

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

Future Care & Support Service

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 

Overall summary

We last inspected this service in July 2013. At that time the provider was compliant in all the areas looked at. This inspection took place on 27 November 2015 and was announced.

This service provides care and support to people in their own homes. Some of the people using the service live in property which is owned by the provider. At the time of the inspection there were six people using the service.

The service has a registered manager. 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.

Summary of findings

People using this service told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

People told us that they were happy with the service provided. People told us that they were included in decisions about how their care was provided. People told us about how staff helped them to retain skills and to stay as independent as possible.

People told us that staff treated them with dignity and respect. Staff working in this service understood the needs of the people for whom they provided care. Staff were aware of people's needs arising from their medical conditions.

Staff were appropriately trained and skilled to provide care and support to people. The staff had completed relevant training to make sure that the care provided to people was safe and effective to meet their needs.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being deprived of their liberty.

The registered manager encouraged feedback from people who used the service, their family members, advocates and professional visitors, which she used to make improvements to the service, where needed.

The registered manager assessed and monitored the quality of care consistently. In addition to observations and supervision of staff, the manager consulted people using the service to find out their views on the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People had confidence that staff could keep them safe and were supported by staff who were trained and knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Staff, where appropriate, prompted people to take their medication helping to keep them safe.

Good



Is the service effective?

The service was effective.

People were supported to have healthcare needs met.

People were supported by staff who had the skills and knowledge to meet their needs.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

Good



Is the service caring?

The service was caring.

People were happy with the support they received. People told us that staff were kind and caring in their interactions with them.

People were involved in planning the support they received and were supported to be as independent as possible.

People told us that staff respected their privacy and maintained their dignity when providing care.

Good



Is the service responsive?

The service was responsive to people's needs.

There were good systems for planning the care and support which people needed and people were involved planning their care.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints.

Good



Is the service well-led?

The service was well led.

People's views of the service were taken to make sure that staff were providing care appropriately.

Staff were enabled to contribute their views about how the service was run.

There were good systems for audit and quality assurance to ensure safe and appropriate support to people.

Good



Future Care & Support Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people

receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. We also checked with a local authority who commissioned services from the provider for their views of the service.

Before the inspection we sent surveys to people who used the service to gather their views of the service they received. Surveys were returned from three people using the service.

During our inspection we spoke with the registered manager and one member of staff. We sampled the records, including three people's care plans, three staff files and training records. We looked at the provider's records for monitoring the quality of the service and handling complaints. After the inspection we spoke with three people who used the service and three staff members.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, “I am very safe” and another said, “I feel comfortable with the staff.” A professional involved with someone using the service told us, “The support worker has gone above their duty to make sure the service user is safe and supported with needs.”

The manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. There were whistleblowing guidelines for staff in case they witnessed or suspected that colleagues were placing people at risk. These were clear and all staff were made aware of them as part of their induction.

People told us that that staff had assessed the risks associated with their circumstances. The risk assessments showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people using the service. They had also considered the factors which may make some people vulnerable to exploitation or abuse. Staff told us that they

felt safe when carrying out calls. The manager told us that she planned to amend the way in which risks would be recorded in future to improve the organisation of these records.

Staff told us and the records confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to them starting work. We saw, in sampled records, that two references had been taken up on each member of staff and each one had been interviewed by the manager as part of the recruitment and selection process.

There were enough staff to meet the needs of the people currently being supported. The manager told us that she would not accept referrals unless there were enough staff living in the area to provide the required level of support and she was making efforts to recruit staff from some areas of the city which were not well covered at present. People using the service told us that, if staff were ever going to be late, due to traffic or unexpected delays at another call, they always contacted the person to explain.

The manager told us, and records confirmed that the service did not manage the medication for anyone using the service. Staff did prompt some people to take their medication and there were records of the medication which the person needed and the times when staff had prompted them.

Is the service effective?

Our findings

People expressed confidence that the staff had the skills and abilities to meet their needs appropriately. One person told us, “I have been really satisfied with them.”

Staff communicated well with people. The people using the service at the time of the inspection were able to discuss their needs and tell staff how they wanted their care to be provided. People told us that the staff listened to them and made changes when they asked for them.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work for the service. They had received guidance about the needs of the person concerned and how to meet these. Staff had received additional training to meet the needs of specific people. For example in meeting the needs of people with specific medical or mental health conditions. Staff told us that they were confident that they were sufficiently trained to carry out their role. One member of staff told us, “All the induction training was useful and then you learn more as you go along.” Staff told us that they were encouraged to undertake nationally recognised qualifications.

People told us that they had been involved in planning the care they received. The manager told us that each person who was planning to use the service received a visit to discuss their needs and what they wanted from the service. The care plans we looked in showed each person’s needs and there were instructions for staff showing how they needed to carry out specific tasks. Staff explained that the

people using the service would tell them what support they needed each time they visited. The manager said, “Everyone using the service can say what needs doing. It’s their care and they know what they want.”

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). The registered manager told us that everyone using the service had capacity to make decisions about their lives. There was no-one using the service whose liberty was being restricted at the time of our visit but the manager demonstrated that she knew what action to take should this ever be necessary.

Staff had relevant information about people’s dietary and nutritional needs. People using the service were able to discuss their preferences with staff when they were preparing food so people received food which they had chosen. Staff explained that, although they encouraged people to eat a healthy diet, people sometimes made more unhealthy choices. One member of staff said, “It’s their choice at the end of the day. They have capacity. I can’t force them, but I make suggestions when we go shopping.” Staff knew that some people using the service were at risk of choking and needed to be reminded to slow down when eating.

People told us that the staff knew and understood the implications for their care and support of their health conditions. There were details of people’s specific needs in relation to their health in people’s plans. Contact details for relevant healthcare professionals were available in people’s records so that staff would be able to make contact in the event of an urgent situation.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person said, “I am really happy with them thanks.” People told us that they were happy with the way staff behaved. One person said, “We can have a laugh with them.” Another person said, “I like my support worker.”

A professional who visited one person using the service told us, “I have found the care agency support worker the ones I have worked with to be professional, sensitive and caring towards the service user they have supported.”

People told us that the manager had asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked with them before providing care and respected their choices. One person told us that they had asked for a change of support worker and the manager had arranged this for them.

People told us that the members of staff respected their privacy when carrying out tasks. They said that they trusted the staff.

Some people using the service needed little physical support but needed prompting to carry out tasks and staff told us how they provided emotional support when needed.

People said that staff had agreed with them the changes in the care and support they needed as their needs or preferences changed. The manager and staff spoke with respect about the people they cared for. They had a good knowledge of people’s situations and their preferences in terms of their care and support. The records showed people’s specific needs arising from their culture, religion, lifestyle choices or health conditions and staff were aware of how these should be met. Staff displayed enthusiasm for working in a service which supported people with diverse needs.

Is the service responsive?

Our findings

People told us that their plans were drawn up after discussion with them and taking into account their views and opinions as well as their needs. The plans which we sampled were specific and individual and provided evidence that people had been consulted. The plans had been updated in response to people's changing needs and after reviews meetings which involved people using the service and, where appropriate, their relatives.

The records showed that where people needed support in this area, they were assisted by staff to attend places of interest and recreation.

People told us that they knew how to contact the manager and would have no hesitation in doing so if they were not satisfied with the standard of care. They expressed

confidence that the manager would act on concerns raised. One person said, "Yes, I would know who to contact but I would first tell the support worker if I wasn't happy with them."

The service encouraged people to express their views and to make complaints and compliments to the manager. We saw records of issues which people had raised and the manager had recorded the action which had been taken in response to comments so that the situation had been resolved to the person's satisfaction.

The service worked in partnership with other agencies and healthcare professionals to make sure that people's needs were known and met. The manager provided examples of when she had worked in collaboration with other agencies to effect changes for people which had improved their quality of life.

Is the service well-led?

Our findings

People who used the service expressed confidence in the manager and how she led the staff. One person said, “Yes, I know the manager well.” One person said, “If I ring her she will always ring me back.”

The culture of the service as described by the manager, staff and people using the service, was one which valued all staff and people using the service and embraced diversity. Staff said that they felt very well supported and valued. One member of staff said, “I feel comfortable with my manager, my work colleagues and the people I support.” Another member of staff said, “They work out my hours really well – make sure I get enough time off.”

Staff confirmed that they received supervision and guidance from the manager on a regular basis. The manager visited people in their homes to observe staff. The manager explained that, as it was difficult for staff to get into the office at times, she sometimes carried out supervision over the telephone. In addition to individual sessions, there were occasional meetings at which staff could raise issues or offer suggestions about how the service was provided. Staff told us that the manager was available when needed. They described her as, “helpful” and “encouraging”.

The manager had reviewed and, where necessary, updated records such as people’s care plans. There were systems for making sure that policies and procedures were reviewed and updated as necessary. We saw that records had been audited on a regular basis.

People told us that they were asked for their opinions of the service. We saw that the manager used questionnaires to find out people’s views as well as visiting people to talk to them about the quality of the service. The manager demonstrated how she used feedback from people and the results of monitoring records and staff performance, to improve the service and make plans for the future. The results of the questionnaires were sent to the management board of the organisation in order to identify areas for potential development and improvement. Staff understood how feedback helped to improve performance. One member of staff told us, “It’s about how you learn from the hiccups and make things better.”

The manager showed that she knew about recent changes in Regulations and best practice guidance in various areas. This was a small service at the time of our visit. The manager said that the service would only be expanded if suitable staff could be recruited in the necessary locations as she did not want to compromise the quality of the service being provided.