

Future Carehomes Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Future Carehomes Limited is a domiciliary service providing personal care to people in their own homes and in shared supported living household. It provides a service to people who live with learning disabilities or autistic spectrum disorder and/or mental health needs. Some people may also have a physical disability and/or sensory impairment.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, two people were receiving help with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's care was planned with the full involvement of people using the service and where applicable their relatives.

People we spoke with were positive about the care they received. They told us staff were kind to them and supported them to lead the life they wanted.

People received personalised care and support from trained, competent staff, who understood their needs and provided them with personalised care and support.

Staff received the guidance and support they needed to do their job well and effectively meet people's needs.

Care staff were committed to promoting people's privacy, dignity and independence and supporting them to make choices.

There were systems in place to safeguard people from the risk of possible harm. Staff knew what their responsibilities were in relation to keeping people safe. They knew how to recognise and report any concerns they had about people's welfare.

The service assessed and managed risks to ensure that people received personal care and support safely.

The provider worked in partnership with relatives and other agencies to support people's good health and well-being.

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

The provider had systems in place to manage and resolve complaints. People and their relatives were listened to. They had opportunities to provide feedback about the service, and action was taken to address issues they raised.

There was a positive, open and supportive culture at the service. The provider was committed to providing good care to support people to achieve the best possible outcomes. Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection

The last rating for this service was Good (published 01 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was not well-led.

Details are in our well-led findings below.

Future Carehomes Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in their own houses and flats and in one supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager or other senior member of staff would be in the office to support the inspection. Also, people using the service are often out and we wanted to be sure they would be available to speak with us.

What we did before the inspection

Before the inspection we spoke with the registered manager about the inspection. They had planned to meet us during the inspection but were unable to do so. However, they arranged for the supervisor to support the inspection.

We looked at information we held about the service. This information included any statutory notifications

that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. Other information we reviewed included the last inspection report. This information helps support our inspections. We used this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We discussed the PIR with the supervisor during the inspection.

During the inspection

We spoke with the supervisor, administrator, one team leader and one care staff and three people using the service. We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of three people using the service, staff employment records, policies and quality monitoring records.

After the inspection

We looked at training data. We spoke with six care staff, two relatives of people using the service and two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. Staff received safeguarding adults training. A member of staff spoke positively about the recent refresher training they had received.
- Staff understood how to keep people safe. They demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures. Relatives told us they felt people were safe.
- This year there was one instance when there was a delay in reporting a police incident to us and the host local authority team. The supervisor told us that lessons had been learnt regarding the reporting of safeguarding issues and incidents, and they would always be reported promptly.
- The supervisor and care staff told us that learning from incidents took place during staff meetings and one to one supervision.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage and monitor risks were in place. Risks people faced had been identified, assessed and reviewed regularly. Risk assessments were personalised and included risks to do with behaviour that challenges, social isolation, road safety and self-neglect.
- People had personal emergency evacuation plans and took part in regular fire drills.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- Arrangements were in place to ensure that there were enough suitably trained staff to meet people's care and support needs.
- People received consistent care and support from staff who knew them well and understood their needs. The supervisor told us that agency staff were seldom employed but if needed, they made sure they were known to people and familiar with their needs.

Using medicines safely

- Staff managed people's medicines safely. Trained staff supported people with their prescribed medicines and had their competency checked by a member of the senior staff.
- People's care plans included details of their prescribed medicines and the support they needed and received from staff.
- Medicines administration records were accurate with no gaps in the recording. Regular checks were

carried out by senior staff to ensure people had received their medicines as prescribed and safely.

Preventing and controlling infection

- The provider had policies and procedures in place to minimise the risk of infection. Care staff were provided with personal protective equipment including disposable gloves, to reduce the risk of cross infection when delivering personal care.
- Staff received training about infection control. The two premises that we visited were clean.

Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- Incidents and accidents were recorded. Staff knew they needed to report all incidents to senior staff. Incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- Lessons learned were shared with staff to continually improve the service they provided to people. The supervisor spoke of the lessons learnt from an incident to do with a person's distressed behaviour that had challenged the service and how this had been shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. This helped to ensure the service was suitable and met their needs and preferences. Care and support plans were developed from this and assessment information from commissioning local authorities and where applicable relatives. This helped ensure care staff had the information and guidance they required to provide each person with personalised effective care.
- People's care plans were developed from the initial assessment of their needs. They detailed people's choices and needs, including their daily routines, religious, nutrition, communication and social support needs.
- Staff spoke of speaking with people, relatives, the staff team, healthcare and social care professionals and reading people's care plans to get to know people and their preferences, which helped them provide good care.
- People's care and support were reviewed regularly to ensure they continued to reflect their current needs.

Staff support: induction, training, skills and experience

- Arrangements were in place to ensure new staff were provided with the induction they needed to carry out their roles and responsibilities. Staff spoke highly of the induction they had received.
- Staff told us, and records showed that staff had completed a range of training relevant to their role and responsibilities. This helped to ensure staff were able to effectively provide people with the care and support that they needed and wanted. Training had included specific training to meet people's personalised behaviour and health needs. For example, due to some people having displayed behaviour that challenged the service, staff had been provided with positive behaviour training and management and intervention techniques to help them manage people's escalating behaviours in a professional and safe manner.
- Staff had developed their skills by completing qualifications in health and social care.

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

- People's nutritional needs and food preferences were understood and met. People received the support they needed to ensure they had enough to eat and drink. A person told us they chose their meals and spoke with us about the foods they enjoyed.
- Staff encouraged and supported people to choose healthy food options when planning and shopping for their food.

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

- Staff worked closely with healthcare and social care professionals to provide effective care and to support and improve people's health and well-being. Staff understood the importance of timely intervention from external services when people's needs changed. Healthcare and social care professionals confirmed that communication with the service was good. They told us they were kept well informed about people's progress and well-being and of any decline in their health or mental health needs.
- Staff knew that if they had concerns about a person's care or well-being, they needed to report it to the supervisor and/or registered manager, who would share the information with the staff team and the health and social care professionals involved in the person's care.
- People had health action plans and were supported to access a range of community healthcare services. A person told us they saw a doctor when they needed to.
- People's healthcare, including mouth and dental care needs were detailed in their care and support plans. Guidance helped staff to support people in meeting those needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had training on the MCA and DoLS. Staff we spoke with knew that people should be supported to make their own choices and decisions, and these needed to be respected.
- Staff told us that people using the service had the capacity to make decisions about their care and other aspects of their lives. Staff knew where assessment showed people lacked the capacity to make a decision to do with their care and treatment a decision in their best interest would be made by family members, advocates, staff and healthcare and social care professionals in accordance with legislation and people's wishes.
- Staff told us they always sought people's consent before providing them with assistance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed positive engagement between staff and people. People told us staff were kind and treated them well. They spoke in a positive way about staff and of the support they received. One person spoke about the many community based recreational and social activities they took part in with the support from their regular care worker.
- People's care plans included detailed information about their equality and diversity needs and what was important in their lives, such as visiting family and friends, and their cultural, religious and relationship needs. People told us, and care records showed these needs were accommodated. People received the support they needed to regularly attend their place of worship.
- Staff were trained to ensure people were treated with respect regardless of their age, gender, disability or beliefs. Staff spoke positively about people's and the staff team's differences. A staff member told us, "Everyone is different, treat them how they want to be treated, in a personalised way."
- Staff knew the people they supported very well. They provided people with the care and support they needed in agreement with each person's wishes and as detailed in their individual care plans and risk assessments. Relatives told us, "Staff are very nice, they know what they are doing."

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

- People confirmed they were fully involved in making decisions about their care and day to day lives. People's care plans included information about what was important in their lives and their aspirations. Details of how staff could support them in achieving their wishes were included in people's care plans.
- People had a range of opportunities to express their views such as during their care plan reviews and other meetings with staff as well as in their day to day engagement with staff. Staff listened to people's views and spoke of the importance of respecting people's opinions, beliefs and choices.
- Staff recognised that there may be times when people needed help from others in making decisions about their care, and would then support them in obtaining the advice, guidance and support they required.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. Staff knew to respect people's wishes when they wanted time alone.
- Staff knew the importance of treating people with dignity and of respecting people's confidentiality by not speaking about people to anyone other than those involved in their care.
- Staff encouraged people to develop or maintain their independence and confidence. They supported people to be involved in day to day tasks such as cooking and laundering their clothes and taking part in a

variety of activities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care and support plans and assessment information showed that people and where applicable their relatives were fully involved the planning and development of their care. The care plans were detailed about the way they wanted to be supported. They showed people's preferences and interests were understood and respected. This helped ensure that people received personalised care and support in the way they wanted and needed.
- The provider had systems in place to make sure staff received the guidance they needed to support people to have choice and control in their lives. Any changes in people's needs were communicated to staff, so they always provided personalised, effective and responsive care.
- People's care plans included details about their behaviour needs including triggers leading to anxiety or distressed behaviour. Staff spoke of the importance of understanding people's behaviour and emotional needs and providing them with personalised behaviour support in a consistent and appropriate way.

Meeting people's communication needs

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

- People's communication needs were assessed, and care support plans detailed any support people needed with their communication needs. One person's care plan included, "When staff communicate with me, staff must speak gently and audibly and give me enough time to respond."
- The supervisor told us that information was currently accessible to people. They informed us they would always ensure information was provided to people in the format that they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's care and support records detailed people's hobbies and interests and included guidance for staff to help get to know people and to avoid social isolation. Staff told us that people decided what they want to do, and they supported them in the way they wanted to achieve their wishes.
- People led very busy lives. They took part in a range of activities that they had chosen. These activities included, swimming, going to the cinema, day trips, eating out, attending college, going to a library and gym. Staff helped people find out about new activities, but also respected people's decision to decline taking part in any of them.
- People received the support they needed to maintain and develop relationships with family and friends. A

person spoke positively about the contact they had with their family members.

- People had their own mobile phones and electronic tablets that helped them communicate with friends and family as well as access social media, which helped lessen the risk of social isolation. A relative spoke of "chatting on the phone" with their family member, who used the service.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure, which was detailed in the information provided to people when they started using the service. People told us they did not have any complaints. One person told us that they told staff about any concerns or worries they had, and these were always addressed appropriately.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to the supervisor and/or registered manager.

End of life care and support

- Nobody using the service was receiving end of life care and support. There was some information in people's care plans about their resuscitation preferences, but no detail about people's personal wishes to do with end of life care and support. The supervisor told us they would look into discussing this area with people at the right time.
- The supervisor told us that if anyone needed end of life care the service would engage closely with people's relatives, and healthcare and social care professionals to ensure each person received the care and support they needed and wanted at the end of their life.

Is the service well-led?

Our findings

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke very highly of the care and support they received from staff. They confirmed that they were fully involved and included in all areas of their care.
- The registered manager and the supervisor provided staff with the support they needed. Staff told us they felt listened to and spoke highly of the senior staff and their leadership. They told us, senior staff were listened to them and encouraged and respected their views about the service.
- Care staff informed us that the registered manager and supervisor ensured they had the information and up to date guidance they needed to provide people with personalised effective care. Staff told us that people's needs were discussed during staff meetings and supervision meetings, which helped them to understand people's needs and support them to achieve good outcomes.
- Everyone including people, their relatives and healthcare and social care professionals we spoke with were happy with the service. They told us the registered manager and supervisor communicated well with them about the service and people's needs.
- People, relatives, staff and professionals had the opportunity to complete annual feedback surveys. Feedback from people in a 2018 survey showed they were happy with the service. Comments included, "I have learnt a lot of new skills" and "I like the staff, they are all right."

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

- The supervisor and care staff clear about the importance of being open and honest with people when something goes wrong. They knew they needed to notify us, the local authority and others involved in people's care of significant events to do with the service and people's care.
- The supervisor spoke of the learning and improvements made following an incident when communication and notification of an incident to some agencies had not taken place promptly.
- Staff spoke positively about the learning that took place following incidents, which helped improve people's care. They had confidence in the registered manager and supervisor and staff team to act in a responsible and appropriate manner if something did go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a clear understanding of their roles and responsibilities. The provider had policies and procedures and best practice guidance in place to keep people and staff safe. A member of staff spoke positively of the provider and told us "It's the best Company that I have worked for." They also spoke of being "proud, seeing people's progress."
- The supervisor understood the importance of assessment and monitoring of the quality of the service, making improvements and meeting regulatory requirements. A range of checks were carried out to monitor the quality and safety of the service. Improvements to the service were made when found to be needed. A check carried out by the supervisor of people's 'daily' records showed they had lacked detail, improvements had been made to address this.
- Records we looked at were detailed, accurate and comprehensive.

Working in partnership with others

- The service supported people to have effective links with the local community through accessing healthcare services and other facilities and amenities such as those to do with social activities.
- Staff worked in partnership with others to ensure people received good quality care and support. Feedback from healthcare and social care professionals and relatives, showed that staff communicated well with them about people's needs. Comments included, "They [staff] are meeting [person's] health and social care needs," "[Person] has settled very well" and "They [staff] keep me informed, care packages are adhered to."
- The supervisor told us that actions from a local authority check of the service were in the process of being completed. He informed us that updates on the progress of the plan were regularly provided to them.
- People's relatives spoke highly of the engagement they had with staff. They told us, "Brilliant communication," "If I have a concern, I call [supervisor] straight away and he sorts it."