Future Health And Social Care Association C.I.C.

Future Care & Support Service

Inspection report

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Date of inspection visit:
27 June 2018

Date of publication:
23 August 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This announced inspection took place at the provider's office on 26 June 2018 with phone calls undertaken to people with experience of the service on 27 June 2018. The provider was given a short notice period that we would be undertaking an inspection. At our previous inspection in February 2016, the provider was rated as 'Good' in all key questions asked.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection three people were receiving personal care from the provider.

There was a registered manager, but they were not present during the inspection. 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.

People were supported by staff who had received training in how to protect people from abuse and were aware of their responsibilities to report any concerns they may have.

People felt safe when supported by staff but risks assessments had not been completed which would provide staff with information on how to support people safely.

Systems were in place to ensure people were supported by sufficient numbers of safely recruited staff. There was no system in place to monitor that staff attended calls at the correct time.

Staff were aware of their responsibilities to support people to take their medicines, but care plans were not in place for this and the prompting of medicines was not recorded consistently.

People were protected from the spread of infection as staff had access to the appropriate personal protective equipment.

Where accidents and incidents took place, the information was recorded but was not analysed to identify any potential trends or actions to take to reduce the risk of events re-occurring.

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.

People were supported by staff who they described as kind and caring. Staff treated people with dignity and respect and supported people to make choices regarding their daily living. People were encouraged and supported to retain their independence.

People were involved in the development of their initial care plan but records seen were not accurate and up to date. People were supported by staff who knew them well and understood their likes, dislikes and what was important to them.

People had no complaints but were confident if they did raise a concern, it would be dealt with appropriately.

Governance systems were not in place to provide the registered manager with an oversight of the service. Areas of concern that had been identified on inspection had not been identified by the registered manager or members of the management team.

Both staff and people supported by the service, were complimentary of the registered manager. Staff felt supported and listened to by both the registered manager and their colleagues.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were supported by staff who were aware of the risks to them, but risks had not been documented. People were supported to take their medicines. Staff were safely recruited. Accidents and incidents were recorded but not analysed for any trends.

Is the service effective?

Good

The service was effective.

Staff felt well trained and supported by management. People were supported to eat and drink and their choices were respected. Staff obtained people's consent prior to supporting them. Information regarding people's healthcare needs was not consistently recorded in their care files.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and respected their privacy and dignity. Staff supported people to make choices regarding their daily living and encourage people to retain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records lacked information and did not reflect people's current care needs. Staff were aware of people's preferences, views and interests and how they wished to be supported. People had no complaints but were confident they would be listened to if they raised concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were not in place to assess, monitor and improve the quality and safety of the service. People were happy with the service they received. Efforts were made to obtain people's feedback regarding the service they received.

Future Care & Support Service

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

Inspection site visit activity started on 26 June 2018 and ended on 27 June 2018. It included telephone calls made to people on 27 June 2018. We visited the office location on 26 June 2018 to see the management and care staff, to review care records and policies and procedures.

The inspection was undertaken 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. The expert-by-experience area of expertise was speaking with people that received care in their home.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke on the phone to two people who used the service and one relative. Whilst at the office we spoke with two care staff, the deputy and a director. Following our inspection we spoke with another member of staff on the phone. We looked at a sample of records including three people's care records, two staff files

and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, recordings of accidents and incidents and audits.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2015, we rated this key question as 'Good'. At this inspection, we rated this key question 'Requires Improvement'.

We looked at the care records of all three people who were supported by the service. Staff spoken with were aware of the risks to the people they supported and could tell us how they managed those risks. A relative told us they were 'very impressed' with the detailed risk assessment that was carried out for their loved one, adding they considered their loved one to be safe [when supported by care staff] and that staff closely supervised them when walking.

However, in records seen, there was a lack of documented evidence available to demonstrate that all risks to people had been thoroughly assessed, documented and reviewed. For example, for one person, we noted they were at risk of falling and used a stick to assist them. There was no risk assessment available describing the risk and how best for staff to manage it. Another person's care records stated they were at risk of harming others and if they displayed this behaviour staff should exit their home immediately. However, there was no information in the care plan to advise staff on what behaviours the person displayed, what the potential triggers were to this behaviour and what actions staff should take to reduce this risk. We spoke to a member of staff who told us, "Person hasn't displayed that behaviour for over a year". This meant the person's care records were out of date, misleading and unhelpful. We also asked the deputy if staff competencies were observed to ensure staff were supporting people in line with their care needs. The deputy manager told us these assessments did take place, but were not written down. We asked two staff if their competencies had been assessed by management and both commented that they could not recall this taking place. This, coupled with the lack of documentation available to staff, meant the registered manager could not be confident that staff supported people consistently and safely.

We were told there was no system in place to monitor calls to check if staff arrived and left at the correct time. One person told us the member of staff who supported them was always on time, stayed the correct length of time and never missed any calls. A relative told us there had been the occasional late call but staff had contacted their loved one or themselves to alert them to this. They told us, "I really appreciate the fact the carers have never missed a visit and take the trouble to ring my relative if they are going to be late. If they do not answer the phone they contact me instead. They work hard to deliver what they ask of them".

Another person told us they had experienced a number of missed calls. They told us their carer rang to let them know if they were going to be late or if they couldn't attend a call. They told us they had no concerns about this because they could cope well by themselves provided they remembered to take their medicine. They told us, "I can't remember how many missed visits there have been, but there are quite a lot". We asked if they had raised this with the registered manager and they told us, "I don't want to complain as I'm satisfied with what I get". The lack of checks in place meant the provider could not be confident that staff were attending calls on time, were missing calls or were staying for the correct length of time.

Despite the lack of documentation available, people told us they were supported to take their medicine and

had no concerns. One person said, "I take my medication four times a day and my carer asks me if I have done this. They watch me take my lunchtime medication because they always come around 1 o'clock and check my blister pack to see that I've taken all my other medications during the rest of the day. They then record it in my personal folder" and another person said, "They [staff] are always checking that I have taken all my tablets".

We noted in two people's care records that staff had recorded the person had been prompted to take their medicine but for another person, we noted there was no documented evidence to suggest that this had taken place. Their care plan stated they required prompting with their medication, but a member of staff supporting the person told us this was incorrect. Further, there was no medication care plan on any of the files seen which would document the person's medicines as prescribed and provide additional information such as a person's allergies, the name of their GP and whether a medicine was to be taken before or after food. We asked if audits took place of each person's care notes which would provide the registered manager with the reassurance that people had been prompted to receive their medicines. The deputy told us this paperwork was looked at, but there was no evidence of this and the concerns identified by the inspector had not been picked up by these audits. Following the inspection, the provider sent to us copies of lists of medicines for each person, which was kept in their home, and the directions for taking this.

One person told us, "[Carer's name] is the carer who always looks after me. They have only missed one visit in two and a half years. I feel completely safe in their hands". Other people spoken with told us they felt safe when staff where in their home and they had no concerns.
People were supported by staff who were aware of their responsibilities to report any concerns they may have regarding their health and wellbeing. A member of staff said, "If I felt there was a safeguarding issue, I would refer it to the manager and I have done in the past". Staff had received training in how to safeguard people from abuse and told us they were confident that if they did raise any concerns, they would be acted upon. Although staff spoken with told us they had not had cause to raise any safeguarding concerns, they were knowledgeable when it came to the types of abuse people were at risk of suffering.

We saw there was a system in place to record any accidents or incidents. Staff were aware of their responsibilities to raise any concerns and to report to management. We saw where accidents or incidents took place, forms had been completed but there was no evidence of individual analysis of the incident which could act as a tool to aid learning, improve safety and identify any potential areas for action. We discussed this with the deputy manager who told us they would add this additional information to the forms used in the future.

People told us that carers wore gloves and aprons when they were supporting them and had no concerns regarding cleanliness and hygiene. Staff were aware of the need to protect people from the spread of infection, for example through hand washing and the use of personal protective equipment and confirmed they had access to sufficient quantities of gloves and aprons for when providing support.

People were supported by staff who had been recruited safely. Staff told us and records seen confirmed, that prior to commencing in post, the appropriate checks had been put in place, including references and DBS [Disclosure and Barring Service] checks. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

At our last inspection in November 2015, we rated this key question as 'Good'. At this inspection, we found the provider had maintained this standard and the rating has not changed.

During our inspection, we could not evidence that people's care needs and choices had been assessed prior to receiving support from the service. The deputy manager told us that pre-assessments had taken place prior to the service supporting people, but this information was not available on file and care records seen did not reflect this. Following our inspection we spoke to people who confirmed they had been involved in a pre-assessment process, which included asking them how they wished to be supported, how they wished to be referred to and that staff were aware of these preferences and respected them. Following the inspection, the provider forwarded to us copies of people's pre-assessments which we were told were kept in people's homes. People had been asked about their dietary preferences, their family, and their needs in relation to any protected characteristics under the Equality Act, such as sexuality and religious needs. We saw where people had particular preferences under these characteristics, staff were aware of them and followed them as per people's wishes. We saw the information provided in the pre-assessment was detailed, but was not reflected in the person's care records. We discussed this with the provider who confirmed they would look into this.

We noted that people's care records held little or no information regarding their healthcare needs. We saw one person was a diabetic, but there was no care plan or risk assessment in place regarding this which would provide staff with information they would need to support the person should they become unwell. We spoke with the member of staff who supported the person. They told us their role was to record the person's blood sugar levels and they were aware of what they needed to do should they become unwell. Staff told us if people were unwell, they would contact their doctor on their behalf and also where appropriate, let family members know. A relative confirmed this and commented, "If there is an urgent issue the carers know they should telephone us [family] directly".

Staff told us they were given an induction that prepared them for their role and included shadowing more experienced colleagues. One member of staff told us, "My induction was two weeks long, it was perfect". We saw that staff received regular supervision and an annual appraisal which would provide them with the opportunity to raise any concerns or discuss their learning. There was a training matrix in place which provided the registered manager with details of all training staff had received. Staff told us they felt well trained and supported by management. One member of staff said, "Training is always ongoing; it's improved a lot" and went on to describe training they had received had helped them understand better how they should be supporting a person.

People told us they considered staff who supported them to have a 'very good' understanding of their needs and knew how to support them in a manner which suited them. One person told us, "I'm very grateful for the support I receive. [Staff member's name] makes my life so much easier. We are really good friends".

Staff told us they supported people at mealtimes by preparing a meal of their choice. One member of staff

said, "[Person] will say what they want to eat and I will prepare it for them" and another member of staff described how a person hadn't wanted to eat the meal that a relative had left so they prepared something else instead. A relative told us, "They [staff] always ask what [person] wants for their lunch, which mostly involves preparing the microwave meals we have bought for them. Though sometimes they're satisfied with a sandwich".

Staff told us they worked well together. As there was a small staff group supporting all three people, they told us they shared information between themselves and this worked well.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People told us staff obtained their consent prior to supporting them. They told us staff always asked what was required of them and what would people like staff to do for them before providing support. A relative told us, "[Person] has given their full consent to all that has been agreed [in their care plan]. The care agency have worked hard over the last 12 months to deliver very good support for [person]". A member of staff told us, "I always make sure [person] is aware of their right to make their own choices" and the person confirmed this.

Good

Is the service caring?

Our findings

At our last inspection in November 2015, we rated this key question as 'Good'. At this inspection, the rating has not changed.

During our inspection, we could not evidence that people's care needs and choices had been assessed prior to receiving support from the service. The deputy manager told us that pre-assessments had taken place prior to the service supporting people, but this information was not available on file and care records seen did not reflect this. Following our inspection we spoke to people who confirmed they had been involved in a pre-assessment process, which included asking them how they wished to be supported, how they wished to be referred to and that staff were aware of these preferences and respected them. Following the inspection, the provider forwarded to us copies of people's pre-assessments which we were told were kept in people's homes. People had been asked about their dietary preferences, their family, and their needs in relation to any protected characteristics under the Equality Act, such as sexuality and religious needs. We saw where people had particular preferences under these characteristics, staff were aware of them and followed them as per people's wishes. We saw the information provided in the pre-assessment was detailed, but was not reflected in the person's care records. We discussed this with the provider who confirmed they would look into this.

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said, "[Person] will say what they want to eat and I will prepare it for them" and another member of staff described how a person hadn't wanted to eat the meal that a relative had left so they prepared something else instead. A relative told us, "They [staff] always ask what [person] wants for their lunch, which mostly involves preparing the microwave meals we have bought for them. Though sometimes they're satisfied with a sandwich".

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Requires Improvement

Is the service responsive?

Our findings

At our last inspection in November 2015, we rated this key question as 'Good'. At this inspection, we rated this key question as 'Requires Improvement'.

Care records seen lacked detail, in some instances held incorrect information and reviews had not taken into account changes in people's care needs. The lack of analysis of people's care records meant that the provider was unable to identify and respond to changes in people's care needs. However, despite this, staff provided a good account of the people they supported, their likes, dislikes, and personal preferences as to how they wished their care to be delivered. People told us that staff knew them well and how to support them in line with their wishes. A relative told us their loved one had been fully involved in the development of their care plan and it included their likes and dislikes. One person told us, "I wouldn't swap [staff name] for the world. I really appreciate what they do for me. We watch telly together and chat about everything under the sun, but mostly we discuss football". Another person told us they were a person of routine and their carer respected this. A relative told us, "All staff are well informed about my loved one's needs. The office team are very responsive to any requests we have about changing the times of visits". People told us they were involved in reviews of their care and we saw evidence of this. A relative told us, the registered managed conducted informal reviews over the telephone to check if there were any changes needed in the support provided.

Staff spoken with could describe how they supported people, being mindful to offer choices and respect their wishes. A relative told us they had placed a whiteboard in their loved one's home as a form of communication between themselves and care staff. They said, "They know we visit regularly, but if there is an urgent issue they know they should telephone us directly". A member of staff had told us the person had said they weren't happy with the meals their relative bought for them and the staff member encouraged them to write a message to their loved one telling them this. The relative confirmed this and told us, "[Person] was fed up with the meals I kept buying for them. The carer discussed with them the types of meals they like and asked me to buy them. I'm glad I found out otherwise I would have been in trouble!" This demonstrated that carers spent time during calls, getting to know the person and discussing their needs.

People were supported to access the community and take part in activities they enjoyed. One person told us their carer encouraged them to go to football matches and described the carer's visits as, "The social highlight of my day", adding, "The banter between us is great. We have a good laugh when we go in the taxi to fetch the shopping. [Staff name] makes that task really enjoyable. They are really helpful in getting me to decide what I want to eat and getting things that I've run out of".

There was a system in place to record and respond to complaints, but none had been received. People told us they knew how to raise a complaint about the quality of the service they received, but as yet they had neither the need or desire to do this. People consistently told us that their carers listened to what they wanted of them and did their best of fulfil their requirements. All were happy with the care they received. A relative told us, "We have no complaints about the quality of care [person] receives. The staff know exactly

what to do [for person] in a manner that suits them very well indeed. They help them to move cautiously. They speak very clearly to them. They listen very carefully and work hard to meet their needs".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2015, we rated this key question as 'Good'. At this inspection, we rated this key question 'Requires Improvement' and identified a breach of the regulations due to poor systems and processes to monitor the quality and safety of the service.

There were a lack of systems and processes in place to assess, monitor and improve the quality and safety of the services provided. Governance systems in place had failed to ensure risks to people were reviewed and recorded.

The provider had failed to ensure that information held in people's care records was up to date, accurate, properly analysed and reviewed. Care plans lacked detail and did not provide all staff with the most up to date information in order to meet people's care needs effectively. For example, one person's pre-assessment, stated the person required prompting to take their medicine. However, we spoke with a member of staff who supported the person and they told us the person did not need to be prompted to take their medicine as they were fine to take it.

People's healthcare needs were not routinely recorded and staff were not provided with information regarding this or how to support people should they become unwell due to existing medical conditions.

Pre-assessment information, which was held in people's homes, was used to provide staff with the information required to meet people's needs. However, this information was not always accurate as people's care needs had changed and had not been updated to ensure any new staff were provided with the most up to date information to ensure they met people's needs effectively.

There were no medicine care plans in place which would provide a clear plan of care describing the support people needed and ensure people were supported to take their medicine as prescribed.

There was a lack of analysis of accidents and incidents which would provide the registered manager with the opportunity to identify any trends and take action where appropriate.

The deputy told us that both they and the registered manager kept the service under review by visiting people on an ad hoc basis to check they were happy with the service they received and people spoken with confirmed this, although there was no formal record of these meetings.

There was no evidence available to demonstrate that management had conducted spot checks of staff competencies. There was no system in place to ensure staff arrived and left at the agreed time for each call. There were a lack of quality assurance systems in place to monitor the service and areas of concern that had been identified on inspection, had not been highlighted by management.

There was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, the service had very recently moved to a new office and staff were in the process of unpacking and locating paperwork. The registered manager was on leave, but we spoke with the deputy manager and the director.

People told us they were impressed with the quality of support they received from care staff. They described the registered manager and office staff as, "Very approachable, kind". One person told us, "I can always speak to [registered manager's name] if I have a problem, but I don't bother" and a relative said "[Registered manager's name] is on the ball and very keen to help. Staff are well informed about [persons] needs. The office team are very responsive to any requests we have about changing the times of visits".

People told us they had no problem getting hold of staff should they wish to discuss any issues or concerns and added that staff shared their mobile phone numbers with them or their relatives in order to establish effective communications.

Staff felt supported and listened to. They told us they were aware of the whistle-blowing policy and were confident that if they did raise any concerns, they would be listened to and acted upon. One member of staff said, "[Registered manager's name] and [Director's name] are approachable. I have supervision, but I talk to them all the time. I have every confidence I can voice my opinion". They went on to tell us that the registered manager encouraged staff to attend training that would develop their skills adding, "[Registered manager] is the best person I've met in terms of management". Another member of staff told us, "[Registered manager's name] cares about clients and goes out of their way to do things for them. I would have no trouble recommending the service, they would not ask people to do something they wouldn't do themselves".

People were supported by staff who enjoyed their work, felt valued and were aware of their roles and responsibilities. One member of staff said, "I just enjoy it [the job] and going to see [person], it's a highlight for them and for me". Staff spoke positively of their colleagues and told us they worked well together, sharing information and supporting each other. One member of staff told us, "[Colleague's name] is brilliant, we complete care notes and have a verbal handover".

We saw efforts were made to obtain people's feedback on the service. Questionnaires were sent out every six months in a format that would make it easy for people to understand. The questionnaires that had recently been returned held positive comments and reflected that people were happy with the service they received.

We spoke with commissioners from the local authority who advised us they had no information of concern regarding the service.

The provider is required to inform the Care Quality Commission of a number of events such as if people suffer a serious injury or if a safeguarding concern had been raised. We spoke with the deputy who was aware of the circumstances in which notifications would need to be submitted to the commission and confirmed that no events had taken place which would prompt the need to send through a notification.

We saw the service worked in partnership with key organisations, including the local authority to support care provision.

The provider had on display their previous rating of the service, as is required by the Care Quality Commission.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of systems and processes in place to assess, monitor and improve the quality and safety of the services provided.