

Mrs Charlotte Pow

4 Futures

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This announced inspection took place on 9 May 2017. This supported living service supports people with their personal care needs in their own homes. At the time of our inspection the service was supporting one person.

The registered provider was also the 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.

Improvements were required to ensure that all staff received comprehensive training which reflected all aspects of care, relevant to the people that used the service.

People received safe care and support. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of people that used the service and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. In addition, staff supported people to manage their healthcare needs.

People received care from staff that were kind and friendly. Staff understood people's needs and ensured people were given choices about how they wished to receive their care. People received care at their own pace and had their privacy and dignity maintained when receiving assistance with their personal care.

People's care needs were assessed to ensure the service could meet people's expectations before they began using the service. Care plans were written in a person centred manner and focussed on empowering people to receive the care they required. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People received the care they needed and a suitable complaints procedure was in operation to resolve any concerns people raised.

People and staff reacted positively to the registered provider and the culture within the service focussed upon supporting people's health and well-being which enabled people to stay in their own homes for as long as possible. Systems were in place to identify where improvements were required and these were effective at making 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.

People felt safe with staff providing care in their own homes.

Staff were clear on their roles and responsibilities to safeguard people from harm.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were required to ensure that all staff received comprehensive training.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received regular support and supervision which supported them in their roles.

Is the service caring?

Good ●

The service was caring.

People were supported to maintain their privacy and dignity whilst receiving assistance with their personal care.

Staff promoted people's independence in a supportive and collaborative way.

People were encouraged and supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

Detailed assessments were carried out to ensure the service could fully meet people's needs before they began to use the service.

People received their care in a way they chose and preferred.

Appropriate systems were in place to record and respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered provider was approachable and supportive.

People, their relatives, advocates and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were effective in identifying and making improvements to the service.

4 Futures

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 9 May 2017 and was announced. We gave the provider short notice of the service to ensure that they would be available to support the inspection. The inspection was completed by one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, and Healthwatch England, the national consumer champion in health and social care.

During our inspection we spoke with one person who used the service, two relatives, one member of care staff and the registered provider. We visited this person at their home with their relatives present. We did not observe any staff support. We also received feedback from one person's advocate.

We looked at care plan documentation relating to one person and one staff file. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were safe whilst they received their care. One person's advocate told us, "My client is safe at all times in the care of the staff at [4 Futures] as the service is clearly designed around their needs and compliance with CQC regulations and in house policies."

People were protected against the risks associated with the appointment of new staff because there were appropriate recruitment checks in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who used the service.

There was enough staff to meet people's needs and to provide their care at the times they required it. We saw that staff rota's were planned in advance and were centred around the care and support people needed. Staffing arrangements reflected that people were not rushed when receiving care. One member of staff told us, "We always know what shifts we're doing and [name of registered provider] is very flexible." The provider explained that the staffing arrangements were flexible to ensure the person could maintain family visits, or changes to their care.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One member of staff could tell us about different types of harm and understood what they would need to do if they were concerned about anyone using the service. They said, "If I had any concerns I would report them to [name of the registered provider] and I know I can report safeguarding straight to the local authority if I need to. The contact details are all on a poster for us." Policies and procedures were in place to support the safeguarding process and the provider had a clear understanding that a prompt referral to the local authority safeguarding team and the Care Quality Commission would be required if there were any suspicions or allegations of harm.

People's needs were reviewed by staff so that risks to people were identified and acted upon. For example, where it was appropriate, risk assessments were in place to support people when they wished to go out of their home, or when they wanted to help in the kitchen. The staff understood the care that was in place and how they could support people to be independent whilst maintaining their safety.

There were appropriate arrangements in place for the management of medicines. There was clear guidance in place for staff about how people liked to take their medicines, and this was followed by staff. Staff completed people's Medication Administration Records (MAR) when people had taken their medicines and the registered manager made regular checks to ensure there were no issues with the medicines.

Is the service effective?

Our findings

Improvements were required to ensure that all staff received comprehensive training so all staff were aware of current best practice. We saw that staff had received some training, for example in medication administration and safeguarding procedures, however not all areas of providing effective care had been covered. The registered provider was aware that this was an area that required improving and had already identified a training package which would meet the needs of the staff.

One relative told us they felt the staff were competent in their roles. They said, "The staff are very good. They've known [name] a long time and work really well with them." One person's advocate said, "The staff are very knowledgeable about my clients individual care and health needs and her personal care and support is delivered to a very high standard." A member of staff told us, "We have had training in a few areas and we always talk about what we should be doing in our team meetings."

Staff had the guidance and support when they needed it. Staff were confident in the provider and were satisfied with the level of support and supervision they received. One member of staff told us, "It all works really well here. We often see [the registered provider] and we do have supervision meetings." We saw that the registered provider held regular supervisions with the staff and plans were in place to complete an annual appraisal with each member of staff. The registered manager had also introduced observations on staff to ensure they were providing care and support appropriately.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. An application to the Court of Protection had been submitted, and approved for one person to receive support with their personal care. The 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.

The management team and the staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that people's mental capacity had been considered and the support they required was fully documented. The provider demonstrated a good understanding of people's mental capacity and we saw that care records recorded the assessments of people's understanding. Staff were aware that they had a responsibility to understand the principles of the MCA and how they could keep people safe. For example, staff gave consideration to people's mental and physical ability to handle their own medicines and took action to support people when they required it.

People were supported to eat well and to eat the foods they enjoyed. One person's relative told us that their relative was supported to buy the foods they liked and to create meals they enjoyed. Staff supported people to create a food plan for the week which ensured people had balanced meals and were eating different meals each day. Staff were aware of foods that people did not like, or were allergic to and took action to ensure this was respected. Staff were aware of how people needed their food to be presented, for example cut up into pieces. Staff ensured people's records reflected their nutritional needs so that, where necessary,

staff could monitor and support this.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person's family had requested to be involved with their relatives healthcare needs and this was respected if they needed to see a doctor. People, their relatives and staff worked together to ensure timely healthcare support and the provider ensured this worked smoothly. Staff were knowledgeable about people's health needs and understood when people were not feeling themselves, particularly if they were unable to verbalise this themselves.

Is the service caring?

Our findings

People were cared for by staff that were kind and passionate about providing good care. People's relatives told us that the staff were genuinely caring and they had developed strong relationships with people. One relative said, "The staff are lovely. We've known them for about 10 or 11 years now so they really know [name] really well." One person's advocate said, "The staff are happy and my client is very happy." One member of staff told us they really enjoyed their job and were proud of the progress people they supported had made.

Staff demonstrated a good knowledge and understanding about the people they cared for. One member of staff told us about people's preferences and the routines they enjoyed. Staff respected these and encouraged them to make their own choices wherever possible.

People were treated with respect and their privacy and dignity was maintained. One person's advocate said, "I have witnessed the staff carrying out personal care whilst ensuring my client's dignity." One member of staff told us they had recognised that the person's dignity could be compromised as they often liked to have their curtains up first thing in the morning. As a result a blind had been fitted which allowed the light to come in, but maintained the person's dignity. In addition, staff told us that they ensured that the bathroom door was shut whilst in use, even when nobody else was in the house. The registered provider was passionate about ensuring that people received their care in a dignified way, and provided advice and guidance to staff to ensure this was carried out.

The registered provider had a good understanding of advocacy services and understood when there would be a need for people to receive support from an advocate. One person had the use of an independent advocate for big or complex decisions, and they were available when required.

People were supported to maintain their relationships with their families, and they could be involved in aspects of people's care if they wished. For example, if they had little family involvement or required support with making financial decisions. We saw that each person was given a leaflet about 4 Futures and the support they could receive.

Is the service responsive?

Our findings

People's care and support needs were fully assessed before they were accepted by 4 Futures. This ensured the service could meet people's needs, understand their expectations and ensure people were compatible with other people that used the service. The registered provider completed an initial assessment which gathered as much information as possible from the person, their relatives and any professionals already involved in supporting the person. They said, "I try to get as much information as possible about the person and what support they need. I want to make sure we get it right so it doesn't fail." The registered provider also ensured there was a planned transition into the service so there was a clear handover of care.

People were supported to participate in activities they liked. One person's advocate said, "The staff ensure my client has lots of activities both in and outside the house and she is involved in cooking and baking: she is clearly very active, happy and included in everything." Staff had supported people to create photo albums of activities they had previously completed and enjoyed. This could be used to help people reminisce about activities they enjoyed, or would like to do again. One member of staff told us, "Sometimes it's good to use this book to find out what [name] wants to do. It can be quite helpful." We saw that one person had been supported to try a number of different activities and the person indicated to us that they had enjoyed completing them.

People's care records detailed people's choices and preferences and how they liked to receive their care. For example care plans recorded people's preferences for the timings they usually preferred to get up and go to bed, and their care was flexible to facilitate this, or any changes they required. It was important to one person not to be rushed and we saw that their care was planned to prevent any feelings of being rushed. Staff understood that one person did not like to be rushed and gave them the time they required to get ready if they were going out. Care records were completed on a regular basis to reflect the care and support people received and these showed that ample time in each shift was available for people to receive their care.

The provider had a strong relationship with people and their families and was available to consider any changes that were required to people's care plan. Whilst the timeliness of the internal reviews of people's care plans could be strengthened, the provider and staff were aware that if any changes were required to the care plan it was their responsibility to do so in a timely way. One member of staff said, "[Name of registered provider] is really flexible to the support for [name of person using the service]. We can make suggestions and this gives [name] greater freedom, and [name] gets the benefits of this." We saw that people that used the service were able to make their own decisions about how they wished to receive their care.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the care they received. In addition, an easy read guide was available for people. At the time of the inspection no complaints had been received but the provider was clear that this would be handled in a fair and transparent manner.

Is the service well-led?

Our findings

Positive feedback was received about the management of the service. One person's advocate said, "I have observed the manager lead her team and the service very well by instructing the staff and working in partnership with them. The staff are very responsive and respectful of her leadership. I have witnessed the manager representing the service in my client's review with the social worker, she was professional, warm, enthusiastic and knowledgeable. In my opinion, this is an excellent service, very effective service." A member of staff also commented on the positive nature of the management and told us, "I can't fault it. It's very good."

The provider ensured that they spent time with people that used the service and also completed care shifts so they had a true understanding of people's needs. Staff felt this approach to be inclusive and allowed them to feel at ease if they wanted to make any suggestions. One member of staff said, "The manager is really approachable. They take things on board and listen to us. It makes us feel valued, and we're all trying to make it as good as possible for the people that use the service." Staff were able to give examples of when the provider had agreed with their new ideas, for example having some different storage options in the utility area and a new cleaning regime.

The culture within the service focused upon supporting people's health and well-being, and encouraging people's independence when possible. One relative told us, "It has been lovely to see how [name]'s independence has grown. They are doing really well here." The staff we spoke with were committed to providing a high standard of personalised care and support, and one person's relative and advocate reflected that they had seen the benefits of this. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager. The registered manager was passionate about supporting people's independence and to receive good quality care in their own homes which helped to build their independence.

Quality assurance systems were in place to review the quality of the service and these were effective at identifying where improvements were required. For example, following a medication audit, the provider had recognised that improvements could be made to how 'as required' medicines such as paracetamol could be recorded by staff.

The service had policies and procedures in place which covered all aspects relevant to operating a care agency which included safeguarding and recruitment procedures. The provider had recognised that the policies and procedures could be improved and work was underway to make them more detailed and relevant to the service. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered provider understood the requirement to submit appropriate notifications to the CQC however at the time of the inspection no notifications had been required.

The registered provider had been proactive in providing good quality care. They had familiarised themselves

with relevant National Institute for Health and Care Excellence (NICE) guidance and how they can be implemented in practice. The provider had also built a relationship and support network with another provider to help share best practice and learn about how to provide a successful care service.