed to instruct staff how to manage and reduce the risks. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person had epilepsy and their risk assessments and support plans instructed staff how to manage this safely. Staff followed the instructions, which minimised the risk of harm to the person. Staff knew how to monitor the person's epilepsy and when to administer emergency medicines to keep the person safe. The risk assessments we looked at were detailed, up to date and were reviewed regularly.

Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. One staff member told us, "All risks to people's care and support have plans in place so we know how to manage risks." They told us about one person who when they became anxious displayed behaviours that put themselves or others at risk. Staff knew how to identify when the person was becoming anxious and how to interact with the person to manage and calm behaviours before they escalated.

Staff and relatives told us there were enough staff to meet people's needs. Staff supported people on a one to one basis, which meant people always had a member of staff with them during the day. We looked at the staffing support for one person who lived in a shared tenancy. We were told by the managers that the three people who lived there were supported by three staff during the day, and two staff throughout the night (one of which was a 'sleep in' who could respond in an emergency). Staff we spoke with confirmed this was the usual compliment of staff and that this was sufficient numbers to provide the required level of support to people both inside and outside the home. Rotas confirmed the staffing levels we had been told.

We looked at how medicines were managed by the service. Staff told us they were confident assisting people with medicines as they had received training that explained how to give medicines safely. Staff had their competency checked to make sure they continued to give medicines safely.

Some people were prescribed medication 'as required' to manage emergency health conditions such as epilepsy or to manage specific behaviours. There were clear protocols in place for staff to follow and refer to. Staff we spoke with had a good understanding of people's protocols and when to administer emergency medicines. This ensured people received 'as required' medicines safely and when they needed them.

There was a procedure to check medicine records to make sure there were no mistakes. Care staff told us they checked medicines against the medication administration records (MAR) on each shift to make sure there were no gaps or errors. If they identified any errors they reported this to their service manager, who would re-set standards with the staff member concerned if required. Additional checks were made on MARs by managers to ensure care staff had administered medicines correctly. Completed MARs were returned to the office for auditing and filing. Medicines were managed safely, staff were trained to administer medicines and people received their medicines as prescribed.

Is the service effective?

Our findings

Relatives told us care staff had the right skills and knowledge to meet their family member's needs. One relative told us, "The carers do seem trained to do their job. [Person] can have difficult behaviour at times and they deal with it very well."

Care staff completed an induction which prepared them for their role before working unsupervised. One staff member told us they received all the training needed to support people's individual needs, choices and preferences. They told us, "I had a thorough induction and training when I started and I have had recent updates to refresh my knowledge." The induction was linked to the Care Certificate which provides care staff with the fundamental skills they need to provide quality care. This demonstrated the provider followed the latest guidance on the standard of induction care staff should receive.

Staff told us the managers encouraged them to keep their training and skills up to date. The managers maintained a record of staff training, so they could identify when staff needed to refresh their skills. The training and development manager told us, "I get to train and support our workforce. If you look after your staff in turn they provide good quality care to our customers." Staff told us regular training kept their skills up to date so they could continue to support people effectively. One member of staff told us, "We have good support and are given the knowledge and training to support what we do. Training is brilliant, this is the only care job I have done but I feel confident in what I do." Another staff member told us, they had recently received refresher training in Autism awareness. They told us this had increased their understanding of autism and how this could impact on the person they supported. "I wasn't fully aware that people with autism are more sensitive to noise, and how loud noise can have a negative effect on their behaviour." They went on to explain they now spoke to the person using a low tone of voice and understood why the person removed themselves from the room when the washing machine or vacuum cleaner was used. The provider also supported staff to achieve nationally recognised qualifications and to maintain professional qualifications where required.

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. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any authorisations to deprive a person of their liberty were being met. The managers understood the principles of MCA and DoLS and had a good understanding of the legislation. Capacity assessments had been completed where people were seen to lack the ability to make decisions and to understand the consequences of the decisions they made. Where people were being deprived of their liberties, for example where people were supervised at all times, applications had been submitted to the local authority for their

consideration. This demonstrated the managers were acting in accordance with the MCA.

Relatives told us staff gained their family members consent before they provided support. One relative told us, "Yes, I have seen them ask him if it's ok before they do something." Staff demonstrated they understood the principles of the MCA and DoLS. They described asking people for their consent and respecting decisions people made. Where people could not make decisions for themselves, staff understood important decisions should be in their 'best interests' in consultation with health professionals. A staff member told us about the person they supported, "Although [name] can make some decisions we have to have a certain amount of control to keep her safe. We wouldn't let her go out on her own as she wouldn't remember how to get back." The appropriate request had been made to the local authority for the restrictions in place.

Most people were supported by care staff to prepare their food and drinks, although some people were able to make snacks and drinks with prompting or supervision. Several people who were dependent on staff to provide their food and drink had limited verbal communication. Care staff told us they used pictures to help people decide on meal choices. Where required, people had their food provided in a way that supported their health needs. For example, one person had their drinks thickened after being assessed by the speech and language therapist (SALT). Staff knew people's food requirements and preferences, and supported people to eat a healthy diet where possible.

People using the service required support to manage their healthcare, and support plans contained information about people's health needs. Records showed people had routine health checks with dentists and chiropodists and that speech and language therapists, dieticians and G.Ps were consulted as required. Staff had completed training to support people's health conditions such as epilepsy and diabetes. Guidelines informed care staff how individual's health conditions were to be managed. Care staff we spoke with knew the people they supported very well and were able to monitor and respond quickly to people's health conditions. For example, one person had diabetes and epilepsy. The staff member knew how to monitor and respond to both conditions, they understood the person's behaviours and could detect changes very quickly to keep the person safe and well.

Is the service caring?

Our findings

Relatives were generally happy with the care provided to their family member, and thought they were treated with dignity and respect. Comments from relatives included, "Treated with dignity and respect, yes definitely, very much so," "The team he has now does," and, "I am quite happy with the care my son receives; now he has a settled staff team things have improved."

We observed the interaction between staff and the two people who used the service who came into the office during our inspection. We saw staff treated people in a kind, friendly and respectful way and knew the people they cared for well. People laughed, smiled and chatted with several staff working in the office. It was evident staff in the office knew both people very well.

The service made sure people received care from consistent support staff where possible. One manager told us, "Where new staff will be working on a one to one with people their induction includes 'shadow shifts,' (working alongside an experienced member of staff), so they get to know the person and we can see if the support worker is compatible with the client." Everyone we spoke with told us it was important to have staff that knew people well. A relative told us there had been several changes in the staff team that supported their family member, which had been unsettling for them, "This is the third staff team, there had been problems with the last one, this one is better and things have improved greatly. They are doing the best they can." A manager told us, "We make sure every customer has a regular staff team, which ensures continuity. This is extremely important because unfamiliar staff would have a detrimental effect on some customers and would impact on their behaviours. We have had to make some changes to one of our services, this did upset the people who lived there at first but it has worked well and people seem very happy with the new staff team."

Staff told us they involved people as much as possible in making daily choices and decisions. This included what people would like to wear, what food and drink they wanted and how they would like to spend their time. One person who used the service told us they had been out walking and swimming before coming to the office. The person used single words and Makaton sign language to communicate. ((Makaton is a simple sign language devised to assist people with a learning disability, who have limited verbal skills, communicate with people). The staff member supporting the person knew how to communicate effectively with the person and supported them to have a conversation with us.

Several people who used the service had limited verbal communication. Communication plans had been devised, and staff knew how to support people's communication so they could make choices about their care and support. This included using pictures, visual prompts and communication aids which helped people to maintain involvement in their care by making their own decisions.

Managers and care staff we spoke with told us they ensured people's privacy and dignity was maintained and people were treated with respect. A member of care staff told us how they supported people's privacy, "I always make sure that I am respectful and polite. When providing personal care I let [name] know I am just outside if they need anything. I make sure blinds and doors are closed before they have a shower." Staff we

spoke with understood the importance of people having privacy when required. A service manager told us, "We are there 24/7 and customers often need their own space and time on their own. If people want to spend time on their own in their bedrooms, staff respect this." This made sure people's privacy and dignity was maintained.

People were involved in making decisions about their care and had regular reviews of their care needs. People and their relatives were involved in planning their care and where possible people made decisions about how they were cared for and supported. A manager told us, "We promote the independence of all our customers. We try and ensure they are given the choice to live their life how they choose. Our aim is to offer good quality consistent care in a person centred way." A relative told us their family member had moved to a more rural setting and they felt this did not always support their independence. We spoke with the managers about this, they told us where the person had lived previously had not supported their mental health condition, we were told the person preferred where they lived now. Care staff and managers we spoke with explained how they encouraged people's independence, for example during personal care routines such as showering, people washed and dried areas they could reach. Information about what people were able to do for themselves was clearly recorded in their support plans. People who used the service were supported to maintain their independence and to live their lives as they wished.

Is the service responsive?

Our findings

Care staff had good understanding of people's care and support needs. They told us, "We provide people with 24 hour support so we have time to read care plans. We get to know the person, what they need and what they like. It is part of the job to sit and talk with people and accompany them on activities." Staff told us they had a meeting at the start of each shift to discuss any issues that had arisen and kept them informed of any changes so they could continue to respond to people's needs.

The providers information return (PIR) told us, "Once a referral has been received members of the Finefutures professional clinical team carry out an assessment to determine whether the company would be able to provide an effective service for the person. This team consists of Registered Learning Disability Nurses, Occupational Therapists and a Speech and Language Therapist. Once a referral has been accepted the company transition team start to work with the clinical team and the operations co-ordinator to put together the service, recruit staff and if required source a property." We found this to be a true reflection of the service provided, although the provider told us the transition team were being replaced by area managers who would have a similar job function.

The lead occupational therapist told us once the staff team had been recruited or identified they received an in-depth presentation about the person. This included their care and support needs, likes and preferences, communication skills, health needs and any specific behaviours that staff would need to know about. Staff also received training in any specific areas so they could support the person and respond appropriately to their needs.

Information from the presentation was used to compile a comprehensive support plan for each person. We looked at two support plans. Plans provided care staff with information about how people wanted to receive their support and how they liked to live their lives. One staff member said, "The support plans give us all the information we need." Support plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. All the staff we spoke with knew how to calm people who became agitated, staff comments included, "We use distraction and low arousal techniques to help calm people. People's cues and triggers are clearly recorded in their care plan. We know when people are becoming anxious and what works to calm them." Staff had the necessary information and knowledge to ensure people were at the centre of the care and support they received. Plans were reviewed and updated regularly at least three times a year. This made sure staff continued to have the information required to support people and respond to their needs. Relatives were involved in reviews where required, if their family member agreed.

People's relatives knew they could raise concerns and knew the actions to take if they wanted to make a complaint. One relative told us, "I would just pick up the phone and ring if I had any concerns. I have done in the past and was satisfied with the outcome." Another relative said, "I wouldn't hesitate to complain if there was reason to. At the end of the day my son's happiness is the main thing."

The provider told us in their PIR that, "Finefutures has a compliments and complaints policy. This is

available to all the people who use our services as well as relatives, friends, associated healthcare professionals and any other person that requests it. Complaints that are received are investigated in line with this policy. There is a compliments and complaints log in place." The provider told us there had been four complaints received in the last 12 months, these were mainly staffing issues that had been resolved. We asked managers if the complaints procedure was available in an easy read format to assist people unable to read well understand how to make a complaint. We were told not at present, and that this had already been identified as an area for improvement.

Care staff said they would refer any concerns people raised to their manager and were confident concerns would be dealt with effectively.

Is the service well-led?

Our findings

Relatives were generally satisfied with the service they received. One relative told us, "They [staff] care for him the best they can." Another said, "He is happy in the place he is now", and, "Supported living really suits my son."

Staff told us they enjoyed their work and thought the service was well led. One staff member told us, "I love my job. The support we get from the managers and occupational therapists is invaluable. They are always available at the end of a phone if you need them."

There was no registered manager in post. It is a condition of the provider's registration to appoint a registered manager. The previous registered manager left the organisation in November 2015. Another manager was recruited in November and started working for the service in January 2016. We spoke with the manager during our inspection who told us they were completing a probationary period and would be submitting an application to register with us.

The provider understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The provider had a clearly defined management structure in place. This included, the provider, manager, head of care, area managers, service managers, a head of learning and development, and a clinical team comprising of occupational therapists, speech and language therapist and learning disability nurses. There was also a quality assurance manager for the service. Managers we spoke with understood their roles and responsibilities and what was expected of them.

Staff told us they felt well supported by the management team to carry out their roles and there were procedures for staff to share their views and opinions of the service. Staff told us they had regular staff meetings, one to one meetings with their line manager and their practice was observed to ensure they continued to support people in a safe way. A manager told us, "We have weekly staff meetings where we discuss clients, staff and service developments. There is never a problem voicing opinions and I definitely feel listened to and valued." A member of care staff told us, "I have supervision meetings and we have regular staff meetings where I am asked for my opinions about the people I work with and the service in general. We are kept up to date with relevant information and communication between the office and services works well." Another told us, "I think it's very well managed we even have an intranet site that keeps us up to date with policies and procedures." Care staff knew who to report concerns to and said the management team were always available if they needed to speak with them. There was an experienced management team that provided regular support to care staff.

All the staff we spoke with were aware of the provider's whistle blowing procedure and felt confident reporting concerns or poor practice to their service manager or the managers in the office. One care staff

told us, "I wouldn't hesitate to speak out if necessary." They were certain any concerns they raised would be listened to and acted on.

Relatives told us they were not asked for their opinions about the service. One relative said, "Finefutures never ask us anything about our sons care. They know we are very involved. We are surprised the management have never asked how we feel about the service." The quality assurance manager told us this had already been identified as an area for improvement and surveys were being devised for people who used the service, staff and relatives. They told us, "People's feedback is important so we know what we do well and what we could improve. People do contact us and let us know about things but this will be a more formal way of capturing people's opinions."

The management team regularly reviewed the service and how it operates. They took decisions to ensure the service provided a quality service to people. For example the provider told us in their PIR and during the inspection, that they had reviewed the staffing in the services where concerns had been raised. Where appropriate they had moved staff to services where the management team felt they would be more effective in supporting people and meeting their needs. A staff member told us about the changes to the service where they worked, "The staff changes have really benefited the guys who live there. There is no longer any atmosphere with the staff and we all work well together."

We asked staff what improvements could be made to the service. Comments included, "There is always room for improvement but everything works well," and, "Recruitment of staff and continuity of staff could be improved as we are struggling to recruit to staff teams." The provider told us recruiting the right staff was sometimes difficult but recruitment of care staff was on-going to ensure they were able to match staff to clients effectively. The provider also told us, to resolve the current situation they had slowed down the acceptance of referrals to have a period of consolidation in the service and to make sure people were supported by the most appropriate staff members.

We asked staff what the service did well, staff comments included, "We provide a service to very complex individuals who need a high level of support. It's great that we can offer this level of support so people can live as independently as they can in their own home." A manager said, "Staff training has improved lately, staff are now attending workshops and completing their training." They went on to say that training had not been well attended by staff, but this had changed since staff had been informed if they do not complete the required training they would be unable to work with people.

The provider used a range of quality checks to monitor the quality of service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The quality assurance manager told us they were strengthening the quality assurance process by implementing a more structured monthly auditing process.

There were regular visits from the local authority contracts department to monitor the care and support provided. We contacted the commissioning officers for Finefutures, they had no current concerns about the service.