

# Future Community Care Solutions Ltd

# Future Care Solutions

## Inspection report







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18 March 2019  
19 March 2019  
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29 March 2019

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

About the service: Future Care Solutions is a domiciliary care service which provides personal care to adults living in their own homes. There were 41 people being supported with the regulated activity of personal care at the time of our inspection.

People's experience of using this service:

People were at the very heart of the service and mattered. The provider's philosophy and values were shared across the staff team.

The providers and staff team were passionate about providing high quality care tailored to people's individual needs and preferences. Staff invested time to get to know and appreciate the preferences and experiences of people who received a service.

Time was taken and invested in making sure that staff shared the values of the service and in matching them with the interests of the people they supported. Staff consistently respected people's privacy and dignity and people were supported to be as independent as possible.

The service was extremely well managed and people and their relatives consistently praised the passion and drive of the providers and their motivation to provide an exceptional service. People, their relatives and staff consistently told us they would positively recommend the service to other people.

Staff were especially kind and caring and had very good relationships and connections with people. They understood people's wishes and preferences and provided personalised care.

People felt very involved in their care, were asked for their views and felt that their opinions mattered. Individual's care needs were very well known by the staff who were supporting them. People received care in a manner which was in accordance with the principles of the Mental Capacity Act 2005. People were given the information needed to make informed choices, and their choices were respected. Where required, people were supported with their meals to their liking.

Rating at last inspection: The service was rated 'Outstanding' at our last inspection in May 2016. The report following that inspection was published on 12 August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service 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](http://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?

The service was Safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally Caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally Well-Led

Details are in our Well-Led findings below.

Outstanding ☆

# Future Care Solutions

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

The provider is a domiciliary care agency. People receive a personal care service within their own home and it the personal care that is regulated by CQC.

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. The registered manager was also one of two directors of the provider company Future Community Care Solutions Ltd. The director and registered manager have been referred to as the providers throughout this report.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to make sure someone would be available at the office to meet with us. Inspection site visit activity started on 18 March 2019 and ended on 29 March 2019. We visited the office location on 18 March 2019 to meet the providers and the office staff; and to review care records and policies and procedures. Following which, and with their agreement, we contacted people, their relatives and staff for feedback.

#### What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that

asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We made attempts to contact 21 people and of those were able to speak with nine people and eight relatives to gather their views about the care and support received. During the office site visit we looked at records, which included three people's care, daily care records and medicines records. We checked staff recruitment files, training and supervision records. We also looked at a range of records about how the service was managed. We also spoke with the providers of the company, the deputy manager, the company trainer, a care co-ordinator and ten care staff. We attempted to obtain feedback from social care professionals to obtain their views about the service but did not receive any responses. The providers shared with us feedback they had recently received from a healthcare professional.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Without exception everyone told us they felt safe with the service they received from Future Care Solutions. One person commented, "Definitely, they do their job with competence and they don't forget anything." Another person told us, "I do feel safe, they are lovely."
- All of the relatives that we spoke to also told us that they felt their family member was safe with the care they received. One relative said, "[Family member] is entirely safe with them. I'm around too and care staff make a bigger fuss of them than I do!"
- Staff knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately.

Assessing risk, safety monitoring and management

- Systems were in place to identify risks to people. Where appropriate, management plans had been put in place which were regularly reviewed.
- Risks to people's well-being were assessed, recorded and updated when people's needs changed. Risks which affected their daily lives, such as mobility, environmental, communication, skin integrity and nutrition were clearly documented.

Staffing and recruitment

- People told us they were supported by a consistent team of staff and had experienced no missed call visits. One person commented, "They send a little letter saying what time they are coming. It says who is coming too. It's pretty much the same ones I see." Another person said, "They always come on time, I can almost tell the time by them."
- People and their relatives confirmed staff stayed for the agreed length of time and were usually on time bar traffic challenges.
- Systems were in place at the service to monitor the times of visits to ensure people always received their planned visits. Everyone we spoke with told us they had not had a missed care call in the past year.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- There were systems in place for the safe administration of medicines.
- Medicines administration records (MARs) were completed by staff and returned to the office for monthly auditing.
- People and their relatives told us that, where necessary, care staff assisted them with their prescribed

medicines.

- One person's relative said, "Staff give [family member] medication four times a day... it's all recorded on the MAR charts. I think their training is pretty good, they're confident and I find that reassuring."
- MAR charts we viewed were up to date and had been completed appropriately.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment which was available to them in the provider office. For those staff who worked more rurally and a distance from the office, supplies were taken to a venue nearer to them.
- Checks were carried out on staff, including spot checks of their performance, to ensure they were following infection control procedures

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. We reviewed records and saw appropriate action had been taken where necessary.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a comprehensive assessment of their needs carried out. The information included people's preferences, backgrounds and personal histories. This enabled staff to know people well and how they wanted to be cared for.

Staff support: induction, training, skills and experience

- People were supported by well trained staff.
- People spoke positively about the skills of the staff supporting them. The positive feedback demonstrated how staff applied their learning effectively which had led to good outcomes and supported people's quality of life.
- Staff completed a detailed induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff told us they felt supported in their day to day work, and they received regular formal supervision.

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

- People told us they were supported well to eat and drink enough to maintain their health and wellbeing where this was part of their care package.
- One person told us, "I tell them what I fancy and they help me get it. I am very happy with this and they always make me a cup of coffee how I like it."

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and well-being.
- People received care and support from other professionals, such as the community nursing service and GP's where needed. The healthcare input supported people to maintain good health and remain living in their own homes.
- Care records detailed involvement from other health care professionals. Outcomes from visits were recorded and any changes to people's support needs reflected in guidance available to staff.

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. We checked whether the service was working within the principles of the MCA.

- Staff understood how some decisions were made in people's best interests if they lacked the capacity to fully understand or consent.
- People told us they were always offered choice and control over the care they received. One person commented, "They always ask if they can do this or that. They don't just assume they can take me to the bathroom without asking first." Another person's relative said, "[Name] tells them anyway what they want and they expect that which is nice."

## 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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People received outstanding, responsive care and support from a dedicated provider and team of care staff. The service promoted a strong person-centred culture and the team were committed to making a positive difference to people's lives wherever possible.
- One person told us, "They're marvellous. The other day I was very poorly and two of them were here. They sorted it out so they could stay all morning with me, making sure I was alright." Another person said, "They're all very thorough, professional and flexible. I think that is very important. I feel well looked after, with another company I felt like I was a number on a piece of paper. I feel valued now and I trust them."
- People's relatives also told us of the exceptionally caring nature of the staff. One relative said, "Even if [family member] has been feeling under the weather, they spring to life when the care staff arrive. They love the staff being there." Another relative told us, 'One [staff] booked an appointment for a beautician for [family member] which they loved. If the weather is nice they say, 'shall we go for a walk today?' It would be very easy to get into a default and just watch TV, but these carers don't. They never run out of ideas."
- People were supported by staff who were passionate about their job roles and driven by ensuring that the best possible care was delivered. One member of staff told us, "Someone asked me if Future Care Solutions have tied me to them as I never want to leave. My response was 'you wouldn't understand unless you've worked there!' Our bond with people is everything. It doesn't feel like going out to work. I wouldn't give it up for anything."
- Staff were committed to building up meaningful relationships with people. Staff were dedicated to the provision of exceptional care and support and regularly went the 'extra mile' and 'over and above' to ensure people had meaningful lives. One person told us, "They are incredibly caring and thoughtful. One of the care staff takes my jumpers home to wash. It's so I don't ruin them." Another person commented "I used to have an allotment and grow lots of vegetables, I can't do that now. Instead I have a lemon tree in one room, a carer brings in rain water from her water butt for me. A staff member helps me make up plant food for my lemon tree. [Carer] knows it's my interest so she asks what she can do to help me." This enabled the person to enjoy and access a hobby that was important to them prior to needing support.
- Staff knew what really mattered and was important to people and their happiness and gave great consideration to this as part of the care and support they provided.
- A relative told us about a difficult time they had experienced personally and how staff had stepped up and gone the 'extra mile' to support them. They told us, "When [Name] came back home for an hour a day. I found food that they had cooked and labelled and put in the freezer for us. They really did take over when we needed it most. They were wonderful."
- A member of staff told us how they had been supporting and caring for someone who was very unwell, "I did everything I could to try and help the person be comfortable in bed, but I couldn't, so I telephoned the

office and they got someone straight out to help me. The person's comfort and welfare was the priority. That's how much they care."

- A healthcare professional's recent and positive feedback about the service was shared with us, "It has always been evident that you know [people] and their needs well and are always happy to help and support when I have called. "

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

- The service was exceptional at helping people to express their views so that staff understood their views, preferences, wishes and choices. For one person who had specific and complex care needs, a team of carers were assigned to providing their care. The staff had to be highly knowledgeable of exactly how the persons' care was to be delivered in order to be allocated to care for the person. One of the providers told us, "We would never compromise on that." Regular review meetings were held at the person's home with the staff team allocated to provide their care so they could be truly instrumental in reviewing and voicing their preferences and lead on any changes to their care package needed.

- One person told us, "They are very good. We chat and decide between us what they are going to do and in what order. It works very well and is respectful." Another person said, "Sometimes I might want a flannel wash or I might not fancy a wash at all! They are very good at listening and making suggestions. At the end, they always respect what I say."

- Another person commented, "We have a laugh too. I usually do loads of cooking, I've got old Italian recipe books and we've made some mixing dough for bread and pizza. They go along with it and help me, they utterly respect my choices."

- A person's relative said, "They come in, say 'good morning' then they ask [name] what they want them to do. I can hear them 'chat, chat, chat' all the time, they have a lot of laughs and they come in friendly and take an interest." Another person's relative commented, "I have meetings with the manager. It's to assess what goes well and needs changing. It's an on-going dialogue and if anything changes in between I just ring them. The manager then changes the care plan. It's so immediate the next carer knows what changes there are." They added, "We all work together, the carers all work as a team with us."

Respecting and promoting people's privacy, dignity and independence

- People consistently told us they were treated with exceptional dignity and respect and their privacy was paramount and upheld at all times.

- Respect was a key focus of the providers business ethos. A member of staff told us how the care team had been made aware that a service user did not like the staff using a term often and historically used in care services 'full strip wash' as they found it degrading. As a result, care plans had been updated and the care staff rota for all services users had been amended and this phrase had been replaced with, "Assist with personal care".

- One person commented, "They respect me and my home. They don't just do things, they are careful to check what I want." Another person told us, "Nothing is taken for granted. I feel very respected." A third person commented, "They are very respectful. They take their shoes off when they come in and put blue covers on their shoes. They think about my home."

- People's relatives told us they were aware of the level of respect that their family member was treated with and were very complimentary about the care staff. One relative said, "They give me and [family member] privacy. They'll discreetly move if I'm there, they are very respectful."

- The providers had recognised that the care staff had many different skills to bring to their job role and used this to match them up with people where they had a shared interest, with the aim of promoting independence wherever possible. For example, one person liked baking so a staff member who shared that interest often visited them and encouraged independence in this area. Other staff liked certain television programmes and they were matched with people with similar interests wherever possible. This gave people

increased independence and a common interest with which to spark up conversations.

- People were helped to carry out tasks and their independence promoted and respected. One member of care staff told us, "We treat people as individuals and give as much independence as possible. One person told me their legs were stiff. We agreed we would try and walk together to help them get moving. Since we've been doing that they've got more confident walking around."
- One person told us, "They don't patronise me and that is important. I do what I can and if I can hold the flannel and do some of it [personal care] they don't stop me. They wait till I can't do any more myself." Another person said, "I'm very independent. I know what I need and want and they do as much as they can to help that."
- A relative told us, "[Family member] is fiercely independent and does everything themselves until they can't anymore. [Family member] will ask if they need help, staff respect that and they don't step in unless asked to." Another relative said, "[Family member] has improved physically since they've been coming. They help with some exercises too and they make sure they get done and it's really helped."
- One person's relative said, "Staff support [family member] in what they want to do. [Family member] sets themselves targets like getting to the step. They were determined to get through the door to the step and managed to do it with them [care staff]."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to tell us they received exceptionally person-centred care and support that was responsive to their needs.
- Care plans were personalised and detailed the care people needed and how that care was to be provided.
- Care plans took account of people's likes, dislikes and preferences. Care records and people's support was bespoke and delivered according to people's preferences and their needs. One person told us, "They are marvellous. They notice things around my home like if I've run out of something like milk and bread. If they don't have time they tell the next carer and when the next one comes they bring what I need."
- People and their relatives told us their care was reviewed as needed to reflect their support needs. One person's relative said, "The carers are very good at adapting and the office update everything if things change."
- People told us the service tried to be responsive of their requests to accommodate changes to their scheduled care calls wherever possible. We saw this whilst we were present at the office, as a care co-ordinator made efforts to rearrange schedules to meet the persons request. This member of staff said, "Don't worry I will change the [visit] day for you right now no problem, I know how you like to go out and spend time with your friends on a Thursday."
- One person's relative shared their experiences saying, "They are very flexible. If we need to change a time I just ring the office and they are always very helpful."
- One person said, "It's all entirely up to me and my [spouse]. None of them have tried to interfere in our decisions. If I don't want to get up when they get here, they are very respectful. They just check I'm okay."

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process.
- People and their relatives told us they were confident any issues raised would be addressed if required.
- One person told us about a concern they had raised in the past about a new carer on their rota. They said, "They [providers] responded well, only occasionally now do I get the rota and there is someone I don't know. I contact them straight away and they sort it. I always know they will get back to me within the day."

End of life care and support

- Staff had received training in supporting people at the end of their lives.
- The providers were supporting and caring for a person who was at the end of life care at the time of our inspection. Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The providers shared with us an email from some relatives praising the care of the service in meeting the

wishes and preferences of their family member at the end of their life.

# 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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke extremely highly of the overall management of the service and the exceptional leadership arrangements that had resulted in the high-quality and distinctive service people received.
- One person told us in response to a support need they had, "The [registered] manager turned up on my doorstep. I'd expected an email or phone call in response to mine but she came around instead. She had swapped with a carer so she could come and listen to what was going on for me. I was very impressed." Another person said, "Having dealt with other agencies, it's the quality of people coming to the door. There is a high level of attention to detail and a high number of carers who go out of their way. It's top down leading. With other companies, it's just come and do things as quickly as possible. With this agency they go out of their way." A third person commented, "They are helpful and all nice. It's the best I've come across, we've had four agencies and this is the best."
- People's relatives were complimentary about the high-quality, well run/ led service their family member received and told us people were at the heart of the service. One relative told us, "They are very professional and very approachable. They always listen and do what they can. 'There was a mix up a while ago and they weren't paid for six months from the [funding authority] yet they continued to care for [person] and they never gave up on them."
- All staff spoke incredibly highly of service managers. For example, one member of staff said that managers were, "Excellent", and another said, "Can't speak more highly of them, [they are] really proactive and make changes immediately if we raise anything."
- It was clear throughout the inspection that the registered manager, director and staff that worked at the service were passionate about delivering good quality care.
- Staff understood their role and what was expected of them. They were happy in their work, were motivated and had confidence in the way the service was managed. Without exception, all the staff we spoke with described being proud of where they worked.
- All staff described an open and fair culture at the service. They told us they felt free to raise concerns should they have had any, and that the directors had an 'open-door' policy.
- Staff told us that senior carer meetings happened monthly and carer meetings quarterly which they attended dependent on their job role. Staff explained that they were always asked their opinion in relation to whether service improvements could be made and how.

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

- The providers had a passion for high quality care and an aspiration to continuously drive improvements in

the service for the benefit of people. They told us, "We set up Future Care Solutions because we believed we could improve care at home services locally. Our experiences were that they were disjointed. Our aim as an organisation is 'keeping people at home' and we stick by that."

- The staff team were very passionate about ensuring the people they supported received the highest quality care. Each staff member knew their responsibilities and there were clear lines of accountability across the service. One member of staff told us, "You should meet our [people], they are really lovely. It doesn't feel like going out to work, I wouldn't give it up for anything."

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

- People's views about the quality of the service they received were highly important to the provider.
- The provider sought to engage and involve staff. Records showed that monthly emails in newsletter format were distributed via email to all staff to share service updates and also evidence based information. For example; recent emails had contained information about nutrition and hydration and the five principles of the MCA. This system provided staff with effortless learning and supported them to be abreast of the most up to date developments.
- There was consistent and constructive engagement with staff. Drop in sessions were arranged in the areas local to the care staff and where they were working. The provider recognised that for some carers who worked rurally, being able to get to the office was often a challenge. As a result, they had rented a meeting room local to the carers. One of the providers told us, "The care staff know we're at the end of the phone but it's nice to see them face to face."

Continuous learning and improving care

- Highly effective governance systems to scrutinise performance had been fully embedded into the service. The provider continued to assess the quality and safety of the service through a regular programme of audits.
- We saw that recommendations from an external audit undertaken by the provider had led to changes in practice. This included the introduction of a staff handbook and a new whistleblowing policy.
- People and staff were empowered to voice their opinions. Staff gave us examples of lessons learnt from either incidents, complaints or near misses. For example, one member of staff told us how subsequent to a person not liking a term used by the provider and staff, the entire rota for all people had been amended and this phrase had been replaced. Other staff we spoke with told us how they were not to use this term anymore and were aware that a person had found it disrespectful.
- Staff gave us multiple examples where they had escalated potential risk to the providers and how such risk had been managed positively. For example, one member of staff told us that they had recently visited a person who appeared unwell. The member of staff called one of the providers who in partnership with the person liaised immediately with the service user's GP for review.
- Journals and publications were available to staff. The providers kept a 'stand' of literature, care based journals and best practice guidance in the training room at the office.
- There was a strong emphasis on continuous improvement. Staff were encouraged with their personal and professional development. Special events were held such as a nutrition and hydration week which had been held in March 2018. There were plans for another hydration day in May and a fruit day in June 2019. As part of this, the providers sent information to staff and supported them in their own understanding so they could raise awareness with people during their visits. We saw as a result a staff member had learnt more about nutrition and had been supporting a person with their meal preparation in order to improve their general health.
- The provider sought to keep themselves up to date and abreast of developments within social care through their networks and contacts. For example, the provider worked closely with another homecare



company who they had initially supported and advised with their business and more recently, they offered each other peer support and shared updates.

#### Working in partnership with others

- The service was an important part of the local community and had developed links to reflect the needs of people. A 'drop in' session was arranged and in place for people, their relatives and staff. The provider told us this was so they could share ideas, have speakers with items of interest and encourage socialisation. We were told how one person did a talk on the history of Cambridge at one of the sessions. The service was committed to improving outcomes and experiences for people.