

Supported Futures Ltd

Supported Futures

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?	Good ●

Summary of findings

Overall summary

About the service

Supported Futures is a domiciliary care service offering personal care and support to children and younger adults living within their own homes. The service supports people with learning disabilities and/or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Four people were being supported by the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe and had confidence in the staff who took care of them. People received care from staff who had been supported in their role through regular supervision.

Staff were caring and passionate about their role and knew people's needs and preferences well.

Safe recruitment practices were in place and people were supported by staff that knew them well. Staff had completed an induction programme and undertook regular training to meet the requirements of their role.

Regular checks and audits were carried out to determine the quality and safety of the care and support being provided.

People were protected from the risk of harm and staff knew how to raise any concerns. Policies and procedures were also in place to guide staff.

Care plans and risk assessments were person centred and were regularly reviewed. Staff had developed strong relationships with the people they supported.

The service did not routinely manage medication, but all staff had undergone training to ensure their competency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, 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.

People participated in activities of their choice. The service actively sought and facilitated both activities and work-based opportunities that were meaningful to people. People were also encouraged and supported to try new things.

People's privacy and dignity was respected, and their independence promoted.

Feedback was sought from people living at the service, their relatives and staff to ensure standards were being maintained and to help drive forward improvements. People and their relatives spoke positively about the service and management team.

The management of the service embedded a positive culture of person centred, high quality and compassionate care. Managers were described as being hands on, passionate, approachable and supportive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us in August 2018 and this is the first inspection.

Why we inspected:

This was a planned inspection. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Supported Futures

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to children and younger adults living in their own houses and flats. Supported Futures has offices based in Hednesford town centre.

The service was providing care and support to four people at the time of the inspection. 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.

The service had a manager 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. The provider was asked to complete a provider information return prior to this inspection, but the date for return was post this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two relatives, the registered manager and the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a professional who worked with the service. We spoke to a relative by telephone. We also spoke with two members of support staff.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care provided by staff was safe. One relative told us, "Yes, we know [person] is in safe hands."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place which provided staff with guidance on how to mitigate any identified risks to people.
- Risk assessments were regularly reviewed and updated to ensure staff had access to the most up-to-date information. This helped to keep people safe.

Staffing and recruitment

- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- People received care and support by staff who were familiar with their needs and routines. Wherever possible, any sickness or absences were covered by permanent members of staff, including the registered manager.

Using medicines safely

- Any medication was administered by trained and competent staff.
- Staff had access to policies and procedures, as well as good practice guidance to support them when administering medicines.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE).

Learning lessons when things go wrong

- Systems were in place for the recording and monitoring of accidents and incidents.
- Accident and incident records were reviewed by the registered manager to identify any trends and reduce future risk or reoccurrence.

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: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs for care and support were fully assessed prior to being supported by the service. The service only accepted people once confident they could meet their needs in full.
- People, relatives and health and social care professionals were involved in the assessment and planning of people's care. One relative told us, "I was fully involved with the care plan from the start."
- Care plans contained detailed guidance for staff to follow, and reflected people's individual needs, preferences, daily routines and choices.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Staff were competent, knowledgeable and skilled and felt supported by managers to develop further.
- Some staff had completed additional training to help meet people's specific needs.
- Relatives comments included, "[Person] is really fond of staff and looks forward to seeing them" and "[Person] has the same staff that knows them and knows their needs."

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

- Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet, or what support was required to support the person with eating and drinking.

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

- People's relatives supported them to attend healthcare appointments. However, staff were able to offer support if required.
- People had access to local advocacy services if required. An advocate helps to ensure the rights and wishes of the person are upheld.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed.
- Some people had a power of attorney to act on their behalf.
- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. Staff asked and explained to people before giving care and support.

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: This meant 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

- Staff were motivated and passionate about ensuring people were well treated and supported. Whilst not everyone was able to communicate with us verbally, we observed a staff member visiting a person in their own home and it was evident the person was overjoyed to see them.
- Relatives told us the staff knew people well and their comments included; "Staff are brilliant, so caring, they really understand the people they support" and "All staff treat [young person] as an adult and help them make choices."
- Staff had completed equality and diversity training and it was evident they treated people as equals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. Staff encouraged people to maintain and develop their independence.
- Staff ensured people's confidentiality was maintained.
- Records were stored securely. Information was protected in line with General Data Protection Regulations (GDPR).
- Relatives told us that people were offered choice and were empowered to have control over their lives. Comments included; "[Person] is treated as their own person and included in everything" and "Staff are flexible so they completely suit the needs of [person]."

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

- Relatives told us they were regularly given the opportunity to express their views and opinions. One told us; "Yes I am asked for feedback, but we are able to talk to the staff at any time anyway, we are definitely listened to."
- Relatives told us people were involved in making decisions about their care and support wherever possible.

Is the service responsive?

Our findings

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

Good: This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation

- People accessed the community to participate in activities which were truly meaningful to them. In addition, the service actively sought and facilitated new activities for people. One example of this was a gardening project, people had been involved in working a plot of land, to grow fruit and vegetables, some of which were used in the adjacent restaurant. An external professional told us, "The people really enjoy it, staff work and interact with them so well, it's clear they put the needs of the people first."
- The service also created opportunities for people, such as voluntary work in charity shops and enrolling onto educational courses at local colleges. This not only helped people develop a sense of achievement, but also a sense of belonging to their local community.
- A relative told us; "Staff are constantly encouraging [person] to do new things, it's brilliant, even if it's raining outside, they will always come up with ideas."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained detailed information about people's preferences in relation to their support and treatment. Staff used this knowledge to care for people in the way they preferred.
- People received care and support from a small number of core staff. This helped to ensure consistency and continuity of care staff wherever possible. Staff were matched with people based on shared characteristics and interests, this helped staff form strong relationships with the people they supported. A member of staff told us, "We are matched with people from the start, I get on like a house on fire with the people I support!"
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Not everyone who was supported by the service could communicate verbally. Staff communicated in non-verbal ways such as body language, using pictures, Makaton (This is a language programme using signs and symbols to help people to communicate) and sign language.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Relatives told us they knew how to raise a complaint and felt confident any concerns would be acted upon.
- At the time of our inspection, the service had not received any complaints.
- People and their relatives were actively encouraged to share their views through regular contact with the management team.

End of life care and support

- At the time of our inspection nobody was being supported with end of life care.
- Staff described how they would support people at the end of their life to be comfortable and have a dignified death.

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.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Genuine and positive relationships had been developed by all staff and the people they supported.
- The cornerstones which underpinned the service were; the promotion of person centred and compassionate care and support, and to support people to realise their goals and aspirations. Staff readily embraced the provider's positive culture and vision. A member of staff commented, "We are all passionate, we love our job and do it because we want to do it and make a difference. I feel so lucky."
- The service was committed to developing people's independence. They achieved this by supporting people to achieve their goals and aspirations at a pace the person was comfortable with. One person's goal had been to use public transport, with the direct support of staff, they were able to achieve this.
- Relative's and staff spoke positively about the management team. Their comments included; "Management are great, always there and listen," "[Managers] believe in keeping staff happy which makes us even better in our roles," "Managers are hands on, supportive, approachable and friendly" and "It's not just a care service, it's a passion, to give the best care."
- Staff had access to policies and procedures to promote safe, effective care to people.

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

- Feedback was sought from people, their relatives, staff and other stakeholders in order to further improve the deliverance of high-quality care.
- Staff attended regular team meetings and told us their views were listened to and acted upon by the management team. One told us, "We are invited to give feedback, we can make suggestions for improvement and its really listened to and taken on board."

Continuous learning and improving care

- Any proposals for change were discussed with staff before being introduced. This enabled staff to have a say in the running of the service and encouraged the sharing of ideas for best practice.
- The registered manager and staff team had received training and undertook regular updates to ensure their practice remained current.
- A long term strategy was in place to adapt and improve the service based on feedback received by people and their relatives.
- The service had an effective system to monitor the quality and safety of the service. Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals, community groups, educational and employment providers. This helped to ensure positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their responsibilities for ensuring that risks were identified and mitigated. Risks to people's health, safety and well-being were effectively managed through ongoing monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.