

Supported Futures Ltd

Supported Futures

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Supported Futures is a domiciliary care agency offering personal care and support to children and adults living within their own homes. The service supports autistic people and people with a learning disability. 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 this inspection, 2 people were receiving personal care.

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

Right Support:

Relatives told us people felt safe and respected by the staff who supported them. However, systems and processes required improvement to ensure care practices were documented and to evidence risks were being managed safely.

Staff were recruited safely and received training and development opportunities. However, there were gaps in training and some training courses had expired.

Incidents of distressed behaviour were documented. However, follow up processes and incident analysis needed improving to ensure people were given the appropriate support after an incident involving distressed behaviour.

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. However, the systems in use did not always record this practice. Care plans needed improving to ensure they clearly documented how the provider was working in line with the Mental Capacity Act.

People were supported safely by dedicated and compassionate staff, who knew them well. Relatives told us they knew and trusted the staff team.

Right Care:

The provider worked in partnership with people, relatives and outside agencies to provide appropriate level of care and support. However, further improvement was needed to document partnership working and record this within care and support plans.

Care plans were person centred and people were supported to take positive risks. People were encouraged to try new activities, to make their own decisions and develop daily living skills.

Safeguarding policies were regularly updated and included in a staff induction booklet. Staff told us how they protect people from potential abuse, and they were confident about reporting concerns.

Right Culture:

The culture of care and support was person centred and focused on the individuality of people. However, quality processes required improvement to ensure risks were monitored and care practices were regularly audited.

There was a culture of learning when things went wrong. All improvements identified during the inspection were acted upon quickly and openly.

The manager understood their duty of candour and was transparent throughout the inspection and made improvements to the processes and systems in place. These will be reviewed in the next inspection.

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 14 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received relating to an absence of a registered manager over a significant period of time and concerns received about staff training. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We inspected and found there was a concern with Mental Capacity Act documentation in care plans, so we widened the scope of the inspection to include the key question of Effective.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can see what action we have asked the provider to take at the end of this full report.

The provider acted on all concerns raised and implemented new process and systems to address these concerns. We will review the success of the new systems in the next inspection.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement

We have identified breaches in relation to the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Supported 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had been in post for over 12 months. However they had not submitted their application to register with us. During the inspection, the manager started the application process. Once submitted we will assess their application.

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 the manager would be in the office to support the inspection.

Inspection activity started on 27 July 2023 and ended on 10 August 2023. We visited the location's office on 08 August 2023.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people's relatives regarding their experiences of the care provided. We spoke with 5 members of staff including support workers and the manager.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to safe recruitment. A variety of records relating to the management of the service were reviewed, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and monitored. For example, 1 person was identified as high risk of skin damage. However, daily records were not completed by the staff team and processes were not in place for skin monitoring. This meant the provider could not demonstrate care activities were being carried out on a daily basis to manage risk. The provider responded to our feedback and introduced daily records and skin monitoring processes.
- People's health conditions, which impacted upon their health and wellbeing, were not always clearly documented in care plans. This meant the provider could not assure themselves people were supported in accordance with best practice. However, staff knew people well and told us about people's conditions. The manager responded to our feedback and updated the care plans.
- Environmental risks were not always assessed or monitored. Care plans did not document emergency information such as how to turn off gas, water, or electrics in the person's home. In addition, there were no records detailing how often fire alarms were checked. This information needed to be clearly documented to ensure staff could take action in an emergency. The manager responded straight away and updated the systems in place to include this information.
- Staff knew people well and told us about the risks posed to people without needing to refer to care plans. For example, they told us how they could reduce choking incidents and how they would respond to potential epilepsy seizures.
- Relatives told us staff promoted positive risk taking and assisted their family members to develop skills for life, such as cooking and cleaning. They told us the service promoted new experiences for people, such as attending sporting events and trying new activities.

Learning lessons when things go wrong

- Lessons learnt were not always documented when things went wrong. For example, incidents were documented, but incident analysis and staff debriefs were not recorded. This meant the provider could not demonstrate they were implementing strategies to support people when they were distressed. The manager told us they discussed incidents with staff verbally and they have introduced systems to record incident analysis.
- Staff told us about people's potential triggers to distressed behaviours and how they responded to support the person safely.
- The provider had not received any complaints. However, 1 relative told us they felt confident to raise any concerns with staff or the manager.

Staffing and recruitment

- Pre-employment checks were in place to ensure only staff who were suitable to work with people were employed. However, the provider had recently experienced a computer storage issue. This resulted in all references for staff being corrupted. The manager was in the process of reobtaining all references for staff.
- People were supported safely by a team of regular staff. Rotas were in place to ensure people received the appropriate level of support.
- Relatives told us there were enough staff to support their family members safely. One relative told us, "I always know who is coming to support [my family member]. There is a regular team. [My family member] loves them all."

Using medicines safely

- Medicines were administered by suitably trained staff, although we could not be assured medicine administration was being monitored.
- The manager explained medicines were monitored remotely using their electronic system. However, quality monitoring and staff competency spot checks were not recorded. The manager the manager responded to our feedback and implemented medicine audits and spot checks.
- Medication Administration Records (MAR) showed people received their medicines at the right time.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from abuse. Relatives told us people felt safe with the staff members who supported them.
- Staff received safeguarding training and told us how they would report concerns. One staff member said, "I have had safeguarding training. I would report concerns to the manager or the parents. If nothing was done, I would go to the local authority safeguarding team."
- Internal safeguarding policies were embedded in a staff induction booklet, ensuring these were accessible to staff members.

Preventing and controlling infection

- Infection prevention control measure were understood by staff. One staff member told us about how they supported a person with their personal care needs safely.
- Staff received infection prevention control training and had access to personal protective equipment (PPE).
- The provider's infection prevention control policy was inline with government guidelines and was regularly updated.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA, although the documentation to evidence this was not in place at the start of the inspection.
- One person required Lasting Power of Attorney (LPA) protections. However, their care plan did not detail who held this responsibility and there was no reference the LPA documentation had been viewed by the manager. The manager responded to our feedback by obtaining the correct documentation and updated the care plan.
- Staff received MCA training and could tell us who held responsibility as the lasting power of attorney to act on people's behalf.

Staff support: induction, training, skills and experience

- Staff received support in the form of induction and training. However, there were gaps in staff training such as autism and epilepsy training. In addition, some training had expired, therefore some staff required refresher training. The manager responded straight away and set a date for all training to be completed.
- Staff had not always received training on all conditions people experienced. This meant the provider could not be assured staff understood each of the condition's people experienced. However, a file was available which contained a general overview of these conditions and staff knew people well. The manager

responded straight away by enrolling staff onto the relevant courses.

- Staff told us they felt supported by the manager and could phone them at any time to discuss concerns. However, formal supervisions were not taking place with staff, this meant there were no records evidencing staff were discussing concerns or reviewing their practice with the manager. The manager acted straight away and introduced formal supervisions with staff.

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

- People were supported to access health services, such as doctors, dentists and other health and social care agencies. However, records did not document when people had accessed these services. This is important because staff needed to be aware of any potential health concerns. The manager acted straight away and put systems in place to record this information.
- One person required support from the speech and language therapy (SALT) service. However, records needed to be updated to include the specific SALT recommendations. The care plan explained how food was to be altered, but this did not reference any SALT team involvement. This is important because staff spent time alone with the person and needed to be aware of the professional recommendations when supporting the person to eat and drink. The manager acted straight away and arranged a date to meet with relatives to share information and update the care plan.
- Relatives told us staff encouraged people to live healthily and engage in physical activities, in accordance with people's abilities and preferences.

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

- People were supported to eat and drink in line with their preferences and health conditions.
- People were supported to access the community and enjoy meals out. Staff told us how 1 person enjoyed visiting a local pub. However, there were no daily records to document this. The manager has now introduced daily records.

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

- People's needs and choices were regularly assessed. People were actively encouraged to access the community and develop new skills and hobbies.
- Relatives told us people's choices were respected. One relative told us the staff supported their family member to transition into their own home. They explained the staff team had been instrumental when supporting their family member to develop daily living skills and how the staff respected their family member's choices and decisions.
- Staff told us about how they promoted people's choices. One staff member said, "We encourage [person] as much as possible. We encourage positive risk taking and engagement in the community. But if [person] doesn't want to, then we respect this. It's their life, their decision."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance systems to record, assess and monitor the quality of service provided to people were ineffective.
- Daily care notes were not being recorded. This meant there were no records to document the care and support being delivered to people using the service. In the event of a concern being raised, the provider could not evidence the level of care and support provided to the person.
- Risks to people were not always monitored. For example, risks to people's skin or risks from the environment such as fire safety were not documented. This meant changes in people's conditions or emergency response information was not recorded or monitored to help staff provide safe care.
- Incidents and accidents were being recorded. However, there was insufficient documentation to evidence staff were debriefed following an incident or accident. Lessons learnt and support strategies were not recorded. Therefore, the provider could not demonstrate they were developing strategies to reduce incidents and accidents.
- In order to comply with regulatory requirements a registered manager was required to be in post. However, a registered manager had not been in place for over 12 months.
- Quality audits were not being recorded, this included, medication, incident analysis, complaints and care plan information. This meant the provider could not demonstrate they were monitoring the quality of care and support provided to people.
- Care plans did not detail all of the health conditions people experienced and how these impacted on their health and wellbeing. This meant the provider could not evidence people were being supported in accordance with best practice guidance.
- Care plans did not identify who retained responsibility for making particular decisions on behalf of the person. This meant there was insufficient records evidencing compliance with MCA principles.
- Staff training records showed gaps and out of date training. Staff were not trained in all health conditions people experienced. In addition, staff did not receive regular supervision. Therefore, the provider could not be confident their staff were receiving support and development opportunities to ensure their competencies were in line with people's support needs.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective management to ensure quality and manage risk. This was breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to our feedback and improved their governance systems. Daily care notes were put in place. Systems to monitor risk to people's skin and risks from the environment were introduced. The manager started the registration process to become the registered manager. Monthly quality audits and staff supervisions were instigated. A target date was set for all staff to complete their training and new courses were introduced covering the range of health conditions people experienced. Care and support plans were updated.

Working in partnership with others

- The provider worked in partnership with health and social care professionals such as social workers, and with people and relatives. However, improvements were needed to the recording systems in place to clearly document this.
- Staff team meetings were not taking place. The manager explained they had a very small team of staff and it was difficult to get everyone together. There was a closed online networking group where staff could communicate and share concerns and updates.
- Staff and relatives told us how staff supported people to attend community services, such as a day centre and an activity centre.

Continuous learning and improving care

- Due to the manager being on annual leave at the start of the inspection, we needed to delay the office visit. We raised concerns over their governance systems when the manager was unavailable. The manager responded straight away and shared plans to develop a staff member to be able to step up in their absence when required.
- The provider acted on all areas of concern raised during this inspection and made improvements to the systems in place.
- Staff told us they felt able to make suggestions to improve the service. One staff member told us about an event they felt would benefit a person. They explained how the provider encouraged them to take this forward and suggest it to the person.

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

- The culture was inclusive and focused on promoting the best outcome for people. One relative told us, "The provider has been absolutely amazing for [my family member]. They have been brilliant. They helped [my family member] to develop confidence. I can trust them with [my family member]."
- Staff told us the care was person centred. One staff member said, "All our work is focused on the person. We work with them and support them to enjoy activities. We make suggestions and try to encourage new activities, but 'no' means 'no', we respect their choices and decisions."

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 manager understood the duty of candour. They explained they had a duty to work in partnership with people and relatives, remaining open and transparent and apologising when things went wrong.

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

- Relatives told us they felt engaged in the service. One relative told us, "The manager is approachable. If I have any questions, the manager comes back to me straight away. The manager and staff keep me updated and tell me straight way if there is an issue."
- Staff told us they felt involved in the service. One staff member told us they used handovers and a closed

social networking site to keep in touch and share updates. Another staff member explained how the electronic care planning app enabled staff to share concerns or changes in people's care and support needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured effective and robust systems were in place to monitor the quality of the service and evidence how risks were being mitigated.</p>