

# Fine Futures Limited

# Finefutures

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Finefutures provides a service to people with learning disabilities, autism or mental health needs living in their own homes. People's support is based upon their individual needs and can range from 24-hour care to a set number of hours each week.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in promoting choice, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include choice, control and independence.

People's experience of using this service: The service had quality assurance systems in place however these had not addressed significant gaps in staff training. The registered manager informed us that training was being prioritised to ensure that staff were to receive the training the provider deemed mandatory in the near future.

The people we spoke with were unable to verbally express how they felt about the service however, all the people we met appeared happy and one person gave us a thumb up when asked if they liked the staff. Staff had worked closely with people to support them experience a wide range of activities and improve their daily living skills. We observed that staff were kind and respectful towards people and knew them very well.

Staff knew how to report any safeguarding concerns. Incidents were critically analysed, lessons were learnt and embedded into practice. Robust risk assessments were in place and acted upon appropriately to mitigate any identified risks. People were supported with their medicines by staff assessed as competent in this area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, staff did not receive any specific training in the Mental Capacity Act 2005 (MCA) and some staff lacked knowledge of the actions to be taken if a person lacked capacity to make a decision for themselves. We discussed this with the provider who informed us they would address this issue.

Staff told us the two registered managers were approachable. The views of people and staff were gathered and used to inform developments at the service. The registered managers and provider carried out checks and audits to make sure that the service was delivering a safe and good service however these had not addressed the training issues identified. A system for recording and responding to complaints was in place.

Rating at last inspection: At the last inspection the service was rated good (report published May 2016). The service is now rated requires improvement.

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

Follow up: We will speak with the provider following this report being published to discuss how they will make changes to ensure the rating of the service is increased to at least Good. We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

# Finefutures

## 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:** This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Finefutures provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone using the service received a regulated activity. At the time of this inspection 18 people were supported with personal care tasks by the service.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are 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 48 hours' notice of the inspection visit because we needed to be sure that the registered managers would be available to support the inspection and for staff to be available to talk with us about the service.

**What we did:** We reviewed information we had received about the service to plan the inspection. This included details of incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection: We met three people who used the service and spoke with seven relatives. We spoke with the two registered managers of the service, an area manager, a senior support worker and three support workers. We also spoke with the registered provider and two of their representatives. We reviewed a range of records: This included people's care records, various records related to recruitment, staff training and supervision and the management of the service.

# 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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to raise any safeguarding concerns they may have. They told us they felt confident that the management team would address any safeguarding issues raised appropriately. People were supported to understand how to keep themselves safe and raise concerns when abuse occurred. The service had a pictorial safeguarding information available to guide people.
- People's relatives told us that staff kept people safe. One relative told us "They [the staff] are very alert."

Assessing risk, safety monitoring and management

- Support plans contained detailed guidance for staff to follow to keep people and others safe. Where people may display behaviour, which could challenge others positive behaviour support plans were in place. These provided very clear guidance for staff. One relative told us "I have witnessed them [staff] when [person] is upset or having a moment and they deal with it well."

Staffing and recruitment

- People had individual care packages. We received some mixed feedback from families about the consistency of staffing. We viewed rotas which showed staffing levels were sufficient. The staff we spoke with confirmed this.
- The suitability of care staff was checked during recruitment to make sure, as far as possible, they were safe to work with people who used the service.

Using medicines safely

- Medicines were managed using an electronic recording system as well as paper recordings. Relatives told us that they felt that people received their medicines when they should.
- Staff had been assessed as competent to administer medicines by the management team.

Preventing and controlling infection

- Personal protective equipment (PPE) available for staff when needed.
- Staff had received training in infection prevention and control as part of their induction however further training was required for some staff. This had been identified as a training need by the management team.

Learning lessons when things go wrong

- The registered manager critically reviewed all incidents and ensured staff considered how lessons could be learnt. For example, they told us how pre-admission information gathering had been improved following an incident that occurred shortly after a person started using the service.
- Lessons learnt were shared with staff, people and relatives through the service's newsletter.

# 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection the service was rated good in this domain (report published May 2016). The service is now rated requires improvement in this domain.

Staff support, induction, training, skills and experience

- People were supported by staff who did not always have all the up to date training required for their role. We identified various gaps in staff training. For example, only 25 percent of staff had up to date training in health and safety and 20 percent in fire safety. We discussed this with the one of the registered managers and the provider's training representative. They told us that this had not resulted in any incidents that had adversely affected users of the service. However, the lack of staff training in certain areas still left people potentially at risk of harm. The registered manager and provider's training representative told us that they were aware of the gaps in training and were working to address the issue as a matter of priority having recently implemented a new training system and identified staff training needs. This reflects the training the provider now deems mandatory for all staff.
- Support staff received an induction when they started working for the service which included the shadowing of more experienced staff.
- Staff had regular supervision and appraisals.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Relatives told us that care staff respected people's decisions and gained people's consent before they provided personal care. We found however, from discussions with staff that some care staff required an update of their knowledge in this area.

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

- People's needs were assessed prior to them receiving support from the service. The service had a clinical



team including speech and language therapy and occupational therapists who carried out the pre-assessment.

- Support plans were very detailed. They had been kept up to date when people's needs had changed.

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

- People cooked their own meals with staff support. Staff offered people guidance on maintaining a healthy diet. One relative told us, "[Person] is offered choices, they [staff] plan a menu with [person] at the beginning of the week, [person] is on a healthy eating programme at the moment."

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

- The service worked well with other organisations. Staff contacted doctors and other healthcare professionals as and when needed.
- Relatives told us that people were supported well with their healthcare needs. The provider employed a clinical team which included learning disability nurses, speech and language therapists and occupational therapists. One health professional wrote to us and said, 'I have found them to be proactive and deliver care and support as requested.'

# 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.

Ensuring people are well treated and supported; respecting equality and diversity.

- Most relatives told us that they found the staff were kind and caring. One relative told us, "Yes they are kind, patient, and dedicated, they have supported [person] for a long time, they give choice, they support [person] to feel happy and safe." Another said, "Yes, they do a brilliant job."
- The people we met with were unable to tell us how they felt about the service but all seemed very comfortable in the presence of staff. We observed people being affectionate with staff, gently touching heads, hugging and laughing. Staff knew the people they were supporting very well.
- We found that staff worked very closely with people to support them with their personal care tasks
- Information was made accessible to people for example a pictorial complaints procedure was available.

Supporting people to express their views and be involved in making decisions about their care

- We found that staff showed concern for people's wellbeing. They ensured that people received care and support that suited their needs.
- Staff knew people's communication needs well. We observed the use of some signs between staff and people.
- People were supported to learn new skills and remain as independent as possible.
- People were involved in making decisions about how wanted their care and support needs to be met through user-friendly surveys and house meetings.
- Information about advocacy services was available, and when needed staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain the privacy and dignity of the people they cared for and told us that this was a key part of their role. One relative told us that privacy and dignity was "maintained to a high standard". Another said, "It's respectful, they have a laugh too but it remains professional."

# 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.

Personalised care; accessible information; choices, preferences and relationships

- The service identified people's information and needs by assessing them prior to providing support. Once identified people's needs and preferences were regularly reviewed. Support plans contained information as to how to support individuals to enable them to be as independent as possible. One relative told us, "[Name of relative] is involved in their care, we work as a team, [person], me and support workers. [Person] is always present when decisions are being made collectively."
- Relatives told us the service was flexible in meeting people's needs.
- Staff worked in a person-centred way with people. They clearly knew people's likes and dislikes very well. One relative told us, "They have built up a relationship with [person] and know [person's] like and dislikes." Another said, "It is positive they [staff] have similar interests, which allows [person] to develop independent living skills with like-minded people."
- Staff told us about the activities people took part in both outside and within the home. People were encouraged to undertake training and work placements to build up their skills and knowledge. One person was working in a garden centre another was volunteering on the local canals. Two relatives told us they would like to see people get involved in more activities.
- Each house had a computer tablet where support staff could input information about the people they were supporting and access up to date information about the person and their care needs.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were acknowledged, investigated and responded to by the registered manager.
- Most relatives told us that they knew how to make a complaint. Formal complaints received had been managed appropriately. During this inspection we received information that one relative was unhappy with the actions taken following them sharing some concerns through the service's survey. We brought this to the attention of the registered managers who immediately went on to address the matter as a formal complaint.

End of life care and support

- No one using the service was receiving end of life care.
- The service had an end of life care policy to guide staff if end of life care needed to be provided.

## 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: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person centred care. Some regulations may or may not have been met.

At the last inspection the service was rated good in this domain (report published May 2016). The service is now rated requires improvement in this domain.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The service had a quality assurance system which included checks carried out by the registered manager and the provider. Effective monitoring should have established the actions required to address significant gaps in staff training earlier. Some of the staff members without training in areas the provider deemed mandatory had been in post since 2015 and 2016. Audits had therefore not always been effective.

- Staff at all levels of the organisation understood their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- The provider understood their responsibilities and legal requirements. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

- A central management team was in place to critically review the service to determine what improvements could be made.

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

- People and their relatives had taken part in surveys to give their views of the service and an action plan was developed from the information received. One relative told us, "I am actively involved helping to make solutions and contributing ideas." Some relatives told us they would appreciate the opportunity to give more feedback.

- Staff told us they were listened to and that both registered managers were approachable. They understood the provider's vision for the service. Most relatives told us that they felt the registered managers were both approachable. One told us "I think it is well managed, but it would be nice to be more involved and know what [the person's] goals are."

- The service worked closely with the local community in developing voluntary and work placements for people. For example, one person helped at a local food bank.

Working in partnership with others

- The service worked in partnership with a range of other agencies and professionals. A multi-disciplinary approach was taken to meeting the needs of people.

