

Calm Futures Limited

Calm Futures

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

Calm Futures is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, the service was supporting one person with personal care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support:

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.

Right Care:

People's care was highly personalised and enabled them to achieve good outcomes. Risks to people's safety were assessed and monitored and people had personalised risk assessments in place.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns.

Staff had access to appropriate personal protective equipment [PPE] and safe infection prevention and control processes were in place.

Staff received an induction when starting in their role and completed relevant training to develop their skills and knowledge.

The provider had systems in place to monitor the quality and safety of the service and had built positive working relationships with other healthcare professionals to support people's needs, share learning and develop the service.

Right Culture:

People were supported by staff to pursue their interests. People were encouraged to share their views and develop and improve the service. The quality of support provided was evaluated regularly.

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

Ratings at last inspection

This service was registered on 02 July 2021 and this is the first inspection of this service.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Calm Futures

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider 48 hrs notice of the inspection to enable them to provide us with the evidence we required to carry out a virtual inspection of this service.

Inspection activity started on 21 September and ended on 4 October 2022.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must let us know about, and we sought feedback from the local authority and other professionals involved with the service.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager and received feedback from four members of care staff. We contacted the person who was being supported to ask for their feedback. We looked at one person's care records. We reviewed training and supervision records and documents relating to the management of the service and quality audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People we spoke with told us they felt safe using the service. Comments included, "Yes, the staff look out for me."
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I would report any concerns to the manager or contact the local authority."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. For example, accessing the community.
- These were regularly reviewed to ensure they remained up to date.
- Care plans contained detailed information which ensured staff understood the needs of the people they supported.

Staffing and recruitment

- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people's needs.

Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record.
- Staff did not support people with medicines until they had completed the required training.
- Risk assessments and clear information was documented in the care plan to ensure safe administration.

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear.
- Risk assessments were in place for staff and people to mitigate risks from infections.

Learning lessons when things go wrong

- There were systems in place for reviewing and analysing incidents to ensure they would be investigated, and lessons learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 registered manager completed an assessment with people, which covered all aspects of the support they needed including their history.
- As part of the assessment, people's protected characteristics under the Equalities Act 2010 had been discussed and recorded such as religion and culture.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to provide effective support.
- Staff were provided with training which was a mixture of online E-learning and face to face training.
- Staff told us, "I am fully compliant with all mandatory training and have received specialist training in variety of subjects which include Autism and mental health."
- Staff received regular support and supervision to support them in their job role and identify any learning needs. A staff member said, "Yes, I have formal supervisions and we meet twice weekly to discuss the services and any operational issues and speak daily via telephone and I know I can request formal supervision at any time."

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

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- People's food and drink preferences were recorded, and staff knew people's likes and dislikes.
- Staff were trained in food hygiene and were aware of the need for people to eat a balanced diet.

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

- People's care plans held information on their health needs so that staff had guidance on how to support people to stay well. When required, staff supported people to attend hospital or other visits.
- The service worked with health professionals such as occupational therapists, GP's, pharmacists and other agencies where required.

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 MCA 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's ability and capacity to make decisions for themselves had been discussed with them. This had been recorded in their care plans so that staff were aware of how to support them to make everyday decisions about their care, have control over their life and remain as independent as possible.
- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us they were very happy with their care and support.
- People had relationships support plans, identifying any needs they had for further guidance or external support. Staff were provided with training in this subject to ensure they could meet the needs of the people they supported.
- People's support plans included information about people's preferences including sexuality, religion and their immediate and longer-term goals and aspirations.

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

- Staff encouraged people to take part in compiling their care plan and empowered them to make decisions about their care.
- People told us they felt listened to and care was provided how they wanted.
- Regular meetings took place which enabled people being supported to discuss what they thought was going well and what was not going well.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect.
- Staff spoke about people in a respectful way and encouraged them to maintain their independence.
- Staff knew how to protect people's privacy and dignity. Care plans contained information in regards to people's privacy and how this should be maintained. For example, for staff to give any letters to the person unopened who will then ask for staff support if they are not sure about the contents of the letter.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their families were involved in planning their care and support and how they would like it to be provided.
- Care plans were personalised and included information on people's physical, mental health, oral health and sensory needs.
- People told us, they felt listened to by staff and felt their choices were respected and encouraged.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS and had implemented it into their assessment process.
- People's communication needs had been assessed so staff would know how to support them. Care plans contained detailed information to guide staff of the best way to communicate with people.
- People were encouraged to make their own decisions, with the relevant accessible information to understand the potential risk and consequences of their decisions, to ensure positive risk taking is promoted, rather than restrictive practice.
- Information was provided in an easy read format, to support people's understanding.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people were provided with information on how to make a complaint.
- The complaint policy was in an easy read format to enable people to understand the process and who they should go to if they wanted to make a complaint.
- People told us they knew how to make a complaint and felt comfortable speaking to staff if they were unhappy with anything.

End of life care and support

- No one using the service was being supported with end of life or palliative care needs at the time of the 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high quality, person centred care.

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

- The registered manager was clear about their role and responsibilities. They had a clear oversight of the service and were able to evidence their knowledge in an effective and efficient timely manner.
- Systems and processes were in place to monitor the safety and quality of the service. This included medicine audits, checking people's care records and daily notes and monitoring of staff performance through observations and spot checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was clear oversight of the service by the management team. Staff told us they felt listened to, respected and valued. Comments included, "We all work as part of a team, I definitely feel listened to and that what I say matters."
- The management team recognised that staff required further training to go alongside the Equality and Diversity training around the implementation of lesbian, gay, bisexual and transgender (LGBT) policies. Training had been provided to ensure staff had a full understanding of their responsibilities in the workplace with regards to LGBT issues.

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 understood their responsibilities under 'duty of candour' to be open and honest when things went wrong and investigating incidents and sharing any learning from mistakes.

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

- The service engaged with people to ensure they were involved in the service. Telephone calls, home visits and the opportunity to provide their views during 'house' meetings.
- Staff were also included in the development of the service and were encouraged to give feedback about the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager works with other organisations such as, The Registered Manager Provider forums and attends Essex Carers Association conferences to enable them to share good practice and to aid peer to

peer support to improve working practices.

- The registered manager has established strong links with the local authority to ensure the health and well-being of the people using the service are met.