

Future Home Care Ltd

Future Home Care Ltd

Birmingham

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 Home Care Ltd is a community based supported living facility providing personal care to 19 people living in their own homes at the time of the inspection.

Not everyone who used the service received personal care. 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.

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

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were trained and supported to provide the best possible care for people. Medication was administered safely. Staff supported people following good infection control practices.

People were supported by regular staff who had the skills and knowledge to meet people's needs. People were supported to eat a healthy diet and care staff knew people's specific dietary requirements.

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 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by staff who were kind and caring. People's privacy, dignity and independence were respected by staff.

People's support needs were assessed regularly and planned to ensure they received the support they needed. The provider had a complaints process which people were aware of to share any concerns.

The registered manager and quality team, completed regular audits to monitor the quality of the service. Quality reviews were carried out to gather information about people's views. Spot checks and audits were completed to ensure the quality of the service was maintained.

Rating at last inspection

The last rating for this service was good (published 03 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

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

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

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 well-led.

Details are in our well-Led findings below.

Future Home Care Ltd Birmingham

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 one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager and service managers.

We reviewed a range of records. This included people's four care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found around a specific incident. We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff and one health professional.

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

- People told us they felt safe and relatives we spoke with confirmed this. One person said, "I feel safe. They [staff] help me round the home."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People and their relatives told us they had regular staff to support them. One person said, "I am happy with the carers." Service managers we spoke with told us they had enough staff to support people and care staff confirmed this.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records showed people received their medicines as prescribed. One relative told us, "There are no problems with medicines."
- The provider carried out monthly audits to check medicines had been administered as prescribed.
- Care staff received training and regular competency checks to ensure they were administering medicines safely.

Preventing and controlling infection

- Staff received training in how to prevent and control infection and told us PPE [personal protective equipment] was readily available to them.
- The provider had an action plan in place in order to manage the spread of the Covid-19 virus.
- Information about how to prevent spreading Covid-19 virus was available to service users in easy read format and staff told us how they had supported people to carry out good hand washing practices.

Learning lessons when things go wrong

- The manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and reduce future occurrences.

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

- The provider carried out an initial assessment of people's needs to ensure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.
- Staff received on-going training to meet people's specialised needs.

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

- People were supported to eat a healthy balanced diet and where people had specific dietary requirements, staff were aware of their needs.

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

- When people's care needs required input from other health professionals, their advice had been sought. The service worked with other agencies as needed. This was confirmed by relatives and health professionals we spoke with. One health professional said, "They [staff] are keen on working with me. They have [person's] best interests at heart."

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.

- People were involved in decisions about their care and where they were unable to make their own decisions, best interest decisions were recorded. Mental capacity assessments were recorded on people's files to show what decisions people were able to make.
- Staff had received training in the MCA and understood the importance of people being involved in decisions about their care.

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 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

- People and their relatives told us they were supported by kind and caring staff. One person told us, "The carers are alright, thank you." A relative said, "We are pleased with the care. [Person's] carers don't treat them as a client, they treat them like family."
- We found people's equality and diversity needs were respected and staff had completed equality and diversity questionnaires.
- Staff told us they enjoyed working at Wellbeing Care Solutions and the majority of staff spoken with had worked for the service for many years. One staff member said, "It's a wonderful company. Team working is amazing."
- The service had a compliments folder which they shared with staff. One compliment read, "The staff team are brilliant and caring. They are fantastic."

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

- People and their families were involved in care planning and their views and wishes were respected and this was clearly documented in people's files.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person said, "Sometimes they help wash and dress me. They [staff] are respectful."
- People were encouraged to maintain their independence and do as much as they could for themselves. Care plans clearly documented what people were able to do for themselves to support their independence.

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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- Care plans contained personalised information about what was important to them, including people's hobbies, likes and dislikes which enabled staff to provide person centred care. Staff knew people's individual needs.
- Feedback from one family stated, "As a family we are very pleased with the care, support and team work, such as working together with families which becomes a good understanding of the individual's needs, wishes and aspirations. We are always involved in planning which focuses on behaviour, health care and support needs. We always get feedback and details on the progress and support tasks undertaken."

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.

- The registered manager was aware of AIS and how to meet people's specific communication needs. People were asked about their preferred communication method during the initial assessment and this was clearly recorded in their care plans. People were offered alternative forms of documentation for example, in easy read format.

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 were supported to take part in activities they were interested in and to integrate in society. We saw personalised activity plans in people's care files. One person said, "They [staff] take me out to the shops and other things. I have been to the day centre today."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. We saw where complaints had been made, they were clearly documented and outcomes recorded.
- Staff told us they felt comfortable to raise any concerns with the registered manager.

End of life care and support

- There was no-one receiving end of life care at the time of inspection.

Is the service well-led?

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

- Relatives spoke positively about the service. One relative told us, "The care is good. Their attention to detail is good. They know what to do and when to do it."
- Relatives told us there was good communication between them. One relative said, "They [staff] always ring me. Communication is good."
- Staff told us the registered manager was approachable and said, "The registered manager is brilliant. They have an open-door policy. They are always on the end of the phone."

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

- The registered manager was open and honest with us during the inspection and knew how to comply with the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.

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

- The registered manager, together with the service's quality team, completed regular audits and had oversight of the service.
- The provider told us in information they sent us prior to inspection, they held monthly meetings to ensure compliance with audits was analysed and an action plan implemented for any areas of non-compliance. This was to ensure they constantly drive forward improvements in the service and ensure people receive good quality care.
- Spot checks and competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- Care staff received regular supervisions. Care staff confirmed this and we saw evidence of this in records we checked.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Regular reviews of care were carried out to obtain people's feedback of the service.
- There were regular team meetings to enable staff to feedback their views of the service.

Continuous learning and improving care

- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs.