

Future Home Care Ltd

Future Home Care Limited Nottinghamshire

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

We carried out an announced inspection of the service on 23 and 24 February 2017. Future Home Care Limited Nottinghamshire is a service that provides personal care services and support for people who are living with a learning disability. People are supported to live where and with whom they want, for as long as they want, with the on-going support needed to sustain that choice. At the time of the inspection there were 33 people using the service.

On the day of our inspection there was a registered manager in place. 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.

Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed. There were enough staff to keep people safe and to meet their needs. People's medicines were managed safely, with minor areas identified in terms of checking handwritten entries on people records were recorded accurately.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005) had been followed when decisions were made about people's care. People were supported to maintain good health in relation to their food and drink and people felt involved in buying and cooking the food they wanted. People's day to day health needs were met by staff and referrals to relevant health services were made where needed.

Staff were kind, caring and compassionate. Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained. People felt staff treated them with respect. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

People led active and meaningful lives and were supported to follow the activities and hobbies that were important to them. People had detailed person centred support plans in place that recorded their preferences and likes and dislikes. People's support records were regularly reviewed with people involved with the process. People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

The registered manager led the service well and was supported by a team of project managers who were held accountable for their role. The provider had ensured the working environment demanded excellence,

but also recognised and rewarded strong staff performance. The registered manager and project managers were well liked by all. People, relatives and staff were encouraged to provide feedback about the quality of the service and this information was used to make improvements. Robust quality assurance processes were in place to ensure people received high quality care and support. Regular provider level audits were also completed to ensure standards remained high and to address any areas that required improvement. A small number of reportable incidents had not been forwarded to the CQC, however records showed these had been fully investigated.

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.

Staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed and reviewed.

There were enough staff to keep people safe and to meet their needs.

People's medicines were managed safely, with minor areas identified in terms of checking handwritten entries on people records were recorded accurately.

Is the service effective?

Good 

The service was effective.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005) had been followed when decisions were made about people's care.

People were supported to maintain good health in relation to their food and drink and people felt involved in buying and cooking the food they wanted.

People's day to day health needs were met by staff and referrals to relevant health services were made where needed.

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and compassionate, understood people's needs and listened to and acted upon their views.

People's privacy and dignity were maintained and people felt

staff treated them with respect.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

Is the service responsive?

Good ●

The service was responsive.

People led active and meaningful lives and were supported to follow the activities and hobbies that were important to them.

People had detailed person centred support plans in place that recorded their preferences and likes and dislikes.

People's support records were regularly reviewed with people involved with the process.

People were provided with the information they needed if they wished to make a complaint and they felt their complaint would be acted on.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was supported by a team of project managers who were held accountable for their role. The registered manager and project managers were well liked by all.

People, relatives and staff were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

Robust quality assurance processes were in place to ensure people received high quality care and support.

A small number of reportable incidents had not been forwarded to the CQC; however records showed these had been fully investigated.

Future Home Care Limited Nottinghamshire

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 23 and 24 February 2017 and was announced. We gave the provider one weeks' notice. This was to give the provider time to arrange a number of home visits for our inspector and an Expert by Experience to speak with people who used the service and the staff who supported them.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed notifications sent us by the provider. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection we visited 10 people in their own homes. We spoke with eight of these people as well as; four members of the support staff, four project managers, a behaviour specialist, the deputy service manager and registered manager. We also contacted 10 health and social professionals and asked them for their views of the service. Five of these provided feedback.

We looked at all or parts of the care records and other relevant records of 10 people who used the service, as well as a range of records relating to the running of the service such as audits, policies and procedures. We also reviewed three staff recruitment records.

Is the service safe?

Our findings

All of the people we spoke with told us they received care and support from staff that made them feel safe. One person said, "The staff understand how to keep me safe." Another person said, "I'm quite safe, I get what I need [from staff]."

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was in place. Staff had received appropriate safeguarding of adults training and the staff we spoke with understood who to report concerns to both internally and externally to agencies such as the CQC or local safeguarding teams. We did find a small number of examples where referrals had been sent to the local authority's safeguarding team but the CQC had not been notified. Since the inspection we have now received these notifications.

People's support records contained assessments of the risks to their safety in a wide variety of areas. These included people's ability to maintain their own safety when in the community and their ability to manage their own personal care and food and drink intake. We found these assessments were regularly reviewed to ensure they met people's current needs. The staff we spoke with had a good understanding of people needs and the risks associated with their support.

In each of the three locations we visited we saw regular assessments of the environment people lived in were conducted to ensure people were safe. External professionals carried out maintenance work and servicing of equipment such as gas installations. People had individualised personal emergency evacuation plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner.

Each project manager carried out regular reviews of the accidents and incidents that occurred at each location. This information was then forwarded to the registered manager who reviewed all accidents and incidents across the service as a whole. Where any trends were identified these were then discussed with representatives of the provider to determine the best course of action to reduce the risk of reoccurrence. The effectiveness of any actions taken was regularly reviewed.

People gave their views on the number of staff available to support them. The majority of people felt there were sufficient numbers of staff available when they needed them. One person told us they did not have to wait long if they pressed their 'buzzer' for the staff to attend to them. However another person felt that more staff were needed if a staff member phoned in sick.

The staff we spoke with felt the number of staff on duty was sufficient to enable them to provide safe and effective care and support for people. Our observations throughout the inspection in each of the three locations we visited supported this view. Where people had been assessed as requiring one or more staff to supervise them at certain times of the day, we saw records had been completed to show this had occurred. The registered manager showed us the monthly assessment process they followed to ensure that sufficient numbers of trained and skilled staff were in place to support people at all times. The registered manager

told us they were particularly proud that some people had recently had the number of staff needed to support them reduced due to an improvement in their assessed mental and physical well-being.

In addition to the support workers, other staff were employed by the service to offer additional support. This included staff who specialised in supporting people who presented some behaviour that may challenge others. This wide ranging approach to staffing ensured sufficient staff with the right skills and experience were in place to support people safely.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members working with people. These processes included criminal record checks. Other checks were conducted such as ensuring people had sufficient number of references and proof of identity.

People told us they were happy with the way their medicines were managed. One person told us they managed their own medicines with the support of staff. Another person told us staff managed their medicines for them and they received them when they needed them.

People's medicines administration records (MAR) contained a photograph of them to reduce the risk of medicines being administered to the wrong person. Additionally, details of people's allergies were also recorded to reduce the risk of them experiencing avoidable harm. We saw the way some people liked to take their medicines had also been recorded. Although we did not observe a staff member administering any medication, the staff we spoke with explained how they did so safely.

In each of the MAR that we looked at we saw these had all been completed correctly showing when people had taken or refused to take their medicines. We did note that a small number of handwritten entries explaining the dosage for the medicine did not have two signatures to ensure the handwritten entry was correct. The accurate recording of the prescription for each medicines and recording when people had or had not taken them, reduces the risk of people experiencing avoidable harm.

When people received 'as needed' medicines, protocols for the safe administration of these were in place. As needed medicines are not given at set times of the day and are only administered if a person is showing signs that the medicines are needed, such as an increase in pain or agitation. Authorisation had been requested when administering medicines that could change a person's mental state and the reasons these medicines were administered were recorded. This was then reviewed regularly by the project managers and the registered managers to ensure they were done so safely.

People's medicines were stored safely and people were unable to access medicines that could cause them harm. We did note that a small number of topical medicines did not always have the date of opening recorded. This is important as once these types of medicines are opened, they have a date by which their effectiveness may expire. The registered manager told us they address this as part of the project manager's regular medicine audits.

Regular checks of the temperature of the room, cupboard and fridges where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Is the service effective?

Our findings

People told us they felt the staff understood how to support them and did so effectively. The majority of the responses we received were positive with one person describing the staff as 'very good.'

Staff received an induction when they first came to work at the service and regular training thereafter, to provide them with the skills needed to support people effectively. The staff we spoke with felt well trained. They told us they felt supported by the management team and they received regular supervision of their work. Records viewed confirmed induction, training and supervision had taken place. Staff were also encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

Clear guidance was in place to support staff with communicating with people effectively. We observed staff communicating with a number of people with varying abilities to communicate verbally. Staff did so productively with people responding positively to them. Guidance was also in place for staff to support people who may present behaviours that may challenge others. An external company specialising in training support workers to manage challenging behaviour was used to offer guidance and support. A representative of this company worked with the service two days a week. We spoke with this person about their role. They told us when staff felt they needed further advice or guidance above what they were trained to do themselves they were there to support them. They gave us an example where they had recently worked with staff to offer solutions to an on-going situation. This support had seen an improvement both in the behaviour of the person involved and the ability of the staff to support the person effectively.

People told us they were encouraged to make their own choices about their care and support needs and staff respected their wishes. 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.

In each person's support records we saw their ability to make decisions had been assessed and support plans had been put in place to ensure people were supported and cared for in a way that was in their best interest. These assessments included decisions about managing their own medicines, their ability to maintain their safety in the community and maintaining their own personal care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications had been made by the local authority to the court of protection, who make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made. This includes appointing deputies to make on-going decisions for people who lack mental capacity. Records showed that where these applications had been granted, staff supported

people in line with their terms. The project managers also regularly carried out a review of people's support to ensure their liberty was not being unlawfully deprived.

People told us they were involved with planning their own meals, buying their own food and making meals. One person said, "I do shopping with staff and I eat what I like." Another person told us they wrote a shopping list and went with staff to buy their shopping. They also told us they worked out the prices of the food so they had money left for other things. The person told us they then liked to cook their meals with the help of staff. A third person said, "I went shopping yesterday, it's independence and I make my own choices."

People showed us their kitchen area within their home. The kitchen was well stocked with a variety of food that people had chosen for themselves. Staff told us they encouraged people as far as possible to make healthy food and drink choices and this was reflected in the fresh fruit, vegetables and other produce that was available. Staff had undertaken a food hygiene training course to enable them to support people effectively and safely with preparing their food. Where people had allergies and or dietary requirements as a result of diabetes, support plans were in place to ensure people received their food safely. Where people had been identified as being at risk of choking, excessive or minimal eating or dehydration, referrals had been made to gain the input and advice of GPs and/or dieticians.

People's day to day health needs were met by staff. People told us they were able to see a wide variety of healthcare professionals to support them with their health needs. One person told us the staff made their appointments. They also told us the staff had supported them when with an issue they had had when attending an appointment. A number of people told us they were able to see their GP when they needed to and staff supported them with this. A health and social care professional told us they were impressed with the ways staff supported a person who they had placed with the service.

Where people had specific health conditions such as epilepsy or diabetes, detailed support plan information was in place to assist staff with supporting people safely and effectively.

Is the service caring?

Our findings

The majority of the people we spoke with told us they felt staff were kind and caring and they had a positive relationship with them. People told us they liked the staff, although a small number of people told us there were some staff they preferred over others.

We observed staff interact with people and found them to be warm and friendly, adopting a calm, patient and understanding manner. People reacted well to the staff. We observed jovial conversations about past events such as the activities they had been on, or their plans for the day. We saw staff remind one person they would miss their bus for their planned activity that day if they did not speed up with getting ready, and this was responded to with smiles and laughter. We also saw when a person was showing minor signs of distress the staff member reacted to this calmly, offering a compassionate and reassuring word, which was responded to well.

People were supported by staff who had a good understanding of what was important to them. Information such as people's life history and likes and dislikes were recorded in people's support records. When we spoke with staff about the people they supported, they gave a detailed response in relation to the person's health and welfare, their hobbies and interests and their daily routine. A staff member said, "We have a good mix of people here, it is great to be able to help people to develop their lives and have the time to focus on the things that are important to them, not just managing behaviour."

People's support records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. A staff member describing the people who they supported said, "There are no religious needs here, but we would help someone if they did."

People were encouraged to make decisions about their care and support needs and were regularly asked for their views in case they wanted to make changes. One person told us they were encouraged to write about the things that were important to them on their whiteboard; this included the activities they wanted to take part in. Another person told us they were receiving support with managing their own finances so they could plan future activities. They welcomed the support of the staff. A third person told us they were always supported by staff to do what they wanted to do. People's support records showed people had also been invited to discuss their care and support needs with their key worker, the project manager and where appropriate relatives and external health and social care professionals. Clear goals and objectives were set which were regularly reviewed to ensure people's wishes were respected and achieved. One person described this to us as their 'future plan'.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

We saw people were supported to be as independent as they wanted to be with people taking control of their own lives where able. Support plans and risk assessment records contained detailed information about the choices people had made about their own lives and their ability to undertake tasks independently of staff. This included domestic tasks around their own home. We saw one person had an individualised cleaning checklist with photographs of them completing tasks. They ticked off the tasks each time they were completed to aid their sense of personal achievement.

All of the people we spoke with told us they felt staff treated them with dignity and respect. One person told us they were pleased that staff respected their decision to come into their flat at the time they had agreed. This also respected the person's privacy. The staff we spoke with explained how they treated with people respectfully and with dignity. One staff member described how they supported a person with their personal care. They said, "I prompt them to do their own personal care. We are helping the person to take control and to do what they can for themselves." We observed staff speak respectfully with people.

People's privacy was respected within the home. There was sufficient private space within each person's home if they wished to be alone. People's support records were handled respectfully. People's personal records were not left in communal areas, which ensured their privacy and dignity was maintained.

Is the service responsive?

Our findings

People described the activities they took part in. They told us they planned what they wanted to do and the staff supported them to follow the interests that were important to them. One person gave us many examples of things they liked to do including attending various exercise classes, going shopping and watching their DVDs. Another person told us they were supported to go out walking, shopping, day trips to Blackpool and also attending local pubs and clubs. A third person told us they liked to watch their favourite football team and had visited the set of one of their favourite television programmes. It was clear people were supported to lead varied and active lives.

People were also supported to take more responsibility for their own lives. This included saving their money for larger purchases. One person told us about a holiday they were saving up for. They were proud that they had saved their own money and told us they were very much looking forward to going away with their chosen staff members.

People's support records contained detailed daily entries which showed the activities each person had done each day. When a new activity had been completed, this was reviewed with the person to discuss what went well and what could be improved the next time they took part. This ensured whilst people were encouraged to develop new interests, the staff ensured they were able to respond effectively to any identified areas of concerns that could affect the person's enjoyment.

People were supported to find employment, either in the voluntary sector or paid employment. Examples included a person who currently worked on a market stall and another person worked in a local charity shop. People were also encouraged to gain further skills at local college's or day centres for people living with a learning disability and/or mental health conditions. These courses were designed to equip people with the day to day living skills to become an active part of the local community. An example of the development of people's life skills included a person who previously had been unable to support themselves and needed the full support of staff at all times. Now, this person was being trialled with 30 to 60 minutes periods throughout the day where they were left alone, with staff support nearby if needed, to assist them with learning how to care for themselves. The registered manager told us this had been effective and they hoped to develop this person's independence further.

Before people joined the service a detailed assessment was carried out to ensure people could receive the support they needed. This included making sure staff with the right skills and personality were a good match for the person. When it had been agreed that a person would be moving to a location managed by Future Home Care, each person was provided with a 'My moving home plan'. This document used pictures, photographs and other aids to support with communication needs by explaining the process for the person moving home, as well showing each person what their new home will look like. If the person was going to be living with others, photographs of their house mates were also included. This process also included gaining the views of the person on how they would like their bedroom to be decorated and the furniture they would like. The registered manager told us this process was very effective in ensuring people's transition from their previous home to their new one was a positive experience for them.

People's support records contained detailed support plans which were person centred, focusing on what was important to them and included guidance for staff on how each person wanted to be supported. This included people's daily routines, the level of support needed for personal care and their food and drink likes and dislikes. People's support plans and records were regularly reviewed with people's views taken into account if any changes were made to the support they received.

People were provided with an easy read complaints policy which explained to them the process to follow if they wished to make a complaint. This included being able to report concerns to external agencies if they wished to. We did note the provider's internal formal written complaints policy did not include details of external agencies such as the CQC or the local ombudsman. The local ombudsman is an organisation people go to if they are not happy with the way their complaint has been managed. The registered manager told us they would ensure this was rectified.

People told us they felt able to make a complaint if they needed to. One person told us they had made a complaint and felt they had been listened to. Another person told us they had received support from staff when dealing with a complaint with an issue outside of the service.

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "I would try to solve the problem, but I'd report it if I needed to. I like to improve people's lives."

Processes were in place to ensure that all complaints received were responded to in line with the provider's complaints policy.

Is the service well-led?

Our findings

People told us they felt able to contribute to the development of the service and they also felt their views were welcomed and acted on. People could give their views in a variety of forms. These included regular questionnaires, service user forums and meetings with their key workers, project managers and where appropriate the registered manager. One person told us they had recently received and completed a 'feedback form' and another person told us there were regular 'get togethers' to discuss their and their house mate's views on things such as activities, food and drink and anything else that they wanted to discuss. People's views were then reported on a monthly basis by each project manager to the registered manager to agree if any changes or improvements were needed.

Other methods of including people and acting on their views were in place. An example being the 'inclusive recruitment toolkit'. This process was designed to include people on the interview panel for prospective new support staff. People would be asked their views on the type of person they wanted to support them and their house mates and then if they wished they were encouraged to attend the interviews. Once the interview was completed the person was then able to give their views on the possible new member of staff. The registered manager told us this enabled people to feel involved with the process but also aided the transition to a new member of staff if they had been involved with their recruitment.

Relatives and staff were also encouraged to give their views. Relatives were offered the opportunity to respond to the latest questionnaire. We viewed the results of this and the large majority of responses were very positive. Staff were encouraged to give their views via regular supervision and team meetings. The relatives and staff we spoke with all felt able to give their views and felt the project managers and the registered manager would act on them. A staff member said, "We have staff meetings. It is an open forum, everybody feels like they can talk. You don't feel judged."

People and staff spoke highly of the project managers and the registered manager. One person said their project manager, "Does a brilliant job, I couldn't ask for anyone better." Another person also said their project manager did a "brilliant job." A staff member said, "The managers are very helpful, really supportive and offer support when you need it. Training, supervisions, support with your role, any personal problems you may have, we can talk about it all." A healthcare professional described the service as very positive, with an enabling outlook and cooperative way of working.

The provider had ensured the working environment demanded excellence, held staff accountable for their role, but also rewarded high levels of performance. The registered manager told us staff were expected to work to a high standard and if standards slipped, they would be held accountable. A rewards programme was in place to encourage staff to nominate colleagues who they felt had done something above and beyond what would be expected. A regular provider newsletter was provided for staff and the people who used the service to champion good news stories from across the provider group. We saw some examples had recently been included for people supported by Future Home Care Limited Nottingham.

Robust quality assurance processes were in place with the ultimate aim of ensuring people received high

quality care and support. The provider had ensured all levels of management were required to submit monthly reports which highlighted the performance of each location. This included an assessment of accidents and incidents, training requirements, staff numbers and many other areas. These reports were reviewed by the registered manager and in turn by a representative of the provider at monthly senior management meetings to ensure any areas of risk were identified early and acted on. Actions plans were then put in place and reviewed on an on-going basis to ensure they have been achieved. Performance in relation to other services across the provider group was regularly compared to help drive improvements. Regular internal audits carried out by representatives of the provider were also carried to assist in increasing standards and performance.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it. Staff also understood the provider's core values and could explain how they implemented them into the daily roles.

The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had also ensured that the CQC were notified of the majority any issues that could affect the running of the service or people who used the service. We did note upon reviewing records in relation to the safeguarding of adults that a small number of cases that had been referred to the local authority safeguarding team had not then in turn been referred to the CQC. The registered manager rectified this immediately by forwarding the notifications to us. Having reviewed this small number of examples we were satisfied that thorough investigations had been conducted and people were not placed at any increased risk to their safety.