

Future Home Care Ltd

# Future Home Care Ltd

## Birmingham

### Inspection report

68-69 Cecil Street  
Birmingham  
West Midlands  
B19 3SU

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17 May 2016

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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 17 and 19 May 2016 and was announced. This was the first inspection of this service since it was registered in October 2015.

Future Home Care – Birmingham provides a supported living service to people living in their own homes. At the time of our inspection 66 people were being supported by the staff.

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.

People were protected from harm and abuse because systems were in place to identify risks and management plans were put in place to minimise the risks. Staff had the skills and knowledge to raise any concerns they had so that people were protected from abuse.

There were sufficient numbers of appropriately recruited staff so that a regular team of staff were able to provide consistent support to people who were aware of who was going to support them.

Staff were provided with training, supervision and support to enable them to provide care and support that met people's individual needs.

People were supported to maintain their health by being seen by the appropriate healthcare professionals and by being supported to take their medicines as prescribed.

People were supported to eat a healthy diet. People were able to purchase their own food and cook meals with the support of staff. People's cultural needs were met.

People were supported to maintain and develop relationships with friends and relatives that were important to them.

People were supported to do the things they liked to do and achieve their goals and aspirations.

People were able to raise concerns and were assured that they were listened to.

The registered manager ensured there was liaison with healthcare professionals and the service was regularly monitored to ensure that people's needs were met and improvements made where needed.

## 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 were protected from harm because staff were able to recognise signs of potential abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

People received effective care and support by staff that recognised them as individuals and that worked together to meet people's needs and expectations.

Staff were provided with on going and appropriate training, support and supervision to provide good care.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

### Is the service caring?

Good 

The service was caring.

Staff were caring and showed kindness and understanding towards people. Positive relationships were evident between

people and the staff that supported them.

People received a personalised service that ensured their privacy and dignity and that promoted their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received a personalised service that was kept under review and people's changing needs met.

People were supported to do things they enjoyed and maintain relationships with people important to them.

People were able to provide feedback and were assured that their concerns were listened to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager promoted a person centred and open culture where staff were motivated to provide good care.

Quality assurance systems were in place to monitor and improve the quality of the service provided.

# Future Home Care Ltd Birmingham

## **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 17 and 19 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for people in their own homes. People are often out during the day and we needed to be sure that someone would be in so we asked the registered manager to arrange some visits for us to be done on 17 May 2016. On 19 May 2016 we visited the provider's office to look at some records .

The inspection was carried out by one inspector.

As part of our inspection we reviewed records held by CQC which included notifications and other correspondence we received. A notification is information about important events which the registered person is required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection and ensure that any areas of concern were looked at.

Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the service. Using this information we sent out questionnaires to a range of people. We received responses from 15 people, one relative, six staff and 10 community professionals.

During our inspection we went to the service's office and met with the registered manager and two project

managers. We visited eight people in their homes and spoke with nine staff. We reviewed a variety of documents which included the care records of four people to see how their care was provided, three staff files to look at recruitment and training and other records relating to the management of the service including complaints and audits carried out to monitor and improve the service provided.

# Is the service safe?

## Our findings

People were safe because they received the support they needed. People told us they felt safe. One person told us, "I feel safe." Another person told us, "I feel safe with staff." We saw that people looked relaxed and comfortable in the presence of staff. Another person told us, "Staff never shout. In the past someone used to shout, intimidating me. I told on the person. The person [told on] doesn't come here now. Current staff are understanding."

Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep people safe. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. A staff member told us they had received training in how to keep people safe. Staff were aware of how to escalate any concerns if they felt that action had not been taken. Records we held showed that the registered manager had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe. We saw that systems were in place to ensure that people who were supported with managing their monies were protected from financial abuse. Records we hold showed that on one occasion when discrepancies were identified the appropriate investigations were undertaken.

Risks associated with people's needs had been assessed, discussed with the people they related to and management plans were put in place manage them. For example there were risk assessments in place relating to the management of finances, use of taxis, self-harm and going missing. One person told us they were not supposed to go out alone but on some occasions they had gone out without telling the staff. They were aware of what actions staff would take in these situations such as wait for an hour to see if they came back and then call the police. Staff were aware of the actions they needed to take to prevent this happening and why the individual may go out without letting staff know. Another person told us they knew they were not allowed to go out alone but the staff would take them out when they wanted.

There were enough staff to meet people's needs. People told us that staff were available to support them when needed. One person told us, "I have the same regular staff. I'm happy with this." Another person told us, "I have five hours support a day. Staff come when they are supposed to come." Another person said, "I have consistent staff, this means less stress." People knew which staff were available to support them on which days. Staff told us, "There is a team of staff to support the people living here. This includes bank staff so that were able to support the team at times of staff sickness." This meant that people got to know the bank staff and bank staff knew people's needs and how they liked to be supported providing continuity of care to people. The PIR told us and staff confirmed that a logging in and out system had been installed that enabled managers to monitor and assess the staffing levels and attendances at any particular property.

People told us that they had been involved in the interview process for staff. Staff told us, "Work references were obtained and the DBS check was carried out before I started work." DBS checks are police checks that support employers to make good employment decisions. Records we looked at confirmed that these checks were in place ensuring that only suitable people were employed.

People were kept safe in emergencies. One person told us, "When I was poorly they [staff] arranged for paramedics to come out. They kept checking with the hospital if I was alright." All staff spoken with knew what to do in the event of an emergency and how to report accident or incidents so these could be managed effectively. Staff told us that there was an on call system available from 5pm to 9am for advice if needed. Information that we had received before our inspection showed that staff had appropriately accessed support for people when they were unwell or if there was an emergency situation.

People received their medicines as prescribed. One person told us, "I can take my own medicines but staff check I've taken it." Staff spoken with told us that they had the training and skills they needed to administer medication safely. One staff member showed us the system for managing the individual's medicines. The person was able to tell us what the medicines were for and that they received them regularly. We checked the records and saw that they had been appropriately completed. Staff told us that the project manager's also checked the medicines when they visited. We saw that the medicines were stored safely out of reach of the individual.



# Is the service effective?

## Our findings

People were happy with the care and support they received. All the people we spoke with told us they received the support they wanted. One person told us, "[Name of staff] treats me like a son. She warns me firmly, tries to keep me on a healthy diet, and treats in moderation."

We saw that some people shared their homes and some hours of support so that they were provided the level of support they needed. As a result some of evening activities were carried out jointly but people were happy with this. We saw that during the day people were able to do what they wanted to do individually, for example we saw that some people were supported to go college and others went shopping or to watch a film.

People were aware of their care plans. One person brought their file for us to look at and told us they had been involved in writing their care plan. We saw that a new care plan was being implemented and this involved the individual being involved in writing the care plans on the computer in a format that they were able to understand. Another person told us that they had seen their records and that they were accurate. We saw that people received care and support as planned.

People were cared for by staff that were trained and supported to provide good care. Staff told us they received the training they needed to carry out their roles. This included training in mental health awareness, autism awareness and specific medical conditions people had. Where needed staff had received moving and handling training. Staff told us they met regularly with their project managers to discuss the service they provided and there were staff meetings where issues could be discussed as a group. Staff told us that when they first started work they spent some time working alongside experienced staff so that they were familiarised with the people they would be supporting. Records seen confirmed this.

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. Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and understood about acting in a person's best interests. Staff understood mental capacity assessments should be undertaken to identify if a person could make their own decisions if they had any concerns that the person lacked capacity. One staff told us, "The MCA is about people's ability to make choices, take decisions and control their lives. Both the people I support can make their own decisions. Advocates and families can be involved to help them make decisions."

The law requires the Care Quality Commission (CQC) to monitor the operation of Deprivation of Liberty Safeguards (DoLS). This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff were aware of applications that had been made on behalf of people and the reasons why they needed some restrictions to be in place. The registered manager told us that after discussion with the location authority

they had made some DoLS applications.

People were supported to shop and prepare meals as required. We saw that one person had been supported to lose weight because they were encouraged to reduce the number of takeaway meals they ate each week. The person told us they had a diet in place and they were being supported to eat healthy meals. They told us, "Staff help me to prepare meals such as cheese and potato pie, spaghetti and meat. We also had a barbeque." We saw that another person was supported to shop so that they could prepare culturally appropriate meals. Another person told us, "Staff help me with cooking and shopping. We decide together what to buy." Staff told us that they supported people to carry out their shopping. People had their own money for shopping but some general items were bought jointly. This appeared to be working well for the two people that were living in the same house.

We saw that people looked well cared for. One person told us, "If I am not well the staff take me to see the doctor". Another person said, "I can see the doctor if I'm ill. I have meetings at a clinic which are useful." Staff were able to tell us about the healthcare needs of the people they supported. They told us about how they supported people to maintain good health, and also how they supported people with their changing healthcare needs and the challenges this brought. People had Health Action Plans (HAP) in place. HAPs tell you about what you can do to stay healthy and the help you can get. Records looked at showed that people were supported to access a range of medical and social care professionals.

# Is the service caring?

## Our findings

People we visited were comfortable with and had a good relationship with the staff that supported them. We saw that staff were caring and attentive to people and had developed supportive relationships with them. One person told us, "[Name of staff] is my brother." They jokingly tapped the staff on the shoulder and said, "Good boy." Another person told us, "Staff are nice to me, respectful and kind, ask what I want." One member of staff described the person they were supporting as "an angel".

Staff were comfortable in displaying warmth and affection towards people. We saw when we visited one person a member of staff who was not supporting the person at that time came over to offer reassurance to the person, at their request during our visit. We saw that that people were comfortable and relaxed in the company of the staff who supported them. For example, we saw that one person had eaten their evening meal and were settled to watch their favourite television programme with the member of staff.

People told us that they had been involved in making decisions about their care. One person told us, "The staff ask me about my care. They ask me what I want to do". Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. For example, knocking on the doors entering people's homes and providing people with privacy in their bedrooms. Staff facilitated people to be able to speak with us in private during our visits where appropriate. All the staff that we spoke with showed concern for people's wellbeing. Staff told us that people's care records provided enough detail about how a person's care should be provided and included detail about how to care for the person in a way that promoted the person's dignity and independence.

Staff that we spoke with told us that they knew when people were unwell or becoming anxious. They told us that they would see a change in people's body language or behaviour if they were unhappy, unwell or anxious about something. We saw this during our visit when one person was becoming restless as they wanted to go shopping.

We saw that people were supported to maintain or develop their independence. We saw that some people were supported to develop their daily living skills such as cooking, keeping their home clean and tidy and putting dirty laundry in the washing machine. One person told us, "I can make a cup of tea." We saw that some people were supported to travel to day services whilst other people were supported to travel alone with the use of a bus pass. One person told us, "I can make my own appointments for the doctor and dentist. They let me do the things I can and support with others."

## Is the service responsive?

### Our findings

Staff were knowledgeable about people's needs and able to provide personalised care. People told us they were happy with the support they received. One person told us how they were being supported to reduce weight and proudly showed us how smart they looked in the suit they had bought for a special occasion. Another person told us that they had asked for only female staff and this was what they had. People told us that they were supported by the staff and relatives in review meetings to discuss how well their needs were being met and if any changes were needed. Records looked at showed that relatives were involved in review meetings. Staff told us that any concerns or changes in people's care needs would be passed onto the manager. Staff told us that a handover took place between staff each day and any changes in people's care needs would be discussed and recorded.

Although not part of the regulated activity we inspected we were told by people how they spent their days and the things they liked to do. One person told us about the college they attended and other people told us they had made applications to attend college in the forthcoming year to do courses such as pottery, computing and cooking. Staff were able to describe to us how people liked to be supported and the things that people liked to do. People told us that they liked to go out to the shops and for meals. One member of staff described how they had supported one person to go to the NEC to watch Citizen Khan and some cricket matches. The individual confirmed that they had enjoyed these activities. Care records looked at showed that people's goals and aspirations had been recorded. For example, one person had a dream of working with cars or in a video shop. Until such time that this dream could be fulfilled other actions were identified such as learning to drive so that they could drive a car on a race track and going to the motor car show in 2016. This showed that people were supported to live fulfilling lives doing the things they liked to do.

People were supported to maintain and develop personal relationships because staff recognised the importance of maintaining relationships. Staff helped people to visit family members and supported people to take part in family events. One person told us, "I spend the weekend at my parents. I see siblings and friends at family events. I'm going to my niece's communion." We were told about efforts that had been made to make contact with one person's family. Although it had not been possible to develop these relationships efforts were made to ensure that the individual maintained contact with other people from the same community. One person told us about their girlfriend.

There was a complaints procedure in place and people were able to raise concerns if they had any. One person told us that there were meetings to discuss their care and raise any issues. They told us, "If I was not happy I would tell the staff." Another person told us, "One staff was falling asleep. I told [name of staff]. The staff doesn't come here now." This showed that people were able to raise concerns and have their concerns addressed appropriately. We had received some concerns from a member of the public regarding the disturbances they had experienced from a person being supported by staff. We saw that the agency was liaising with the local authority to ensure that the needs of the individual were met and the disruptions to neighbours minimised.

## Is the service well-led?

### Our findings

This was the first inspection of the service since their re-registration in October 2105. There was a registered manager in post who demonstrated to us that she knew the individual needs of the people that used the service well. The registered manager was fully aware of their legal obligations as a registered manager. We found that the registered manager was very open in notifying us about incidents that occurred within the service and showed that they were always willing to learn from incidents and always acted in the interests of the people being supported. For example, at the time of our inspection there had been some difficulties with one person. However, during follow up of this situation we learnt that the registered manager had continued to act in the interests of the individual and was working with a number of other professionals to ensure that the person's needs were met and the individual was able to attend meetings so that their views could be heard. We saw comments from the other professionals involving thanking the registered manager for the support they had provided that was over and above what others may have provided. Other situations that had been brought to our attention showed that the registered manager continually worked with other professionals to ensure that people received the support they needed.

As part of our inspection we had sent out surveys to some professionals involved in the care provided to people. There were positive comments such as, "In working with them [Future home care] I feel that the leadership is strong and the manager I work with is very knowledgeable and leads from the front" and, "Managers have been responsive to comments and issues raised, however underpinning staff knowledge and skills to implement risk assessments could be improved". We received some comments that indicated that there were occasions when there was some conflict between external professionals and the organisation; however, it was felt that the organisation was willing to learn from professionals.

People had individual tenancy agreements in place. People's homes were owned by a landlord separate to the care provider. We saw that when needed the registered manager contacted the landlord and would raise any issues that needed to be addressed with them.

The registered manager had promoted a positive culture in the service encouraging people that used the service to be involved in the running of the service and for staff and people to raise any concerns they had. One person told us that they had been involved in interviewing staff that were being employed to support them. Staff told us the project managers and registered manager were supportive. Staff told us that they received a regular newsletter keeping them in touch with what was happening in the organisation. Staff told us that regular meetings took place to discuss any work related issues and they felt supported in their role. Staff told us that communications with managers were good. They told us that the registered manager visited the supported living services and spent time talking to people and staff. Staff told us that they also visited the office where the service was delivered from.

We saw that quality surveys had been carried out by the organisation and family members and professionals involved in people's care had commented how well people's needs were being met. The feedback received was used to feed into the quality assurance system. We looked at some quality surveys that had been completed and saw that overwhelmingly families were happy with the support being provided. One relative

had commented, "You support my son so well." Another relative had commented, "In the past we were not kept informed of issues involving our brother but his has greatly improved over the past two years. Other systems in place to monitor and improve the quality of the service included audits of care record, monitoring of incidents, accidents, safeguardings and health and safety incidents. The provider reviewed these audits and ensured that action plans were in place where needed to ensure actions were taken to resolve any identified issues.