Essential Futures Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Essential Futures is a domiciliary care agency which provides supported living and personal care to people living in their own homes in Warwickshire. Some people had 24- hour care, and other people received care calls at agreed times when support was required. At the time of the inspection the service provided different levels of support to 74 people; based upon their needs. Of these, 29 people were receiving the regulated service of personal care.

People's experience of using this service:

- People were happy with the care and support they received from the service. They, and relatives, felt involved in how their care was planned and delivered, and overall, described positive relationships with staff who undertook their care calls.
- People had care plans which reflected people's needs and preferences. Staff knew people well and how to protect them from risks of injury.
- Risks had been assessed, and overall, management plans contained the detail to inform staff, should they need to refer to the information, of how to reduce risks of potential injury or harm.
- Staff were supported through an induction, training and meetings.
- The provider had implemented systems and processes to audit the quality of the service. Improvements were being implemented and needed to be embedded and sustained by the provider.
- The service met the characteristics of 'Good' in four of the five key questions. Overall, the service was well managed, however, we found some improvements were required in the key question related to Well Led. Our overall rating for the service is 'Good'. More information is in the full report.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection programme. If we receive any information of concern we may bring our inspection forward.

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 safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was, overall, well managed. However, some improvements were required. Details are in our Well Led findings below.	**Requires Improvement**

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two adult social care inspectors.

Service and service type: Essential Futures is domiciliary care agency.

The service does not have a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit in line with our methodology for inspecting this type of service. Inspection site visit activity started on 18 March 2019 and ended on 19 March 2019. We visited the office location on 19 March 2019 to meet with the management team and care staff; and to review care records and policies and procedures. One inspector conducted telephone interviews with four people who were receiving personal care from the service and spoke with ten people's relatives.

What we did: Before the inspection we reviewed information held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We had received concerns about the service shared with us from the local authority, following a quality monitoring visit they undertook during January 2019. Concerns were in respect of recording of medication, provision of supervision, support plans, personalisation and mental capacity assessments.

During the inspection we spoke with eight care staff, three team managers, the acting area manager, the central quality manager and the nominated individual.

We reviewed a range of records. This included five care and medicine records. We also looked at five staff

files around staff recruitment, various records relating to training and supervision of staff, records relating to the management of the service and a variety of systems of audit developed and implemented by the provider.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm because staff understood people's needs. Legal requirements were met.

Assessing risk, safety monitoring and management:
● Staff knew people very well and how to keep them safe. One staff member told us, "The person I support has poor eyesight, when we are out, I always stop and tell them we are at a step now, so they don't fall."
● Risks of potential harm and injury had been identified, and risk management plans were available for staff to refer to. Overall, risk management plans included guidelines for staff to tell them how to keep people safe. However, we identified one person's risk management plan around the person having time alone to soak in their bath, did not contain all the guidance staff required. Immediate action was taken by the acting area manager to update the person's risk management plan.
● Positive behaviour support plans were in place and staff spoken with were aware of the actions to take to de-escalate incidents of behaviour which posed potential risks of harm to the person and others.

Staffing and recruitment:
● Pre-employment checks were completed before any new staff started supporting people. Five staff files looked at contained criminal record checks, a full employment history and references.
●The acting area manager told us care agency staff were used to cover short-falls in the staffing required to cover care calls and 24-hour support. Care staff vacancies had been advertised and recruitment was planned for so sufficient staff were employed by the provider to undertake the agreed care and support to people using the service.
● People knew the staff who supported them and knew who to expect for their care calls. Overall, people had consistency in staff who supported them.

Systems and processes to safeguard people from the risk of abuse:
● Staff completed safeguarding training before starting to support and care for people, and the provider's safeguarding policy was shared with staff.
● Staff gave us examples of what constituted abuse and how to safeguard people they supported. One staff member told us, "I support [name] who is very vulnerable on social media." The staff member told us what actions were being taken with the consent of this person to keep them safe.
● Staff were confident any concerns they raised to the provider would be dealt with appropriately. They knew the process to follow if they needed to raise safeguarding concerns outside of the organisation to the Local Authority or Care Quality Commission.
● People and relatives trusted staff and made positive comments to us. One person told us, "I always feel safe with staff coming into my home." A relative commented, "I trust the staff with my family member, that's why we stay with this agency."

Using medicines safely:

● During a quality monitoring visit from the local authority in January 2019, a number of medication errors that had occurred had been identified as a concern to the provider. The provider had acted to make improvements, staff had been re-trained and their competency, in safely handling people's medicines, had been assessed by team managers.

● Medicine records reviewed by us showed people were supported, as required, by staff to take their medicines as prescribed.

Preventing and controlling infection:

● Staff had access to gloves and aprons for use when they were delivering personal care.

● Staff had received training in infection prevention and control and were able to tell us how they prevented risks of cross infection.

Learning lessons when things go wrong:

● The provider was keen to learn from experience and make improvements. They had submitted a service improvement plan, to the local authority, as required, which outlined how improvements would be made. During our inspection visit, we found some actions had been implemented and the provider was working on others against set timescales.

Good

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.

Good: People's outcomes were good, and people's feedback confirmed this. Legal requirements were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs had been identified and choices were supported, care plans contained information about people's likes and dislikes.
- Care plans were written in an 'outcomes focused' way, and based around individual's needs.
- Staff gave examples of how they applied learning from training, which was in line with best practice.

Staff skills, knowledge and experience:
- Staff were required to complete induction training to help ensure they had the necessary knowledge and skills to do their jobs.
- Staff completed the Care Certificate and had developmental opportunities to complete nationally recognised qualifications in health and social care.
- Staff undertook 'shadowing' shifts when they accompanied an experienced staff member on care calls before undertaking visits to people alone. One staff member told us, "I did about six shadowing shifts with the manager, it was most helpful in getting to know people and how to meet their needs."
- Action had been taken by the provider to make improvements in the support staff received. This included group (staff team) supervision, one to one supervision, and team meetings.
- Staff had continuous development booklets to complete as training, reflective practice and guidance took place.
- Staff were offered 'de-brief' meetings following incidents where, for example, a challenging incident had occurred, so reflection and learning could take place.

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 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 with appropriate legal authority. In this kind of service applications to deprive people of their liberty should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.
- Staff understood the principles underpinning the legislation, and gave examples of how they sought people's consent. For example, when supporting people with showering or before personal care was given.

Supporting people to eat and drink enough to maintain a balanced diet:
- Some people received support with meal preparation and staff knew what people's preferences were.

● Staff understood the importance of following healthcare professional guidance with people's dietary requirements. One staff member told us, "[Name] must have moist food so they don't choke, also it must be fork-mashable (soft) consistency, without lumps, so it is safe for them to eat."

Staff working with other agencies to provide consistent, effective, timely care:
Supporting people to live healthier lives, access healthcare services and support:
● Staff told us they would inform the provider if they had any concerns about people's wellbeing; as well as the person's relatives.
● Staff supported people to attend appointments with healthcare professionals, including GPs, psychiatrists and learning disability nurse teams.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity: Supporting people to express their views and be involved in making decisions about their care:

- People and relatives gave us positive feedback about how caring they felt staff were toward them. One person told us, "I get on well with the staff, they are all good and treat me well."
- Some relatives felt they had established good relationships with the staff and communication was effective between them and staff. However, other relatives felt staff communication could be improved on. One relative told us, "Staff seem caring, but communication is not always as good as we'd like; to keep us updated about [name]'s care." The nominated individual acknowledged several team manager staff changes had recently taken place and communication between staff and relatives may have been impacted by this. The nominated individual assured us people's care teams were now established and the management team would have oversight that good communication took place.
- When talking with us, staff demonstrated a caring, compassionate, non-judgemental and accepting attitude towards the people they supported. One staff member told us, "I've worked for the company for twelve years, I really enjoy my role caring and supporting people."
- People and relatives felt involved in decisions about how care was delivered.

Respecting and promoting people's privacy, dignity and independence:

- Systems were in place to protect people's confidential information. Staff understood the importance of maintaining confidentiality.
- Staff gave examples of how they maintained people's dignity when supporting them with personal care. One staff member told us, "I make sure the door is closed and keep people covered with a towel."
- People were supported to maintain skills as far as possible so their independence was not taken away. One example shared with us included a person having a 'grab rail' on the side of their bed, so they could independently pull themselves to a sitting position.

Good

Is the service responsive?

Our findings

Responsive - this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
- People had a plan of care which described individual needs, preferences and routines.
- The provider was responsive to people's needs. The acting area manager had identified two people's packages of care hours was not meeting their needs and re-assessments had been arranged.
- Daily notes were completed by staff to record how people's needs had been met. Overall, people's care records were clearly written and reflected the care given in line with the agreed tasks.

Improving care quality in response to complaints or concerns:
- There was a complaints policy, and where complaints had been received these had been managed in line with the provider's policy.
- No one had a current complaint about the service received. People and their relatives told us they would contact the provider if they needed to complain.

End of Life care and support:
- The acting area manager told us end of life care and support could be offered to people in line with their wishes, and with the support of healthcare professionals. Of the five care plans reviewed, one included a person's end of life care wishes. This gave a detailed overview of their wishes and a multi-disciplinary meeting was planned during March 2019, so a 'ReSPECT' assessment could be made. 'ReSPECT' assessments are where decisions are made to 'Do Not Attempt Pulmonary Cardio Resuscitation' (DNACPR).

Requires Improvement

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.

Requires Improvement: Overall, the service was well-led and systems were in place to check the quality of the service. However, recent actions taken to make improvements needed to be embedded into the culture of the service. Some further improvements were required to ensure where improvements were needed, these were identified by the provider's systems and processes. Legal requirements were met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider's last registered manager had de-registered with us during May 2018. The provider had recruited a new manager but they had also left. An acting area manager was currently in post and had day to day oversight of the service. The nominated individual told us they were in the process of recruiting a new manager and assured us once the position had successfully been recruited to, an application would be made to us to become the new manager to become registered with us; in line with the legal requirements for the service to have a registered manager.
- The provider did not have an electronic call monitoring system, which meant the provider had only been alerted to missed calls when a service user contacted them. This had been highlighted as a concern to the provider by the local authority in January 2019. There had been three missed calls to people between January and March 2019. We were informed these were 'double-up' care calls where a second staff member had failed to arrive. The provider had acted on this, to reduce risks of further missed care calls. The acting area manager told us, "A temporary measure has been implemented whereby staff telephone the office to confirm their arrival on shift. If they don't telephone, we investigate where they are, so the care call is not missed." Where a second staff member had not arrived as planned for, action was taken to ensure a staff member attended the call to support, so people's care needs were safely met.
- We discussed call monitoring with the acting area manager and nominated individual, who told us they were currently exploring how their information technology system could be extended to incorporate a call monitoring system to send an automated alert if a care call was missed. However, the nominated individual could not give us a timescale for the implementation of this.
- There were systems and processes in place to monitor the quality of the services provided. Overall, these systems identified where actions for improvement were required and the provider had action plans in place to implement improvements in a timely way. However, a team manager's audit of one of the five Medicine Administration Records (MARs) we reviewed, had not identified where improvement was needed. For example, one hand-written MAR was not clear and posed potential risks of errors occurring. The acting area manager assured us the issue we identified would be addressed with team managers; with delegated responsibility for undertaking audits and they would have oversight of these to ensure audits were effective in identifying where improvement was needed.
- The provider had developed a new format for people's care files during November 2018, they had started transferring information from existing care plans to the new format. Of the five care files looked at, all were in the new style, but office copy versions had not been signed by people to reflect they agreed with their

plan of care. The acting area manager assured us team managers would ensure office copy versions of care plans reflected people's involvement and agreement to their plan of care.
● During our inspection visit, the provider's quality manager was undertaking a planned 'Key Lines of Enquiry' audit and explained they undertook these on an annual basis and an action plan would be developed from the findings so improvements could be implemented where needed.
● The provider and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements.
● The provider demonstrated they understood when they would need to send CQC notifications of incidents and events in line with legislation. Notifications had been sent as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:
● There were systems in place for gathering the views of people and their relatives. Questionnaires were sent to people using the service and their relatives annually and feedback was analysed by the provider so improvements, where needed, could be made.
● Some relatives spoken with raised a concern about care and manager staff turnover. One relative told us, "It's a lot of changes, it's a concern to me." The provider explained that following a revision of staff employment contracts, to ensure staffing met the needs of the service, "a lot of staff" had decided to leave during January and February 2019. The acting area manager told us that during March 2019, staffing had now settled and new team managers had been recruited. Overall, the staff turnover was below the national average for care services.

● Staff felt supported and improvements had recently been implemented to ensure staff received group and individual supervision from managers.

Continuous learning and improving care:
● Following feedback from a quality monitoring visit undertaken by a local authority, during January 2019, the provider was acting to make improvements to care provided. The nominated individual was working to embed and sustain improvements being made.