Future Care Enable Ltd

Milton Keynes

Inspection report

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Tel: 01908870002

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This announced inspection took place on 16 January 2018 and was the first comprehensive inspection for this service. The provider had only been providing a small amount of personal care support to one child for a short period of time. Therefore we were unable to give the service a rating as there was not sufficient information available to us to make an informed assessment.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of this inspection, the registered manager was the only member of staff employed by the service and they supported one person within the community. The provider confirmed they planned to support adults with personal care needs within the community. The CQC only inspect services being received by people provided with 'personal care'; help with tasks related to personal hygiene, and eating. Where they do, we also take into account any wider social care provided.

The provider was the registered manager of the service. 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.'

Systems were in place to help protect people from harm and the registered manager had a good knowledge about how to report any concerns. Recruitment procedures were sufficient to protect people from working with unsuitable staff. Risk assessment procedures were in place to help minimise the risk of unsafe care and support. Procedures were in place for the safe administration of medicines, but this could not be tested, as the service had not supported people with this area of care.

The registered manager was the only employee of the service and maintained relevant skills by completing training which helped them to deliver safe and effective care. Each person had a full assessment of their care needs before they began using the service and the registered manager had a good understanding of the principles of the Mental Capacity Act. The support provided to manage people's nutritional and healthcare needs could not be reviewed during this inspection, as the service did not support anyone in this regard.

The registered manager spoke with kindness and fondness about their role and was able to give examples of how they supported people in a caring way. People's diverse and individual needs were respected and prioritised and people were encouraged to express their views with the use of an advocate where necessary.

People had care plans in place, which provided advice and guidance about how people liked their support. They were encouraged to try new opportunities and received personalised care, which met their needs. Systems were in place to investigate and respond to complaints however, no complaints had been received.

The service had a clear vision to support people with personalised care and to encourage their independence. Systems were in place to obtain people's feedback and to ensure the service was providing

good quality care. The registered manager made efforts to involve people, their advocates and other agencies to ensure a consistent service for people and sought opportunities for continuous development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Inspected but insufficient evidence to provide a rating.	**Inspected but not rated**
Is the service effective? Inspected but insufficient evidence to provide a rating.	**Inspected but not rated**
Is the service caring? Inspected but insufficient evidence to provide a rating.	**Inspected but not rated**
Is the service responsive? Inspected but insufficient evidence to provide a rating.	**Inspected but not rated**
Is the service well-led? Inspected but insufficient evidence to provide a rating.	**Inspected but not rated**

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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 16 January 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was completed by one inspector and we visited the office location on 16 January 2018 to see the registered manager. We also reviewed care records and policies and procedures.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events, which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service, and Healthwatch England, the national consumer champion in health and social care, to identify if they had any information which may support our inspection.

Despite our efforts, we were unable to meet with the person using the service or speak with their relatives. We reviewed the care plan for the person that used the service; we also looked at training records and the provider's policies and procedures.

Inspected but not rated

Is the service safe?

Our findings

There were systems in place to protect people from being cared for by unsuitable staff. At the time of the inspection there was only the registered manager providing care for people using, however they had policies and procedures in place that showed they would check staff employment histories by obtaining suitable employment references. The policy also confirmed that checks would be made with the Disclosure and Barring Service (DBS) for criminal convictions before new staff were able to start work and provide care. The provider had begun a recruitment procedure to employ new staff and had followed their own recruitment procedures. This gave the provider reassurances that there were suitable numbers of staff in the event they were unable to provide care, or that new people wished to receive the support of the service.

People were protected from the risk of harm as the registered manager had a detailed knowledge of safeguarding procedures for adults and children. There was a safeguarding procedure, which detailed how to make safeguarding reports if there were any concerns people had been harmed, The registered manager confirmed they would have no hesitation in raising a safeguarding concern promptly if they were concerned about somebody.

People had individual risk assessments in place, which supported them to receive safe care. The risk assessments were specific to their needs and gave advice and guidance about how the risks could be minimised. For example, guidance was in place about the safe use of one person's equipment whilst they were out in the local community.

There was a system in place to manage the administration of people's medicines when required. The registered manager had completed training regarding the safe way to support people with their medicines, however at the time of the inspection nobody required this support. We were therefore unable to assess the effectiveness of the system in place.

The registered manager was knowledgeable about infection control practices and had completed training about minimising the risk of infection. The registered manager was able to explain good practice with regards to supporting people when in the local community with their hygiene and personal care requirements to minimise the risk of infection.

The registered manager took a keen approach to making improvements and learning from incidents. Following one incident, the registered manager had asked for a meeting with one person's relatives to ensure they could fully understand how to support the person in similar situations. They took a collaborative approach and were keen to make improvements where possible.

Inspected but not rated

Is the service effective?

Our findings

The registered manager had completed a variety of training to ensure their experience and knowledge was up to date with current practices. They regularly updated their training and looked for areas which would help their own continuous development and knowledge, with a particular emphasis on the needs of the people they were supporting. The registered manager had plans in place to ensure staff had the right skills and experience by ensuring they completed new training to match people's care needs. They also had a policy in place to ensure new staff would receive regular supervisions about their performance, for example, by observing their competency, and by having supervision meetings for feedback, however these could not be tested during this inspection as there were currently no staff employed.

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. For children under the age of 16 years, decisions about their care and support should be made by their parents, guardians and relevant healthcare professionals. We saw that where appropriate, people's parents had been involved in deciding how the person's care and support should be provided. The registered manager had an understanding of the MCA and there were systems in place ensure the person and their relatives consent was obtained.

People's needs and choices were assessed by the registered manager to understand the support they required, and to determine if they could be effectively met. The registered manager spent time with people, their relatives, and other professionals to gain a full understanding of their backgrounds, cultural needs and personal preferences. To ensure the best outcomes for people, the registered manager confirmed that they would complete the first few visits of any new client so they could have a clear understanding of their care needs and preferred routines. The registered manager planned to use this insight to match the most suitable staff member with the person.

The registered manager had a good understanding of how to support people with maintaining a balanced diet. However, they took direction from people's parents to provide the support at mealtimes they requested. The registered manager had completed training around delivering effective nutritional support for people and were knowledgeable about supporting people to eat as independently and safely as possible. They put this knowledge into practice when supporting the person to eat whilst out in the local community.

Parents retained overall responsibility for ensuring that the health needs of their family member were met, however the registered manager understood their responsibility to maintain this whilst people were in their care. They respected the role of a parent but explained they would seek prompt medical treatment for people if required.

The registered manager made great efforts to work with other professionals and services involved in the

delivery of care and support for people. This involved healthcare providers, educational professionals and training providers. They were keen to replicate a consistent approach to the support people received and obtain as much information as possible to enable them to do this.

Inspected but not rated

Is the service caring?

Our findings

The registered manger took a caring approach to their role and recognised the importance of having caring relationship with people that used the service. They demonstrated how passionate they were to provide good care and to meet people's individual needs. They had a good knowledge and understanding of the person they cared for and spoke about them with fondness.

Care plans included people's preferences and choices about how they wanted their support to be provided. The registered manager was keen to ensure that any new staff that would work with people were approved by the person so they could build up a good network of support.

People's individuality and diversity was respected. People's care plans had information about their cultural needs that staff would be required to respect and the registered manager understood the importance of this for people.

Systems were in place to ensure people's privacy and dignity was protected. There was information available about how staff needed to ensure respect for people's privacy. However, we were unable to assess how effective this was as we were unable to speak to the person using the service.

Systems were in place to ensure people, or their advocates, were involved in peoples care planning, and people were encouraged to express their views and make their own decisions. The contact details were available for advocacy services, if people with without independent support required them.

Inspected but not rated

Is the service responsive?

Our findings

A comprehensive care plan was put in place, formed from an initial assessment of people's care needs. The assessment detailed people's choices about how they and their advocates wanted their care to be provided. Care plans considered peoples individual needs on a physical, mental and holistic basis and included guidance about how to meet those needs.

In the short time that the registered manager had been supporting people with their care they had recognised that people's care needs had changed and they had updated the care plan to reflect the current care provided.

People were provided with the opportunity and support to access their local community and to make decisions about how they spent their time. The registered manager identified new opportunities and experiences for people to try, and their feedback was respected. For example, the registered manager had identified children's television characters the person was unaware of. The person and registered manager spent time together watching the new character on a tablet device and learning new skills from them.

A complaints policy and procedure was in place and the registered manager had an open approach to receiving feedback, to help improve the service. Information about how to make a complaint was included in the service user guide; however, at the time of inspection no complaints had been received.

Inspected but not rated

Is the service well-led?

Our findings

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The providers policies and procedures covered all aspects relevant to operating a care at home service, which included management of medicine, whistleblowing and recruitment procedures. At the time of the inspection, we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and no staff providing care.

Quality monitoring systems involved people using the agency. Questionnaires had been devised for people to complete and comment on the quality of the care they received, and systems to audit the care people received were in place. However due to the service operating for a relatively short amount of time, the systems had not been utilised for a sufficient period and we were not able to fully assess the systems in place.

The registered manager had a commitment to providing high quality, and individualised care for people. They created an ethos of respecting people's rights and encouraging their independence. They spoke of their role with passion and had plans to further develop and improve the service with additional new people using the service, and the ongoing recruitment of extra staff. They openly engaged with people and their advocates, and other professionals involved with their care to help improve the service they delivered.

As the service had not been operating for a long period of time, they were limited opportunities to learn and improve the service, however the registered manager was committed to seeking training opportunities, and feedback from other professionals to help in this regard.