Essential Futures Limited

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Inspection report

Coventry Enterprise Centre
Building 24 (office15) Bilton Industrial Estate, Humber Avenue
Coventry
West Midlands
CV3 1JL

Tel: 07980681462

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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

This inspection took place on 4 August 2016 and was announced.

Essential Futures provides domiciliary care to younger adults with a learning disability or with mental health difficulties, in their own homes. At the time of our inspection, 22 people were being supported.

The service had 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.

People told us they felt safe with the staff who supported them, and we saw people were comfortable with staff. Relatives were also confident people were safe. Staff received training in how to safeguard people from abuse and were supported by the provider who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. People told us their medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived independently. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked for consent before providing them with support. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act 2005.

People and relatives told us staff were respectful and treated people with dignity. We observed this in interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals when needed and care records showed support provided was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People were involved in how their care and support was delivered and, where people wanted this, staff worked with relatives or advocates to ensure people were supported effectively.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider was also developing new systems, which they hoped would be more effective in obtaining the views and experiences of people using the service.

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.

People's needs had been assessed and risks to their safety were identified and managed effectively. Staff were aware of safeguarding procedures and knew what action to take if they suspected a person was at risk of abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed, to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was planned with their involvement. People's care and support plans were regularly reviewed to ensure they met people's needs, and people were well supported during times of change. People participated in activities and interests that were important to them. People knew how to raise complaints and were assisted to

do so.

Is the service well-led?

Good

The service was well led.

People and their relatives felt able to approach the management team and were listened to when they did. Staff felt supported in their roles, and that managers listened and responded to their views and concerns. There were quality monitoring systems in place to identify any areas that needed improvement. These systems were in the process of being updated and improved in recognition of changes to the service provided.

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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.

This was the first inspection for this location.

The inspection visit to the office took place on 4 August 2016 and was announced. We told the provider in advance we were visiting, so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

A provider information return (PIR) was not requested before the inspection. We gave the registered manager the opportunity during the visit to tell us what the home did well and what areas could be developed.

During our inspection visit, we spoke with four people who received care and support in their own homes. With people's agreement, we spent time observing interactions between people and staff. We spoke with three relatives by telephone. We also spoke with the registered manager, the operational manager and five care staff.

We reviewed five people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. People also told us they felt confident to raise any concerns they had, or to tell staff if they did not feel safe. One person told us, "Staff take me out shopping. I feel safe with them." Some people agreed to speak with us at the provider's office location, and wanted staff members to be present, because it made them feel confident. We saw people were relaxed and comfortable around staff and responded positively when staff approached them. Relatives also thought people were safe. One commented, "[Relative's name] could be quite vulnerable, but with the staff around him I feel he is completely safe."

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They also understood how to look out for signs that might be cause for concern. One staff member said, "If someone is normally outgoing you might notice they were getting withdrawn. You might also notice unexplained marks on the body. I would also look at how someone is acting around a member of staff for example." Another staff member told us, "We have a reporting system so concerns go straight to the office. [Manager's name] is our safeguarding contact. I would go higher if I needed to though." There were policies and procedures for staff to follow if they were concerned that abuse had happened. Records showed the provider managed safeguarding according to multi-agency policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff on how to manage these risks, and were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments were also focussed on encouraging people to take responsibility for managing risk themselves, and detailed how staff might support them to do this. Clear, up to date information was available for staff which included the actions people had agreed to minimise their identified risks, and what actions staff should take if people did not manage their own risks effectively. Risk assessments were also matched to key goals identified in people's care plans so that people could achieve what they wanted to as safely as possible.

The provider also assessed risks in people's homes to ensure people were supported in environments which were as safe as possible for them, and for the care staff who supported them.

Staff told us there were enough staff on duty to meet people's needs. They also told us they worked with a consistent group of colleagues to support specific people. This helped staff to build up a rapport with the people they supported, and helped people feel comfortable and secure with the staff.

People told us they got their medicines on time and as prescribed. One person told us, "They [staff] help me take my tablets now."

People's medication administration records (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which demonstrated people were supported to take their medicines safely and as prescribed.

Records showed medicines were checked by senior members of staff on a regular basis to ensure people had been given the right medicines at the right times.

Good

Is the service effective?

Our findings

Staff told us they had an induction to the organisation when they started working with people supported by the service. They told us they worked alongside experienced staff who knew people well before they worked on their own with people. They told us they were given time to read people's care records and to talk to people about how they wanted to be supported. Induction also included being assessed for the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Records showed new staff were signed off as being competent by a senior member of staff once they had completed their induction.

Staff told us they had training which helped them respond to the individual needs of people they supported. One staff member told us about training they had been given to help support someone with autism. They explained how it had helped them support the person better, "The autism awareness training was really good. It helped me see things in a different way, the way you communicate with people to help them understand and be less anxious. We help [name] with medical appointments for example. We have to prepare [name] in advance so he doesn't get anxious, but we explain what it is for and he is fine." Another staff member spoke about training they had received to better support people when their needs changed. They told us, "If things change with people you get training to help. For example, we had challenging behaviour training for particular people."

The provider had an in-house trainer who provided bespoke training to staff where difficulties had been identified. They told us this might happen, for example, where someone's needs had changed and staff needed information about a particular condition. The provider offered all staff the opportunity to undertake a diploma in social care so they could develop their skills and could support people more effectively.

A training record was held by the registered manager of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed.

Staff told us they attended regular one to one supervision meetings with the registered manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. This helped staff reflect on their knowledge, skills and values and to understand how they could become more effective. One staff member commented, "We have supervision every three months. We talk about the people, ourselves, how we interact as a team. We also talk about how we can develop."

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.

Staff understood the importance of asking for people's consent. We were able to observe interactions between people and staff. We saw staff asked people for their permission prior to carrying out actions or tasks, and they ensured people were happy with that was happening.

Staff understood and applied the principles of the MCA. One staff member told us, "Generally, most of the people I support have capacity to make decisions, but it depends which decisions. Most of the time they have capacity to make simple decisions. For bigger decisions people might not understand, we involve other professionals and clearly explain the issues to people. We might also involve people's family." People's care plans included information for staff about the level of support people needed with day-to-day decision-making. For example, one person's care plan had identified they did not have capacity to understand decisions relating to their health and medication. There was clear information for staff about how to support the person in their 'best interests', and in ways that did not place unnecessary restrictions on the person's life.

The registered manager understood their responsibility to alert the local authority if a person needed to be deprived of their liberty for their safety, and had made a number of applications. Where this was the case, people's care plans included information to help staff support people in the least restrictive ways possible.

Relatives told us people were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. One relative told us, "They [staff] really look after his welfare. For example, they make sure he sees the doctor and the dentist." Records showed health professionals were contacted when people needed them and that recommendations made by health professionals had been incorporated into people's care plans.

People told us they chose what they wanted to eat. Some people told us they were supported by staff to ensure they followed a balanced diet. One person told us, "I like to eat curry. The staff cook it. I sometimes help." Staff told us how they worked with people to ensure they could choose what they wanted to eat. One staff member said, "We have weekly house meetings where [name] plans their meals, mostly evening meals."

The provider supported people who had specific dietary requirements, such as dysphagia. Dysphagia is a condition which can make it difficult for people to swallow. The provider had supported them to be assessed by the Speech and Language Therapists (SALT), who had made recommendations about the consistency of food and fluids to make it easier for the person to swallow. Staff followed menu plans to ensure the person ate food that was appropriate for them.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said, "The carers [staff] are nice people." People were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. We saw people interacting on a one-to-one basis with staff. People were relaxed around staff and responded positively to them. Relatives also told us they thought the staff were generally caring, and built bonds with people. One relative commented, "I find the staff go the extra mile, especially one [staff member] who is really attuned to [relative's name] needs. They really care." Another relative felt the attitude of staff varied, but was generally good. They said, "Some of the staff are more like friends….Some are very caring but for others it seems more like a job. The permanent staff are very caring though and I am not concerned."

Staff told us the registered manager encouraged them to support people in a compassionate and caring way. One staff member said, "It is all about making sure you are treating people with respect. It is no different to how I'd like to be treated." Another staff member spoke with us about the things they did to try and build up a rapport with the people they supported, and to ensure people felt in control. They said, "I think it is all about person-centred approaches. Giving [person] the opportunity to say what he wants in life. Helping him to make choices and respecting his wishes."

People told us staff supported them to live independent lives. One person told us, "I like doing the garden. Staff help me do the grass. I also plant vegetables, like potatoes." Relatives also told us staff encouraged people to be as independent as possible. One relative commented, "[Name] wanted his independence and this has been achieved. Things began to look up since he moved to Essential Futures. He's a different person now." Staff understood the importance of supporting people to live independent lives, and how this had a positive effect on people's well-being. One staff member told us, "I love working here. The biggest thing is when I look at [name] now and how much he has developed. Making a different to his life." Another staff member said, "If we are helping people with personal care for example, we give people the opportunity to do things for themselves. For example, some people can shower but not shave, can wash some parts of their body but not others. We don't take over."

People told us they were involved in deciding how their care and support should be delivered, and were able to give their views on an on-going basis. One person commented, "Yes, I did help with my support plan." Another person said, "Carers [staff] ask me if I am happy with everything and about my support plan." Care records showed people had signed to say they agreed with their care plans, and had been involved in reviewing their care plans on an ongoing basis.

People's care plans were written in a personalised way, and included information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. They also contained information on people's religious and cultural needs and preferences. Staff told us they used this information to build relationships and bond with people over shared interests.

People told us they were supported to maintain family relationships which were important to them, and

relatives told us the provider supported them to have regular contact with people, if this was what people wanted. One person said, "I see my Mum a lot. The carers [staff] help me with that."

People told us their privacy and dignity was respected. One person said, "They [staff] knock before coming into my room." Staff told us they were encouraged by the provider to promote people's dignity and to safeguard their privacy. For example, during our inspection visit, staff ensured people had the opportunity to speak with us in private if they wanted to. One staff member commented, "There are locks on bedroom doors if people want to use them. We always say the person's name and knock on the door before we go in."

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs and had an in-depth knowledge of people's needs and preferences to help them to do so. One relative commented, "They [staff] understand him. They have looked at the triggers and they know how to manage things. They have gone out of their way to work this out." Another relative said, "[Relative's name] can be challenging, but not so much now. Due to the quality of care they [staff] give, it is much better now. Staff help him to overcome things himself. The whole team is very good. It has been a great relief to us."

The provider supported a number of people who displayed behaviour which could cause themselves or others harm. Staff told us how they supported people and ensured they were able to respond to people's needs. One staff member spoke with us about how they supported a person who could be challenging. They said, "We give [name] time to himself, ask him to go to a place where he can be on his own. This normally calms him down. He needs time to reflect. It is all written down in the support plan."

Another staff member told us how they ensured they could adapt their support as people's needs changed. They commented, "I talk to people a lot and observe so I can understand what people want and how they are feeling. We can then go back to the manager and talk about what the person needs if there are any changes needed to the care plan."

Care plans had clear and comprehensive information about how staff could support the person to communicate how they were feeling, along with practical steps staff could try to calm the situation. Care plans had clear and comprehensive information for staff on how people preferred their needs to be met, as well as what people were working towards and how staff could support them to achieve their aims. Care plans identified a set of outcomes that people had agreed with the people supporting them. These were linked to assessments and support plans for each outcome.

People were supported to maintain social activities which they enjoyed. People told us they engaged in a range of activities. One person talked with us about all the places they went during the week, and about how staff helped them do this. They said, "I go to watch football, I also go to watch ice hockey in town." Where people engaged in social and vocational activities, their care records included information about how and when staff needed to support people with these. These activities were also linked to people's risk assessments so that people could be supported with social activities as safely as possible.

People told us they felt able to speak with staff if they wanted to complain. One person said, "If I was worried about anything, I would speak to the carers [staff]. Relatives also knew how to complain and raise concerns if they wanted to. Relatives told us they were confident any issues would be dealt with by the registered manager. One relative said, "They [manager] do deal with things when I raise them." Staff supported people to understand their right to complain. One staff member told us, "If someone wanted to make a complaint, I would tell them about the procedure, I would advise them they could call the manager and explain the process to them."

There were policies and procedures for staff to follow to ensure complaints were dealt with effectively. Records showed complaints were dealt with appropriately, and in a timely manner, in accordance with the provider's policies and procedures.

Good

Is the service well-led?

Our findings

People were positive about the registered and the operational manager. One person commented, "[Manager's name] is nice. They talk to me about things." Relatives told us the registered manager was effective in their role and was approachable. One relative told us, "The managers are very good. They are always ready to help you. Nothing is too much trouble."

Staff were positive about the registered manager and senior staff. One staff member commented, "The support we get from managers is really good. Our manager always answers the phone, and we are a good staff team. We can contact the office if we need to." Another staff member told us, "If I am unsure about something, we have their [manager's] telephone numbers. If I am not happy about something, they are always happy to listen and to help."

Staff were generally positive about working for the provider. One staff member commented, "They [the provider] care about people and staff. They are concerned about the well-being of people and the staff." Another staff member told us, "They encourage us to treat people as adults, giving people space and respect. It is about loving what you are doing – they encourage that."

Staff told us and records showed, they had the opportunity to share their views at staff meetings, and to discuss the changing needs of people supported and to share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager. One staff member said, "At team meetings we exchange views, come up with ideas about how we can manage things better. They are good."

The provider looked for ways to improve the service it provided to people. One of the methods used to do this, was to ensure staff training was kept up to date and staff could respond to people's needs effectively. The in-house trainer explained, "The training team [made up of trainers across the provider's services] reports to the provider board monthly. MCA and safeguarding training had been moved to e-learning (training done on computer), but it was not working so the board agreed to bring that back to classroom training for new starters." They told us those new starters who had undertaken classroom based training on these areas had demonstrated improved understanding and awareness of the issues.

People were asked for their views of the service on a regular basis. Senior staff met with people as part of monthly 'service monitoring' visits to ask people how they were feeling, whether they were happy with their care and the staff who delivered it. The provider had plans to increase people's participation in improving the service by inviting people who had expressed and interest to join a 'partnership board.' The registered manager told us the information would be used to make changes to the provider's services where matters raised indicated changes were required.

Relatives were asked to give their views of the service on a regular basis, both through a relatives forum which met on a regular basis, and also through questionnaires which the provider sent out regularly.

Relatives we spoke with either attended or received the minutes of the forum meetings. Staff were also asked to give their views of the service. The analysis of the most recent staff survey had identified a number of action points, such as more training and support for managers, and praise and recognition for staff.

Records showed that provider visits were undertaken to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. The registered manager was responsible for completing these actions and reported back to the provider once they were completed. Records showed that information was shared across the provider organisation about how actions allocated following the provider visits had progressed. This meant that the service for people was improved on an ongoing basis in response to what the provider had found.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.