Future Home Care Ltd

Future Home Care Limited Birches

Inspection report

16 Salisbury Road
Tonbridge
Kent
TN10 4PB

Tel: 01732373710
Website: www.futurehomecare.co.uk

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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

This inspection took place on 28 September 2017. We gave the provider two days' notice of the inspection because there are times that people may not be accommodated in the service. We needed to be sure that they would be available to speak with us.

We last inspected the service on 11 August 2015 when we rated the service Good. At this inspection we found the service remained Good and met all regulations.

Future Home Care Limited Birches (referred to as Birches in this report) provides a respite service providing personal care and accommodation for up to three people with learning disabilities, who may have autistic spectrum disorders, sensory impairment and/or a physical disability. Birches is located in a specially adapted bungalow set in a quiet residential area in Tonbridge. Birches comprised of three good sized bedrooms that were equipped with, televisions and a ceiling track hoist system. There was a lounge/diner with direct access to an enclosed private garden. The kitchen was spacious user friendly. The property also had a large adapted bathroom with ceiling tracking hoist and wet room facilities and a sensory room equipped with lights, tactile objects, music, projectors and ceiling track hoist.

People were safe. Staff understood the importance of people's safety and knew how to report any concerns they might have. Risks to people's health, safety and wellbeing had been assessed and plans were in place, and there were suitable arrangements in place for the safe storage, receipt and management of people's medicines.

There were sufficient numbers of staff deployed to meet people's needs and staff knew them well and had built up good relationships. The registered provider had effective recruitment procedures in place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people as individuals with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. Staff were skilled to approach people in different ways to suit the person and communicate in a calm and friendly manner which people responded to positively.

People's health was monitored and referrals were made to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into peoples' care plans. People with complex care needs were given excellent care and the service was used as a first point of call for local health commissioners.

People who wanted to be occupied had busy lifestyles which reflected their lifestyle choices and likes and dislikes. People's privacy and dignity were respected and upheld by staff who valued people's unique characters. Staff were kind and caring and treated people with dignity and respect. Good interactions were

seen throughout our inspection, such as staff sitting and talking with people as equals. People could have visitors from family and friends whenever they wanted.

People received a person centred service that enabled them to live active and meaningful lives in the way they wanted. People led full and varied lives and were supported with a variety of activities often with one to one support. Complaints were used as a means of improving the service and people felt confident that any concerns would be taken seriously should they make a complaint.

There was an open, transparent culture and good communication within the staff team. Staff spoke highly of the registered manager and their leadership style. The management team had positive relationships with the care staff.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Future Home Care Limited Birches

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 carried out 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 was a comprehensive inspection.

The inspection took place on 28 September 2017 and was announced. We gave the provider two days' notice of the inspection because there are times that people may not be accommodated in the service. We needed to be sure that they would be available to speak with us. The inspection was carried out by one inspector.
Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority safeguarding adults and commissioning teams to receive feedback on the service.

At the time of our inspection the three people staying at the service were not able to speak to us, but we were able to interact with them with staff member's assistance. We spoke with three people's relatives, the registered manager, a senior carer and a carer. We looked at four sets of records relating to people's support, and a range of assessments of needs and risks. We reviewed documentation that related to staff management and to the monitoring, safety and quality of the service. We looked at four staff recruitment files and sampled the service's policies and procedures.

Good

Is the service safe?

Our findings

Relatives and staff told us that they felt the service was safe. One relative told us, "My daughter is very vulnerable and requires full care and she always comes back really happy and contented. If she wasn't kept safe she would let me know." Another relative commented, "X is safe and they look after him very well. He's been there a few times and he always comes home very relaxed." A third relative said, "Yes neither [son] nor [daughter] have any speech and they don't show any signs of being unhappy. It's the first respite place I've ever looked at and I more than happy with them going there"

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. Every member of the staff team we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse, and who they should report suspicions to. One staff member told us, "The people who come here are under our protection and it's my job to keep them safe from any abuse of all types." There was a safeguarding file that contained a copy of the local authority multi-agency safeguarding adults policy, the registered providers own policy and advice leaflets on how to keep people safe produced by the local authority.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Each person had a detailed 'risk screen' that identified different areas of risk in areas such as choice and control. There was a generic risk assessment and where additional risks were identified these further assessments had been made, e.g. for choking. Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered manager. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered manager ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH), fire safety including emergency evacuation plans for each person and food safety.

There was a sufficient amount of staff deployed to keep people safe and meet their needs. Birches used an electronic rota that staff were able to log in and out of. The level of staffing was determined by the needs of people staying at Birches. The registered manager showed us the previous four weeks' worth of staffing rotas and we matched them against the needs of people staying at Birches. We saw that hours were used flexibly, for example more staff were booked when people with higher needs were staying or when medicines were being delivered. One relative told us, "There's always someone around. My daughter is only ever there with one other person so that makes it safe and the staffing levels are good."

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. We checked four staff files and all relevant processes were appropriately documented and fully completed. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties. There were two staff vacancies but the registered manager was recruiting new staff and had recently appointed a part time care worker.

There were safe medicines administration systems in place and people received their medicines when

required. Staff checked people's medicines in to and out of the service when they arrived and left. Two members of staff signed in medicines to ensure there was less risk of an error. We checked the medicines administrations record (MAR) charts for people and found that MAR charts had been completed correctly, with signatures showing where people had been administered medicines by staff. Some people had 'as and when required' (PRN) medicines; there was a protocol in place to guide staff when the medicine should be offered, the minimum time between doses and how often a person could have the medicine in 24 hours. Medicines were administered by staff who had received training and had their competency checked by the registered manager.

Good

Is the service effective?

Our findings

People's relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us, "I think they [staff] are lovely. The staff have the training to move and feed my daughter." Another relative commented. "I think the staff are excellent. Nothing is too much trouble for them. Their knowledge of disabled children and their needs has astounded me." A third relative said, "My son has very complex needs and they know how to look after him and they came to my home to do the assessment."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The training plan showed a wide and varied range of possible courses that staff could access such as fire safety and first aid. In addition to this there were also specialised courses such as epilepsy and end of life care available. One staff member told us, "The training is good here. I've done PEG training and suppository training and that has really helped me to do my job [PEG stands for percutaneous endoscopic gastrostomy which is a tube that is passed into a person's stomach to provide a means of feeding when oral intake is not safe]." New staff were supported to complete an induction programme before working on their own.

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. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had ensured that people's freedom had not been inappropriately restricted and systems were in place to keep people safe. Birches had made appropriate assessments under the MCA to ensure that where restrictions were placed on people, these were the least restrictive measures. For example, Birches completed a functional test for mental capacity for each person to consent to e.g. personal care, moving and handling and medicines among other areas. Where a person was deemed to have lacked capacity a best interest meeting had followed.

People had sufficient food and drink to maintain good health. One staff member told us, "We like to do lots of home cooked meals: lots of vegetables like beef casserole with dumplings. We don't have junk food unless there is a specific requirement. We mirror what people are given at home so one person has a pudding at lunchtime and Weetabix at night to take their meds with." Some people who stayed at Birches were fed via a PEG. There were clear instructions to staff on how to feed people who require this specialist feeding and staff told us that they had been trained by an in-house trainer as well as the district nursing team. People fed via a PEG had their intake and output recorded so staff could be sure that they were receiving enough food and fluids. We checked food safety records and saw that temperatures of foods and regular cleaning of the kitchen had been recorded. Food was being stored correctly with any opened items labelled and dated, so staff members would know when they would expire.

People had access to health and social care professionals and were having their social and healthcare needs met. One relative told us, "If I'm not around then they have contacted my GP and sorted out any treatment X needed, like when I was on holiday." Care plans showed that people's assessed health needs were being met. One person with epilepsy had detailed guidelines in place for rescue medicines and an epilepsy care plan which described the different types of seizure the person experienced. Where people had experienced seizures an epilepsy diary had been completed with an accurate description of the type of seizure, the duration, the recovery and whether any additional medicines were given.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One relative told us, "They [staff] are very caring: they know all of X's little foibles and they're caring enough to find out what she doesn't like. They know she likes to be with people sat round the table and chatting, so they bring her to meetings. They are just very, very nice to her." Another relative commented, "They [staff] are very caring. I went for two or three visits and was very impressed with their approach and the way they interacted with my children. X was screaming out in delight laughing, and they're good at getting down to his level and ensuring he enjoys himself."

People had developed meaningful caring relationships with staff and this was evidenced by how people communicated with staff. One person was looking at a member of staff. The staff member used the person's communication plan to offer the person a choice of activities. The person was able to choose a DVDS to watch, from two options. The staff member set the TV up for them and sat with the person, watching the DVD and holding their hand. Another person wanted to walk and was displaying this need through their behaviour. Staff members were able to recognise the signs and helped the person to walk around the service.

Staff and people interacted in an easy and relaxed manner with one another and shared appropriate tactile exchanges to create a calm and homely environment. One person was making vocalisations so a staff member found a toy that the person enjoyed playing with. The staff member interacted with the person verbally and encouraged the person to make a 'twirling' motion with the toy. Staff then joined in by leaning in closer to the person so that the soft toy hit their head gently as the person 'twirled' it around. The person clearly enjoyed this game and showed delight in moving the toy against the staff members head. Shortly after this, the person moved to a settee and put their feet up on the same staff members lap and dozed off to sleep. This was a very natural act that showed how at ease the person was in Birches.

People's independence was encouraged and their involvement in the day-to-day running of their service was encouraged. We spoke to staff about how they encouraged people's independence. One staff member told us, "One person who stayed here until recently lived with their mum who did everything for them at home. At a review to discuss the person moving to supported living mum was worried it would take over a year to transition the person to independence. We were able to show mum how we got the person to do jobs, like sweeping up and within four months she went to supported living and is thriving now." One person who was staying at the service during our inspection was non-verbal but communicated with objects of reference. Objects of reference are used to represent an item instead of a word, and are used with people who find it difficult speak. Staff encouraged the person to communicate their needs using objects of reference and pointing. This ensured people with severe communication difficulties maintained their levels of independence.

People and their relatives were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were reviewed before every stay at Birches and relatives and people were asked to sign their care plans. As people's needs changed with age their

guidelines and care plans also changed. Staff told us that they were able to update plans regularly. One staff told us, "If a person's response to support shows us that the guidelines we are using are wrong then we will change them and discuss it with their family."

Staff promoted people's privacy and respected their dignity. Staff had received training in respecting people's privacy, dignity and confidentiality. Staff did not enter people's bedrooms or communal areas unless they were invited to do so. Access to a people's rooms, for e.g. maintenance purposes, was arranged and agreed in advance with people. Care plans and confidential information was kept locked away in cupboards. This meant that people's information was kept securely and safely. One staff member told us, "Any personal care is done by staff on duty with the doors closed and curtains shut. Male and female staff support people of the same gender and we cover people during personal care until the actual support is ready."

Good

Is the service responsive?

Our findings

People were receiving a person centred service. One relative told us, "Yes it's person centred. X listens to music and plays with toys he engages with, and Y is more tactile sensitive and they provide different music for her and take her for walks. Both children come home really, really, happy." Another relative commented, "They do personalise care and give him the care he needs, which is very different from other people." A third relative told us, "It's definitely person centred. My daughter requires very individual care so it has to be individualised, and it is."

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. Each care plans contained a like and dislike sheet that explains the persons preferences. These were split in two different sections for food and drink, interests, clothes and toiletries and activities. We reviewed these sheets for two people and were able to build an effective picture of their favourite pastimes, snacks and important routines. In addition we checked the things to avoid for each person on the 'don't like' list and these were consistent with information in the rest of the care plan. This would enable staff to provide the support that people want and reduce the amount of behaviours associated with people being offered the wrong support or choices.
People's individual communication needs were met by staff who understood them. Care plans explored people's communication needs and gave staff the guidance they would need to communicate effectively with people. For example, one person's support plan described the way staff should always communicate in a calm and gentle manner whilst keeping the person informed of what they were doing. Staff were directed to use easy to understand, short factual sentences. There were also practical pointers such as the person shaking their left arm to indicate 'yes'.

People had a range of activities they could be involved in. People were able to choose what activities they took part in. We saw people had activities planners that were individualised and reflected people's interests. Activity planner's divided the day into five parts from morning to night and each portion of the day had an activity that was suitable for the person's needs. One staff member told us, "We have a [console] that more able people like to use. We have a sensory room where we do massage, aromatherapy and relaxation. We also do cookery and arts and crafts with people and put their favourite music on and have a sing-a-long. We tend to go for days out at the weekend as people are busy during the week." There was a separate days out resource file that contained visitors information for local attractions, including local bus routes and maps. There was a calendar from a local community centre with special events for people with disabilities. People were able to bring their own bedding and furniture to Birches to make the environment more homely. One relative told us, "X likes time on her own in the sensory room and its ideal for her. Y cannot walk but he can lie down in the sensory room and enjoy what's going on. They make it a home from home and join in with their adult friends, who are the staff there, and they really enjoy it."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The service recorded all complaints in a complaints log and previous complaints had been followed up in line with the registered provider's complaints policy. Birches had not received any complaints in the last 12 months but had logged and recorded compliments. The complaints policy set out the process for handling

complaints from informal resolution, the different stages of complaint handling, which letters were to be sent out with clear timescales and a mediation process. Records showed that people were given information on how to complain and an easy read leaflet explaining how to complain. One relative commented, "I've not had to complain but I would speak to [the manager]. Any worries I've had, the manager was very obliging in doing as I requested and offered other help and assistance."

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they appreciated the registered manager's style of management. One relative told us, "I think [person] is a very good approachable manager. There has been a few before then but I've got a good relationship with [person] and he is very approachable and can ask him anything for my children so it's a home from home." Another relative told us, "The manager is good we can ask him anything and he responds." The management team operated an open door policy and people and staff were welcome to the office to chat or discuss any concerns they may have.

There was a registered manager in post. 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. The management team included an operations manager, a registered manager, and a deputy manager.

The registered manager provided effective leadership, was an active presence in the service and understood the needs of the service well. The registered manager explained that they worked in the service regularly and so was available to staff members to discuss anything that was going on in the service. The registered manager told us, "When I came here the first thing I needed to learn was the staff knowledge. So if somebody is good at doing the rota then I support them to do it." The registered manager explained how they work closely with staff and use their skills and create a friendly ambience. The registered manager commented, "I don't like it when staff are hiding and not doing their work. If anyone has a problem I like to help and don't like to hold on to problems: I like to sort things out now." The registered manager had supported staff through the performance management process when they were not performing to their job role and followed the provider's disciplinary process.

A system of quality assurance checks was in place and effectively implemented. The service used a quality auditing tool to ensure that internal quality monitoring was robust. We reviewed the audit tool which had been completed by the registered manager every month. Outcomes had been generated and actioned, such as continued recruitment and booking people for subsequent months. The registered provider's quality monitoring team came to the service at periodic intervals and conducted a second audit of the service to ensure that quality services were provided. This audit was completed by a quality auditor and reviewed areas under each CQC key line of enquiry as well as looking at health and safety and satisfaction surveys separately. An action plan had been produced and we saw that all actions had been completed by the registered manager. The monthly internal and periodic external quality checks ensured that any problems were identified and dealt with by people who had been made accountable.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. One relative told us, "It's very good. They always seem busy and have people in there cleaning or gardening. It's busy and another staff member takes care of people whilst anything's going on." Another relative commented, "To be honest I would never have sent my child to respite, so even now I get worried but they have enjoyed it so much there I'm relieved. A care manager recommended the Birches as its only three

people and not noisy and they have their own bedrooms and it's a home from home." The registered manager explained how they worked to ensure that the staff team worked in harmony and looked after each other. The registered manager told us, "Yes staff must work but they can be friendly and this filters down to the clients. I say to parents 'this is what caring is', because we have the time to follow people's own routines." There were regular team meetings and staff told us they felt valued, listened to and part of a team. One staff member told us, "I love it here. It's homely, relaxed and such a nice atmosphere. Everyone gets on with each other and things get done. I often think to myself 'oh this or that needs to be done' and get up to do it and another staff member has already done it."

All documentation relevant to the running of the service and of people's care was well organised, appropriately completed and updated. Policies were easily accessible to staff, and continually updated by the provider to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements. The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.