

Future Home Care Ltd

Future Home Care Ltd Kent

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

This inspection took place over two days on 28 July and 3 August 2016 and was announced.

Future Home Care provides care services to 58 people in their own homes mainly in Kent and was managed from an office in West Malling. The care provided was tailored to people's needs so that people could maintain or develop their independent living skills. Care was delivered to adults with learning disabilities, mental illness and physical disabilities. People needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. There were 38 people receiving the regulated activity of personal care at the time of our inspection. The care and support people needed ranged from two hours a week to more intensive 24-hour support packages.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people using the service.

The registered manager assessed people's needs and planned people's care to maintain their safety, health and wellbeing. The provider had a clear understanding of the needs they could meet to enable them to deliver a good level of care. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols. People were given information about how to report abuse.

Staff training covered both core training like first aid and more specialised training in learning disabilities, mental health and autism. We could see that the management and staff culture was grounded in recognised good practice in learning disability and mental health care.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good

support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

Some people needed more than one member of staff to provide support to them. The registered manager ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care, they were provided.

People said that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well. However, the medicines policy did not cover the processes for self-administration or the reporting process for drug errors.

We have made a recommendation about this.

The registered manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place that ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care was individualised to them and in some cases, people had written their own care plans.

Future Home Care is part of the Lifeways Group. A national provider of support services for people with diverse and often complex needs in community settings. The management team and staff were committed to the values of the organisation and ensured they took these into account when delivering care and support. The provider and management team wanted to continually improve and had development plans in place that were being implemented to further enhance the quality of the service.

People were happy with the leadership and approachability of the service's registered manager and the management team. Staff felt well supported by registered manager. Audits were effective and risks were monitored by the registered manager to keep people safe.

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.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe.

The registered manager and staff were committed to preventing abuse. Staff spoke about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff were deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on the quality of service delivery. Development plans included more services to assist people to gain more skills and independence.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day-to-day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Future Home Care Ltd Kent

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 28 July and 3 August 2016 and was announced. 48 hours' notice of the inspection was given because we needed the registered manager to be available during the inspection. The inspection team consisted of one inspector.

Before the inspection we looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office to look at records and we visited two people in their own homes to ask them about their experience of the service. We received feedback about the service from another three people. We received feedback about the service from five staff and we spoke with another six staff including the registered manager, a project manager and four care staff to gain their views about the service. We also took account of the views of two relatives and a health and social care professional.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files kept in the office and one person's care file in their home, ten staff record files, the staff training programme, the staff rota and medicine records.

This was the first inspection of this service since it was registered on 2 September 2015.

Is the service safe?

Our findings

People told us they had confidence in the service and felt safe when staff were in their homes delivering care. The registered manager took a balanced approach to risk and developing people's independence. One person said, "I do lots for myself but I feel safe, staff make sure I don't hurt myself using the iron." Staff said, "I am aware of people's risk assessments and our project manager lets us know if there are any updates."

A health and social care professional commented that, 'I have reviewed a few service users who have complex needs. I have been pleasantly surprised at the care and attention to detail.' At Future Home Care Services.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Staff supported people in the right numbers to be able to deliver care safely. Small groups of services were managed by a project manager with responsibility for ensuring staff were deployed to meet people's needs. Some people needed care and support from two staff because of their illness or condition. We could see that people had been assessed for this. We confirmed that two staff were allocated and available for care that needed more than one member of staff, for example when using a hoist. The staff rota was completed in advance to ensure it supported the flexibility needed to assist people to direct their own care and routines. There was a staff log in system which linked to the rota and was monitored by the registered manager. This ensured staffing levels were delivered.

People had consistent care from regular staff so they were protected from risk. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their care would be provided by staff who they knew. One person said, "I meet any new staff before they support me." The registered manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. The provider avoided external agency staff and staffing cover was provided by the staff employed by Future Home Care. Staff we spoke with confirmed that they were rostered with the same people and the staff rota verified this.

Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff and auditing medicines records. (Spot checks are supervisions of staff in the field.) People who received support from staff with their medicines were given their medicines as required by their GP. The service had procedures in place and provided training for staff so that if they were asked to take on

the administration of medicine's for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. Staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from a manager. This protected people from potential medicine errors.

Safe working practices and the risks of delivering the care were assessed and recoded to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. For example, the mobile hoist.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk whilst they were in the community or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. People told us that staff helped them understand the risk they may face and what steps to take to stay safe. For example, letting people know places they were going and taking a mobile phone and staying safe. One person said, "I have a mobile phone, know about road safety and would tell staff or my parents if I felt unsafe or worried.

Incidents and accidents were fully investigated by the registered manager to ensure steps were taken to prevent them from happening again. The incidents recorded so far in 2016 had all been fully recorded and investigated with actions taken to reduce the risk recorded. They had also been shared with people's care managers where appropriate. Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. The policy gave details of how the registered manager would monitor incidents and accidents.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The computerised systems for things like staff rostering were backed up and could be accessed away from the office if needed. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. This meant that the service could focus its resources into getting staff to the people most in need and protected people's continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People who used the service were supported to become more independent through learning and skills development. People said, "I cook my own meals and have got my food hygiene certificate." Staff said, "We have had in depth training from a district nurse so that we can manage people's diabetes."

A Clinical Psychologist commented that, 'The service users behaviours and moods have settled due to the consistent implementation of support guidelines by staff.'

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left in people's home for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by the registered manager through spot checks and audits.

The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

People's health and welfare was protected by staff. Staff were not cooking for people, but supported people's development by assisting people to plan, shop and cook meals. Staff told us how they did this in line with people's assessed needs. Staff described to us how they helped people maintain a healthy diet and avoid foods that could affect their health. One person said, "Staff always help me stick to my celiac diet." If people had food allergies or needed a particular diet, staff supported people to access the right food. Food hygiene training was provided to staff. People told us that when staff helped them with their meals, staff did this with them rather than for them. This encouraged people to remain healthy and independent.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to encourage people to seek help or ensure they passed the information onto relatives or care managers so that this was organised to protect people's health and wellbeing.

The registered manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Records showed that when

new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff told us they had completed shadow shifts and an induction when they started working at the service. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. Staff had a project manager who oversaw the completion of their competency standards. During the two week induction shadow shifts were completed. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

People's experiences of the service indicated that staff were competent and well trained. It was possible for people to make choices about the staff they had making their calls. Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended training in autism and learning disabilities awareness, caring for people with epilepsy or diabetes and specialist training in percutaneous endoscopic gastroscopy (PEG) tubes, inserted into people's stomachs so that food, fluids and medicines could be introduced. This ensured staff had training relevant to the people they delivered care for.

Staff were observed by the registered manager or other senior staff whilst at work and were provided with guidance about their practice if needed. Project Manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When managers met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and registered manager gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. All of the people, their relatives and health and social care professionals who responded to our survey about how caring the staff were, responded with one hundred percent satisfaction. People said, "I love my staff to bits, they are caring which makes me happy." A member of staff said, "Everyone's views are heard".

People told us that they experienced care from staff with the right attitude and caring nature. People told us that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. The project managers visited the services for about 15 hours a week and were on hand to assist with care. This gave them the opportunity to ask people about their experiences of the care.

People told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks, and sending people questionnaires. People were involved in forum meetings where they could meet others and share their experiences or people could meet staff on a one-to-one basis. People said, "I sit down with staff and go through what I like to do."

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs. For example with some care and support being provided at home and some in the community.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. Each person had received a statement setting out what care the service would provide for them, what times staff would be available and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's

confidentiality.

Is the service responsive?

Our findings

People's needs were reviewed and kept up to date and the registered manager and staff were always available to listen to people's views. The service received one hundred percent satisfaction scores for their responsiveness from people their relatives and health and social care professionals. One person said, "I go out more now and I do not get so many health problems since moving into my new home here". And, "It's me that chooses what I want to do."

People's needs were assessed using a range of information, which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. People told us and we saw examples of how people had been involved in the development of their own care plans and that staff followed these. For example, care plans recognised people's achievements and their life goals and aspirations. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any changes that had been recorded and managers reviewed people's care notes to ensure that people's needs were being met.

Staff gave us examples of how they had changed their practice when people's needs had changed or they needed a different approach to ensure they delivered the care. For example, for one person they had changed the activities they were doing. They now have more things to do and get out into the community more. Other people had been involved in training the staff who would support them. This included learning how to speak to groups of people, presenting information and learning how to get involved in interviewing staff. This increased people's life opportunities and self-confidence.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. Other information showed that a range of health and social care professionals had been involved in developing people's care packages, support plans and guidelines of care for staff to follow. For example, from physiotherapist and respiratory nurses. This meant that people benefited from care that always followed best practice principals.

People were supported to maintain contacts with their GP and other health monitoring sessions with community nurses to assist them to stay healthy. Care plans gave key information to health and social care professionals about the person, for example, it would be used by hospital staff if the person was admitted. People also had access to assistive technology so that staff could monitor their health and wellbeing without compromising people's privacy. Assistive technology promotes independence and can alert staff to falls and if people have an epileptic seizure.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. People were provided with pictorial information about complaints to aid their understanding. There were examples of how the registered manager and staff responded to complaints. These had been logged, investigated and the outcomes recorded. When

necessary the registered manager had formally apologised to people if the service they had received fell short of the standards expected. All people spoken with said they were happy to raise any concerns. People told us that they got good responses from staff if they contacted them to raise an issue. The registered manager had also received 34 compliments about the service. There were systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. Any changes made as a result of complaints were fed back to people and staff.

Is the service well-led?

Our findings

The manager had been registered since 2009 and was very experienced in providing services for people with complex needs in community settings. They were supported to develop and manage the service by an experienced team of a deputy manager and seven project managers. The team structures enabled project managers to spend time in each service every week, engaging with people and staff. This meant that people and staff could express their views about the service easily and created a link between the registered manager and people who used the services.

The management team at the service provided a good balance of skills experience and knowledge. They were passionate about the people they delivered care to and about the quality of what they did.

People told us that the service was well run. They had no complaints about the way the service was managed.

The registered manager was in the process of reviewing the way quality audits worked. They were seeking to introduce better systems for capturing formal feedback from people, their relatives and health and social care professionals. They were also in the process of setting up staff forums utilising a new format and approach to enable staff to meet quarterly and feedback their views. The first meeting had taken place on 14 June 2016.

Health and safety was monitored at the highest levels within the organisation to protect people and staff from harm. Current audits assisted the registered manager to maintain a good standard of service for people. Audits covered all aspects of the service including care plans, risk assessments, medicines and staff files. Audits were kept up to date and reviewed with regularity. The results of health and safety audits were reviewed by the registered manager monthly and fed into the corporate governance structure for health and safety at director level.

Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risks were minimised by assessment and responses to staff concerns such as poor lighting or environmental hazards. An independent whistle-blowing service was available for staff if needed. This meant that people were protected by staff who could raise concerns about the service in confidence.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff believed they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents or needed to speak to the registered manager for advice. They told us that the registered manager was approachable.

The aims and objectives of the service were set out and the registered manager of the service was able to

follow these. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to ensure they maintained the quality of the service for people.

Staff were committed and passionate about delivering good quality person centred care for people. We spoke with staff who were well supported and who had regular and effective communications with their managers. The registered manager told us that some of the staff in the teams were going through a period of change in relation to their terms and conditions. However, this had not affected their commitment to people who used the service. Staff commented, 'I enjoy working for Future Home Care, I have a very supportive project manager who understands both staff and service user's needs.' And, 'If I raise concerns I believe they are listened to and acted on.'

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

However, we have recommended that the registered manager researches published guidance about the inclusion of processes for self-administration of medicines and external reporting processes for medicines errors.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.