Future Success Adult Supported Living Limited

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Inspection report

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Ratings

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

Overall summary

We carried out an announced inspection of Future Success Adult Supported Living, on 30 April and 1 May 2015. This was the provider's first inspection since registering with the Care Quality Commission.

The service provides personal care to adults living in their own homes. This included a supported living service and a domiciliary care and outreach service. At the time of the inspection, there were eight people using the service. The service specialises in the care and support of younger adults and older people, with a learning disability, mental ill health and physical disability. The service is operated from an office base within a large end terraced house, which offers tenanted accommodation for up to four people with a learning disability. There were no people accommodated in the house at the time of the inspection.

Summary of findings

The aim of the service is to promote people's skills, abilities and independence and offer general support with personal care and daily living requirements.

The service was managed by 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 people we spoke with indicated they experienced good care and support from the service. One person told us, "I can do nothing but sing their praises."

People using the service had no concerns about the way they were supported. We found arrangements were in place to help keep people safe. Risks to people's well-being were being assessed and managed. However, we have made a recommendation about minimizing risks and promoting responsible risk taking.

We had some concerns in relation to tenancy arrangements and property ownership, which presented as a potential conflict of interest. Therefore we have made a recommendation about having safeguards in place to protect people.

Satisfactory processes were in place for people to receive safe support with their medicines.

Support workers were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Proper character checks had been done before new staff started working at the service. Staff said they had received training on safeguarding and protection.

Arrangements were in place to maintain staffing levels to make sure people received their agreed support. There were systems in place to ensure all staff received regular training and supervision.

People made positive comments about the staff team including their approach and how they were treated with respect. Staff expressed a practical awareness of responding to people as individuals and promoting their rights and choices. Efforts had been made to match staff with the people they supported according to their needs, including communication needs and any cultural or religious needs.

Arrangements were in place to gather information on people's backgrounds, their needs and abilities, before they used the service. People were aware of their care plans and said they had been involved with them.

Where appropriate people were supported with eating and drinking. They were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests, in line with their package of care.

There were effective complaints processes in place. There was a formal system to manage, investigate and respond to people's complaints and concerns. People could also express concerns or dissatisfaction within their support review meetings.

We found there were systems and arrangements in place to promote an efficient day to day running of the service. However we did find progress could be made with some monitoring and checking processes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Although processes were in place to keep people safe, we found some further safeguards were needed around a potential conflict of interests.

Risks to people's wellbeing and safety were being assessed and managed. However, we found risk assessments were lacking in detail to show how decisions had been made.

Staff recruitment included all the relevant character checks. There were enough staff available to provide people with safe care and support. Staff were trained to recognise any abuse and they knew how to report any concerns.

Processes were in place for people to receive safe support with their medicines.

Requires improvement

Is the service effective?
The service was effective.

The service was effective. People indicated they experienced good care and support. They were encouraged and supported to make their own choices and decisions.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported as appropriate, to eat and drink healthily. Their health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good

Is the service caring?
The service was caring.

People made positive comments about the caring attitude and approaches of staff. They indicated their privacy and dignity was respected.

People were supported and cared for in a way which promoted their involvement and independence.

Staff were knowledgeable about people's individual needs, personalities and preferences.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Processes were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their care and support.

Efforts had been made to match staff with the people they supported according to their needs, including communication needs and any cultural or religious needs.

Processes were in place to manage and respond to complaints, concerns and general dissatisfactions.

Is the service well-led?

Good

The service was well-led.

The service's vision, values and philosophy of care were shared with staff and supported by the management team.

The management and leadership arrangements promoted the smooth running of the service.

Arrangements were in place to monitor, review and develop the service. Further monitoring systems were to be introduced.

There were systems in place to consult with people on their experiences of the service.

Future Success Adult Supported Living Ltd

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.

This inspection took place on 30 April and 1 May 2015 and was announced. The provider was given 48 hours' notice because the service is small and the registered manager is often out supporting staff or providing care. We needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications, safeguarding and complaints.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with three people who used the service, one relative and a social worker. We talked with three support workers, the registered manager, deputy manager, operations administrator and owner. We looked at a sample of records, including three care plans and other related documentation, staff recruitment records, satisfaction surveys, policies and procedures and audits.

Requires improvement

Is the service safe?

Our findings

People spoken with did not express any concerns about the way they were treated or supported. One person told us, "I feel safe with them; they are not prejudice at all." A social worker told us they felt the person who they represented was safe with the service. There had been no safeguarding alerts raised since the service started operating in May 2014.

We reviewed the arrangements in place to protect people contractually in the supported living accommodation. We had some concerns in relation to tenancy arrangements and property ownership, which presented as a potential conflict of interests. We discussed this matter fully with the owners and the registered manager.

Staff spoken with expressed a good understanding of safeguarding and protection matters. They had an awareness of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting concerns. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protection matters. The registered manager told us staff were also being updated on the service's child protection policies and procedures.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We noted some of the telephone numbers and contact details were not in line with local protocols. However, there were information leaflets from the local authority available at the office base, which did provide relevant contact details for making safeguarding alerts. The registered manager acknowledged our concerns and agreed to appropriately update the services procedures. There were arrangements in place to help protect people from financial abuse. The service had policies and procedures in place to provide accountable and safe support with people's monies.

We looked at the way the service managed risks. Records were available to show health and safety risk assessments had been completed on environmental matters in people's homes. One person who used the service told us, "There are risk assessments, I was involved with them." We found individual risks had been assessed and recorded in people's care records. The risk assessments were written in a person centred way and reflected people's specific needs, behaviours and preferences. Staff spoken with had an awareness of people's risk assessments and how they provided support to keep people safe. They were aware of the process to follow in the event of accidents and emergencies. We noted some individual risk assessments included emergency contact details. This meant there were processes in place to help minimize risks and keep people safe. However, we found there was a lack of information to show how the risks had been assessed and what matters had been considered in the decision making process. This meant the rationale for providing support to minimize risks, or promote responsible risk taking was unclear.

We looked at the recruitment records of two members of staff. Face to face interviews had been held. The process included applicants completing a written application form with a full employment history. The required character checks had been completed before staff worked at the service and most of the checks had been recorded. The checks included taking up references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We did find one person's health declaration statement was unable to be located, however we were assured this had been completed but the registered manager said it would be done again.

Staff spoken with confirmed the recruitment checks had been carried out. They were aware of the expectations of their role and confirmed they had received job descriptions, contracts of employment and a staff handbook which included standards of conduct/ performance. The registered manager explained the processes in place to respond to concerns about staff's ability or conduct. We noted policies and procedures were available in support of this practice.

There were enough staff available at the service to provide support and keep people safe. At the time of the inspection eight people were receiving support from the service. There were six support workers. The registered manager and another member of the management team also provided some support. The registered manager explained the processes in place to maintain staffing levels. We were told staff absence was low and covering shifts was not a

Requires improvement

Is the service safe?

problem. Staff spoken with considered there were enough staff at the service to provide support. Staffing arrangements were influenced by people's assessed needs, individual support package and contracted arrangements. Most people were supported by staff who lived locally to them which helped reduce the risk of late or missed visits. Comments from people spoken with included: "They are always on time" and "They are always early or on time." We looked at the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements. There was an on-call system in place during the times when staff were on duty, which meant a member of the management team could always be contacted for support and advice. One staff member worker told us, "The managers are always available."

We looked at the way the service supported people with their medicines. At the time of the inspection, none of the people were receiving support with oral medicines. This was confirmed by the people we spoke with and by staff.

Arrangements were in place to provide support with topical creams in response to individual needs. Records and directions for this support were included within the care plan process. The registered manager said she was in the process of introducing a screening assessment, in order to monitor and review people's choices, abilities and preferences with their medicines.

Staff had access to medicine management policies and procedures which were available for reference and they had received medicine awareness training.

We recommend that the service seek advice and guidance from a reputable source, about the assessment and management of risks to individuals.

We recommend that the service seek advice and guidance from a reputable source, about ensuring there are appropriate safeguards around tenancy agreements.

Good

Is the service effective?

Our findings

People we spoke with indicated they were satisfied with the service. They made the following comments: “So far they have been brilliant; it’s a good service”, “So far so good” and “I can do nothing but sing their praises.” A social worker told us the support from staff had been effective in improving their client’s lifestyle choices.

We looked at how the service trained and supported their staff. There were systems in place to provide staff with regular training. We asked people who used the service for their views on staff abilities. One comment was, “They know what they are doing they are naturals at it.” Staff told us of the training they had received and confirmed there was ongoing training and development at the service. One staff member told us, “The training has been good it has made me more aware.” All staff had recognised qualifications in health and social care. We looked at records of the training completed and planned for, which reinforced this approach.

All the staff spoken with said they had received initial induction training. They indicated this had included an introduction to their role and shadowing existing staff. Various training methods had been used, including completing work books, online training, watching DVDs and a visiting trainer. We noted there were no structured records of the induction training programme; however the manager showed as a format which was to be introduced. This would help make sure all the training is delivered and understood. The registered manager explained that action was being taken to ensure the induction programme was in line with the revised nationally recognised standards.

Staff said they had recently received one to one supervisions and they had ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. We saw records of supervisions held and noted there were plans to schedule in two monthly appointments for future meetings.

People told us they had agreed to the support and care provided by the service. We found records were kept of people’s consent to aspects of their support and various signed agreements were in place. This indicated people had been involved and consulted about decisions and that they had confirmed their agreement with them.

The MCA 2005 (Mental Capacity Act 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The service had policies and procedures to underpin an appropriate response to the MCA 2005. We found arrangements hand been made for all staff to receive training on this topic. The registered manager and staff indicated an awareness of MCA 2005 and Court of Protection matters, including their role to uphold people’s rights and monitor their capacity to make their own decisions. The registered manager said if they had any concerns regarding a person’s ability to make a decision, they would liaise with the local authority to ensure appropriate capacity assessments were undertaken.

We found most people using the service received no or minimal support with eating and drinking. They either prepared and cooked their own meals or were supported by family members. However two staff explained how they promoted healthy eating for one person and gave practical support with general cooking skills. We saw that this level of support was noted in their care records.

People using the service and/or their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves. However, staff would support people to access healthcare services if was part of their agreed care package. People’s care records included contact details of relevant health care professionals, including their GP, so staff could contact them if they had concerns about a person’s health. One person commented, “They would get the GP if needed, no problem.” All the staff we spoke with described the action they would take if someone was not well, or if they needed medical attention.

Good

Is the service caring?

Our findings

People spoken with made positive comments about the staff team, they said they got on well with them. They told us, “They are fantastic” and “They have been brilliant.”

People told us they were happy with the approach of the staff and managers at the service. They made the following comments about the way they were treated: “So much empathy, they have respect, integrity and common sense”, “They understand and sympathise with me” and “They are very gentle, definitely caring in their nature, I can’t find any fault them.”

We spoke with people about their privacy needs. They told us staff always knocked on their doors and respected their homes. Staff explained how they promoted people’s individual privacy needs and gave examples of how they maintained confidentiality of information. We looked at the employee handbook which highlighted the service’s expectations around staff conduct, including respecting their privacy and wishes.

We asked people if they were supported and cared for in a way which promoted their involvement and independence. They said, “They always explain what they are going to do”, “They let me make my own decisions – I’m in control”, “They always take time to listen to me and explain things” and “They let him do the things he wants, in the best way for him.”

Staff spoken with understood their role in providing people with person centred care and support. They said they encouraged people to do as much for themselves as possible. They gave us examples of how they provided support and promoted people’s independence and choices. We were told of one particular situation, whereby staff had positively motivated a person to get more involved with a specific task. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They were familiar with the content of people’s care records. We noted staff had received awareness training, which had included: individuality, human rights and confidentiality.

There was a guide for people who used the service which included contact details, background information and a welcome message. The guide also provided information on the principles and values of the service. Included was a philosophy of care, with stated aims around the promotion of privacy, dignity, confidentiality and consultation. The guide made reference to advocacy services. Included were the contact details of other local health and social care organisations, who people could contact for support. People spoken with indicated they had received a copy of the guide and all were aware of its contents. However, the registered manager said ‘user friendly’ versions of the information were to be produced. Which would make the content more accessible and further promote their rights and choices.

Good

Is the service responsive?

Our findings

People spoken with indicated staff were responsive to their needs and preferences. One person told us, "They are intuitive about my needs, absolutely my choices, they have been very quick to suss out my character, they are very good at motivating me, and they are quick to pick up on my mood." They also indicated staff were efficient and flexible, three people commented, "They do what needs to be done"; "They have provided practical help, with the cleaning. They will do anything; they take me out for a cup of tea" and "They will do anything that needs doing."

We looked at the way the service assessed and planned for people's needs, choices and abilities. One person told us, "They came to do an assessment; they went through everything I needed."

A social worker spoken with indicated the service was responding to the person's needs and providing support as agreed in the care package.

Efforts had been made to match staff with the people they supported according to their needs, including communication needs and any cultural or religious needs. One person told us, "I asked for the same staff and always get them." The registered manager said future assessments would also include the recruitment of new staff, to provide support in response to people's individual needs and preferences.

The registered manager explained the various assessment processes in place, which were influenced by the funding arrangements and the differing care packages. We looked at the care records of one person who had recently started to use the service; this included an assessment of their needs and preferences. We also noted some care records included detailed assessment information produced by social workers and assessors. People had specified the timing of their support arrangements which had been tailored to meet their needs and preferences.

People spoken with were aware of their care and support records and confirmed they had been involved with them. One person told us, "I have a care plan, its fine I have agreed it." A relative commented, "There is a care plan, it includes what he likes doing and his needs, they went through things and we signed it." We looked at two people's support plans and other related records. Included were the timings of agreed appointments, people's identified support needs and guidance for staff on how to respond to them. Care records included a client profile, a background history and a summary of their likes and dislikes. We found some of the information to be lacking 'person-centred' details. However, at the time of the inspection the registered manager was in the process of reviewing and up-dating all the care plan records. Daily records were kept of the care and support delivered, in order to monitor and respond to people's wellbeing.

We found reviews of people's needs and levels of support were being carried out on a monthly basis. Records and discussion confirmed people had been involved with the review process. One person commented, "I just Let them know of any changes and the care plan is updated in twenty four hours." A relative told us, "They keep me up to date on any changes."

Staff expressed a practical awareness of responding to people as individuals and promoting their rights and choices. People were supported to engage in activities within the local community, they were encouraged to pursue their hobbies and interests in accordance with their support package. We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and others.

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure and processes. One person said, "Not had any complaints, but I have seen the procedure in the guide" and another commented, "I would speak to the manager if I had a complaint." Staff spoken with confirmed how they would respond to any complaints or concerns, by keeping records and sharing information with registered manager or providers. On member of staff said, "Any complaints would be dealt with straight away." The guide to the service included the complaints procedure. This described the service's approach and assurances around encouraging people to voice their concerns in order to improve matters. The procedure included the action take when raising concerns and expected time-scales for the investigation and response. Reference was made to other agencies that may provide support with the complaints process. We found processes were in place to record, investigate and respond to complaints and concerns.

Good

Is the service well-led?

Our findings

People spoken with had awareness of the management structure at the service. They did not express any concerns about the management and leadership arrangements. Their comments included, "We are okay with things" and "I can do nothing but sing their praises."

The service's vision and philosophy of care were reflected within the employee handbook, policies and procedures and the defined statement of purpose. New staff were made aware of the aims and objectives of the service during their induction training.

There was a manager in post who had been registered with the Care Quality Commission at the service since 19 March 2015. The registered manager was completing a degree course in health and social care. The registered manager, along with the provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations.

The registered manager, who was new to the service, expressed commitment to the ongoing improvements and explained the plans in place to develop various systems and processes. There was a deputy manager, who shared some responsibilities for the management and leadership of the service. The management team were supported and monitored by the owners. The registered manager provided a monthly report on the service to the owners and management meetings were held.

Staff described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. They said they had been provided with job descriptions, contracts of employment and the employee handbook which outlined their roles, responsibilities and duty of care. There were clear lines of accountability and responsibility, they confirmed the registered manager, deputy manager or owner could be contacted. One member of staff said, "The managers are really thorough, they are supportive and give good advice." Lone worker risk assessments had been carried out to help minimize the risks to staff when working independently in the community.

There were audits of various processes, including staff training, care plans and care reviews. Systems were in place to record and act upon any accidents and incidents. The registered manager had carried out unannounced spot checks on staff's competence and conduct when they working with people in the community. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. One staff member told us, "I felt much better when the check had been carried out, it was reassuring to know I was doing what was expected." However, we found some of the service's auditing processes and monitoring tools were yet to be fully introduced. We discussed this matter with the registered manager, who assured us additional monitoring systems would be introduced.

People using the service had recently been interviewed for their views on their experience of the care and support they received. We looked at completed interview records and found they included positive responses. The registered manager explained that the interviews were to be 'backed up' with quality monitoring surveys. People also had opportunity to express their views and opinions during their review meetings. Staff had monthly one to one meetings with the manager and staff meetings had been arranged. One staff member told us, "We all get on really well, they listen to our ideas."

The service had received letters confirming an agreement to partnership working from three voluntary/charity support agencies in the local community. This meant some links had been established to enable the service to work with other organisations to offer support.