

Future Home Care Ltd

Bilton Grange Road

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

We inspected this home on 20 July 2016. This was an announced inspection. The registered manager was given 24 hours' notice of our visit to ensure someone would be at home when we arrived. The home was registered to provide residential care and accommodation for one person. At the time of our inspection one person was living at the home.

A registered manager was in post and was present throughout our inspection. 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.

The one person using this service told us they felt safe. We observed the person looking relaxed and at ease within the home, and with the staff who were supporting them. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns. There were enough staff to support the person safely and recruitment checks were in place to help ensure staff that were employed were safe to work with people.

Staff had been trained to support people effectively. This included learning about the specific needs the person lived with. Staff told us that they received regular supervision and felt supported. Senior staff were always available for them to seek advice and guidance.

There was a variety of food and drink available which the person had chosen and enjoyed. The person was supported when necessary to access a range of health care professionals.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. We observed staff working consistently in line with care plans when restrictions or safeguards had been agreed. Staff worked in an inclusive way that promoted the person's liberty as far as possible.

We observed positive, compassionate interactions between the person and the staff who were supporting them. Health professionals we spoke with praised the positive regard and commitment that the staff team showed to the person, which in their opinion had enabled them to settle in this home, and improve their well-being.

There were systems in place if people wished to make a complaint. The registered manager was aware of his responsibilities and had the skills and experience required to enable them to effectively lead this service.

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.

The person was supported by staff who had been trained to work safely and were aware of safeguarding procedures.

There were adequate numbers of staff who had been subject to robust recruitment processes.

The person could be confident their medicines would be safely managed.

Is the service effective?

Good ●

The service was effective.

The person could be certain their legal and human rights would be maintained.

The person was supported to maintain good health.

Food and drinks which met the person's needs and preferences were always available in the home.

Is the service caring?

Good ●

The service was caring.

The person could be confident they would be supported by kind and compassionate staff.

Staff worked in ways to promote the person's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

The person received a service that was tailored to meet their individual needs and wishes.

Opportunities had been provided for the person to pursue

interests and hobbies of their choice.

Systems were in place to help people raise concerns. People could be certain their feedback would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

The person benefitted from a consistent service that was well led.

Systems and processes ensured the service was always looking for ways to improve and develop.

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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 20 July 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day. The inspection was undertaken by one inspector.

We looked at the information we held about this service. This included information we had received from the local authority commissioner (people who purchase care and support from this service on behalf of people who use the service) and the statutory notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. All this information was used to plan what areas we were going to focus on during the inspection.

We spoke with the one person who lived at the home, two health professionals, three care staff and the registered manager. We looked at the medicine management processes and at the records maintained by the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

The one person we spoke with described the many positive experiences they had enjoyed while living at this home. The person was able to describe how they were supported in ways that maintained their personal safety. While we were with the person we could see that they were relaxed in the company of the staff who were supporting them, and felt able to ask questions, talk with them and seek reassurance about anything that was causing them anxiety.

The person living at the home was kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training, and records were available to support this. The members of staff we spoke with were able to describe signs of abuse and to confidently explain how they would respond to safeguarding concerns. Staff knew who to report any concerns to and were aware of where information to support them was displayed within the home. Some policies, including the safeguarding policy had been written in an easier to read format. This ensured everyone would be able to access and understand the information contained in them. The registered manager was aware of his responsibility to identify and report any potential incidents of abuse. The combination of these actions meant people could be confident any safeguarding matters would be identified and reported, and that people would receive the support they required.

Staff were able to describe the checks, risk assessments and safeguards they had in place to ensure the safety of the person they were supporting. Each risk had been considered in an individual risk management plan. Staff we spoke with were aware of these plans, and when we discussed different risk assessed activities they were able to describe the strategies in place to ensure the activity took place safely. The plans had been kept under review and updated periodically and when people's needs changed. The staff team had sought specialist advice from the team of health and social care professionals involved. Their input and guidance had been included in these documents to ensure the person was supported in ways consistent with best practice. One member of staff we spoke with told us, "We follow the guidelines agreed with the specialist team. We also share these with [name of the person they were supporting] so he also understands the guidelines." Risk assessing in this way ensured the person was able to take the risks associated with an active life, knowing certain safeguards had been put in place to support them.

People benefitted from a staff team that understood what actions to take in the event of an emergency. There were emergency plans in place detailing how to support the person if there was a fire within the building. Staff told us they were supported by an on-call manager at all times, which meant they always had access to support and guidance in the event of an unusual or difficult situation arising.

There were enough staff to provide support when it was required. The staff team supported the person around the home and there were enough staff available to support the person to go out when they wished. The person told us how much they liked the staff who were currently supporting them, and of positive things they had undertaken together. The person confirmed the staff were available when they needed them. Staff told us that the current staffing levels were safe. The registered manager told us that there was a settled staff team, and in the event of extra staff cover being required there were experienced staff within the

organisation that knew the person and their needs.

The recruitment and selection process ensured that staff were recruited safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Staff we spoke with confirmed these checks had been undertaken before they started work in the home. Doing these checks helps to ensure only people suited to work in adult social care are recruited.

Staff provided the person with support to take their medicines. We looked at the Medication Administration Records (MARs) and they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used.

A number of measures had been employed to ensure medicines were managed safely. Two members of staff described to us the process they followed to ensure the medicines were administered safely. Competency assessments had been undertaken with staff to ensure they were able to administer medicines safely and when necessary people's medicines were counted each day to ensure they had been administered as planned. We checked this and confirmed the number of tablets available were correct. This checking system was being effective. The registered manager undertook regular audits of the medicines to ensure any problems or discrepancies would be identified quickly. People could be confident their medicines would be well managed and administered as prescribed.

Is the service effective?

Our findings

Staff and the registered manager knew the person they were supporting well. The staff spoke with warmth and enthusiasm about the person and were able to describe their care needs and preferences. All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to carry out their jobs effectively.

Staff had been provided with an induction before working alone with the person. The staff we spoke with had been working at this home for some time but were able to describe the induction they had undertaken. They confirmed this had equipped them with the skills and knowledge they needed to support the person. The registered manager told us the Care Certificate was available for new staff if they required it. This certificate has been implemented nationally to ensure that all staff who work in the care sector are equipped with the knowledge and skills they need to provide safe and compassionate care.

Staff told us they felt well supported and described how this support came from other staff team members, the registered manager, the multi-disciplinary team and the registered provider. Staff told us they received regular formal supervisions as well as informal discussions with the manager and their peers when they needed support. Supervision's are one to one meetings that can be used to focus on staff members work and performance. They give staff the opportunity to raise issues if they need to. There were also regular staff meetings to provide staff with opportunities to reflect on their practice, receive updates and make plans to help the service move forward.

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 people lack mental capacity to take particular decisions, any decision 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the appropriate referrals had been made. We observed staff following the guidelines and ensuring the support provided was as least restrictive and intrusive as possible.

The person described to us the meals and types of food they enjoyed. They confirmed they had access to these products and meals both in the home, and on their regular trips out into the local community. A menu had been planned with the person but we were informed this only provided a guide, and meals that the person liked or chose could be cooked. Adequate food and drinks that met the person's preferences and needs were always available in the home.

There were arrangements in place to help the person look after their health. The person had access to a range of health and social care professionals both within the community and those that visited the home. The person was encouraged to attend health appointments, and to provide feedback at review meetings

about their health and well-being. Written records of the outcomes of these had been kept to enable staff to meet the person's health care needs. One member of staff we spoke with told us, "All the health professionals provide good support. They know [name of person] well now." The person, staff and health care professionals all spoke positively about the support the person had received, and the ways this had helped them settle in this home, and improve their general well-being. The person could be confident staff would support them to monitor and maintain their health.

Is the service caring?

Our findings

The person we spoke with told us they were happy and relaxed. The person described the staff with warmth and told us of the many things they had enjoyed doing with the staff team. We observed staff treating the person with kindness and compassion. If the person became anxious or needed reassurance about an aspect of their life, the staff team were aware of how to reassure them. Staff described the techniques they had learnt over time that helped the person. The staff were able to distract the person away from thoughts or actions that were causing them anxiety using good practice techniques. One member of staff told us, "We have got to know what makes him happy and helps him to stay calm. We work in as positive way as we can."

Two of the health professionals we spoke with praised the staff team for the positive regard they consistently showed the person living at the home. They described staff as having a genuine commitment to the person, and it being more than just a job for the staff team. They described to us actions and activities they had seen staff undertake with the person that provided practical, recent examples of this. They explained how this had resulted in the person becoming more settled and experiencing an all-round improvement in their well-being in the time they had lived at this home.

Staff that we spoke with described the person they were supporting with enthusiasm and compassion. They told us they enjoyed working with the person. They were able to describe the things that mattered most to the person, and how they ensured they always had access to these. One member of staff we spoke with told us, "This service is totally person centred. There is only one person. They have our undivided attention."

Staff described to us how they respected the person's privacy and dignity. During our inspection we observed and heard the way staff interacted with the person which was in ways consistent with those the staff described and those we read about in the care plans. We observed staff supporting the person to do as much for themselves as possible. The person told us how on some occasions they helped with housework. The person was pleased to be able to manage some of their own money and told us with pleasure about ordering and paying for their own meals and drinks, and sometimes their own shopping. This promoted the person's independence and sense of well-being.

Is the service responsive?

Our findings

Care was planned to meet the person's individual needs and preferences. The person told us how they were included in meetings and reviews about their care. Meetings took place regularly with the person, the team of professionals and staff working at the home to ensure the care planned continued to meet the person's needs and reflect current best practice. The person described how they were able to share things that had gone well, and not so well, and were supported to plan for the future. This ensured the person was always at the centre of the service being offered.

Care plans included information about the person's personal history, individual preferences and interests. Staff we spoke with were responsive to the needs of the person because they had got to know the person so well over time. Because of this the staff knew the most effective action to take to ensure a positive outcome for the person when they became distressed.

The person had opportunities to participate in activities they enjoyed. The staff team described how they worked flexibly to meet the person's needs. This included adjusting the times of work to enable the person to undertake activities they had chosen. There were photographs in the home of the person taking part in activities they had enjoyed. The person had been supported to book holidays to places they wished to visit, and had been supported to make plans and to take small steps towards a bigger holiday in a few year's time.

We looked at the systems in place to make sure people felt confident to raise any issues, concerns or complaints. The complaints procedure was accessible and available in formats to meet people's needs. There had been no complaints received since our last inspection. The person using the service and staff described feeling confident about raising concerns. The registered provider had given all staff access to a website, on which they could leave feedback and make suggestions about the service. An independent person came to meet the person using the service on a regular basis to ensure they had opportunity to make suggestions and give feedback openly. Doing this ensured people felt able and had ways of raising concerns and making suggestions. People could be confident their concerns would be heard and responded to.

Is the service well-led?

Our findings

The feedback about the registered manager and Future Homecare-the provider of this service was consistently good. The person using the service told us of the things they enjoyed doing with the registered manager, and the work he undertook to ensure the home ran smoothly, and that it met their needs. One member of staff told us, "The registered manager is so good, available and supportive. If he is off duty there is always another manager covering him. The manager really tries hard to involve us, develop us and support us." Another member of staff told us, "He is a very friendly manager. He addresses any problems in a very constructive way."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. We had asked the registered manager to complete a Pre Inspection Questionnaire. This was completed in good detail, and showed that the manager had a clear understanding about the elements of the service that were already working well, and the ideas they had to develop the service further in the coming months.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the provider. The registered manager described ways in which they were keeping themselves up to date with changes to regulations introduced in April 2015. They told us, "I am keen to develop and will attend anything that will help me do my job well." The registered provider held meetings and specific training for other local managers. This provided an opportunity to share ideas and good practice. Staff we spoke with were clear about the leadership structure within the service. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly. Staff we spoke with and the meeting minutes demonstrated that these were an open forum for people to raise ideas and suggestions and to receive training and support.

There were processes in place for monitoring and improving the service and obtaining people's views of the quality of the care they received. The registered manager told us about questionnaires that are sent out periodically to obtain feedback about the service. These had not been used recently, but in the past had provided useful feedback about the service and areas that could be improved or developed.

The registered provider had undertaken audits of the service. These had been effectively used to improve the service, to achieve compliance with required legislation and to ensure they were consistently meeting people's needs. The registered provider had undertaken a detailed audit that was to ensure people's needs were being met and that the service would comply with the requirements of registration.

There were systems in place to review people's care records and check they contained information necessary for staff to meet people's current needs. Therefore staff had access to information which enabled them to provide a quality of care which met people's needs and wishes.