

Future Carehomes Limited

# Future Carehomes Limited

## 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Future Care Home (FCH) is a supported living service providing personal care to six people in two different supported living schemes. 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

People were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks to people. Risks had been identified, assessed and reviewed. Care workers knew how to identify and report concerns. They had been recruited safely and showed good knowledge and skills in relevant areas including medicines administration and infection control. However, we found that staff would benefit from training more tailored towards the needs of people with learning disabilities and autistic people.

The service used positive behaviour support approach, which was opposed to restrictive practices. 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 deputy manager had introduced a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager and her deputy manager ensured policies and procedures met current legislation and were up to date. Relatives and people who used the service told us they were asked for their views about the quality of the service.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- The model of care and setting maximised people's choice, control and independence. The service supported people to gain greater independence by teaching them new life skills.

#### Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. The service provided person centred care, for example, we saw that people's spiritual needs had been addressed and they were supported to maintain and build positive relationships if they wanted to.

#### Right culture:

- The ethos, values, attitudes and behaviours of managers and care staff ensured people using services led confident, inclusive and empowered lives. People who used the service were supported to take part in activities, education and employment and we were told by external professionals that they had gained confidence since being supported by FCH.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 4 December 2019).

#### Why we inspected

We received concerns in relation to medicines management, staffing, care planning and lack of management oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For the key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Future Care Homes Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 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 Carehomes Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors, one pharmacist inspector and one Expert by Experience who interviewed people who used the service over the phone. 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

This service provides care and support to people living in two '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. During the inspection the registered manager was unavailable, and we were supported by the newly appointed deputy manager. However, following this inspection we spoke with the registered manager on the phone.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 9 December 2021 and ended on 2 February 2022. We visited the office location on 6 January 2022.

### What we did before the 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 two people who used the service about their experience of the care provided. We spoke with three members of staff including the deputy manager, senior team leader and care workers. We spoke with one visiting professional.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at five 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. We looked at training data, quality assurance records, policies and procedures. We spoke with a further person who used the service and three relatives. We spoke with one professional who regularly visit the service.

# 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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a system to ensure people were safe and protected from abuse. The service had a safeguarding policy and procedure. This policy provided guidance to staff on identifying and responding to the signs and allegations of abuse. The deputy manager understood the procedures she needed to follow to ensure people were safe. She was also aware she could report allegations of abuse to the local authority safeguarding team and CQC. One person told us, "Yes I am safe and happy, everything is fine."
- People were supported to manage their finances. There were procedures in place for the safe handling of their money. There was a personalised financial support plan in place for each person. It described what support they needed with their finances.
- Whilst we did not see evidence of financial misappropriation, audits were not carried out at regular intervals in order to reduce the risk of financial abuse. We also noted transactions were not countersigned by staff and the person using the service or other suitable witnesses. The new manager told us this would be rectified.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. The service followed a positive behaviour support approach, which meant each person had a positive behaviours support plan, which outlined proactive and reactive strategies that were used by staff to manage behaviours that challenge.
- People were involved in managing risk to themselves and taking decisions in how to keep safe. Risks were identified, monitored and where possible, reduced or prevented.
- Risk assessments and risk management plans provided staff with guidance and information which ensured a consistent and structured response to risk.

Staffing and recruitment

- The service followed safe recruitment practices, this included obtaining a disclosure and barring check (DBS), two references and proof of the right to work in the UK. We found two occasions where references had not been validated and discussed this with the deputy manager. The deputy manager said that he would ensure that all references were validated to ensure their authenticity.
- People who used the service told us that there were enough staff available to meet their needs. We saw during the first day of our inspection visit, that staffing reflected people's needs and sufficient staff were deployed. One person said, "Yes, I think there are enough staff around, but sometimes they spend a lot of time on the phone." When asked what the person meant with this, the person said, "I like people talk to me and not to the phone." We discussed this with the manager and were advised that the person was commissioned for limited hours per day. However, the service had requested for an assessment to increase

their hours with the local commissioner.

#### Using medicines safely

- Medicines were safely managed. There were known systems for ordering, supporting, administering and monitoring people's medicines. Staff were trained and deemed competent before they administered medicines. Medicines were stored safely, and records were appropriate.
- Staff supported people to take their medicines. The service had a system in place to ensure where people needed support with their medicines this was provided and managed in a safe way.
- The service had recently introduced a new system to monitor people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, all medicines were now checked on a regular basis by the care co-ordinators or team leader.
- People received their medicines as prescribed. We looked at three care plans, medicines risk assessments and associated medicines administration records (MAR) and found no discrepancies in the recording of medicines administered, which provided a level of assurance that clients were receiving their medicines safely, consistently and as prescribed.

#### Preventing and controlling infection

- We observed that the service was following appropriate infection control measures. For example, visitors were asked to show a recent COVID 19 test and their temperature was taken.
- People who used the service and staff were vaccinated against COVID 19 and we were advised that appropriate actions were taken if people or staff tested positive.
- We saw staff wearing masks during both of our visits.

#### Learning lessons when things go wrong

- The service ensured lessons were learned from previous incidents so identical or similar accidents could be prevented in the future. Most of the incidents arose from behaviours that challenged. We noted the service had an incident/accident reporting system that ensured underlying as well as immediate causes were understood.
- The service managed the safety of the living environment through checks and action to minimise risk.



# 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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received online training to ensure they had the skills to support people's needs. Training records demonstrated that the service provided Autism and Learning disabilities training. However, we saw gaps in the training provided to staff. We discussed this with the registered manager who told us that the service has recently purchased Autism and Learning disabilities training from a new training provider and was in the process of rolling out the training to all staff.
- We found that prior to the new deputy manager starting employment at the service, staff did not get regular supervisions. The supervision policy stated that staff should receive a supervision every three months and an appraisal once a year. The deputy manager told us that this hasn't happened but explained that he would ensure this occurred. We saw that formal supervisions had happened in December 2021 and January 2022.

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

- There were comprehensive assessments for each person's physical and mental health. Each person had a positive behaviour support plan, that was informed by a functional assessment.
- The support plans reflected a good understanding of people's needs. For example, one person was assessed as being capable of undertaking employment, and we saw they were supported to achieve this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There were arrangements to ensure people's nutritional needs were met. Their dietary requirements were assessed, and their likes and dislikes were recorded.
- People told us that staff helped them to cook their meals. One person said, "Staff will help me to go shopping and cook."
- Another person told us that their cultural needs around food was met. The person said, "I enjoy eating my cultural and ethnic food. Mum prepares this and ensures that I have them stored for me."
- Where people required specific support around weight loss or gain, this was documented in their care plan and actions were taken to monitor people's weight. People were encouraged and supported to access local sports facilities to exercise. Advice was obtained from dieticians to support healthy eating.

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

- People were supported to access healthcare when needed. We noted from records they attended regular health appointments and we saw the service sought advice from their GP or behavioural team in good time.
- Health Action Plans (HAP) were in place. A HAP is a personal plan about what a person with learning disabilities can do to stay healthy. Each HAP listed details of people's needs and the professionals involved.

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 empowered to make their own decisions about their care and support. Their care files contained consent forms. We saw, for example, people had consented to share information forms, photos and videos.
- We observed people had free access of all areas of the building. They were also independent if they wished to go out. For example, people were encouraged and supported to access activities independently if they were able to do this.

# 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

- Assessments had been completed prior to people moving in to ensure the service could meet people's needs.
- Care records were personalised and reflected how people wanted to be supported. All the information that staff would need to know about people's care and support needs was available in easy to read step by step format. For example, staff adopted a least restrictive approach in managing people's behaviours. The steps they needed to follow were outlined.
- People's support plans were regularly reviewed by care staff. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. Any changes to people's care were updated in their care records to ensure that staff had up to date information.

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.

- People's support plans showed their individual communication needs had been considered: For example, one care plan stated, "I communicate verbally in English and require no interpreter."
- People had individual communication plans that detailed preferred ways of communication in different situations, notably in a hospital environment or during incidents of behaviours that challenge. For example, people had hospital passports. Hospital passports assist people with learning disabilities to provide hospital staff with important information about them when they are admitted to hospital.

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 access colleges, community-based activities and leisure activities as well as employment.
- The deputy manager acknowledged that during COVID-19 lockdown some activities had been cancelled which made it challenging for the service and it was difficult to find alternatives.
- People however, maintained relationships with their parents and friends, through social media and visits once lockdown restrictions lifted.
- People said that they were active. One person said, "I am very busy, I go to college, play bowling, meet people and visit my relative." Another person said that he was supported by staff to go to church which was

very important for the person.

Improving care quality in response to complaints or concerns

- Since our last inspection the service had not received any formal complaints.
- The service had a complaints procedure and staff demonstrated an understanding of what they would do if they received a complaint. One member of staff said, "If someone complains, I will write it down and tell a senior member of staff."

End of life care and support

- The service did not provide end of life care. However, end of life care was covered in people's care plans. A care plan of one person recorded, "I wish staff to attempt resuscitation."

# 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.

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

- Since our first and second visit to the service we were able to see that the deputy manager had implemented a new quality assurance monitoring system to ensure the quality of care provided to people was monitored, and improvements could be made if required.
- Overall feedback we received from professionals, relatives and people who used the service as part of this inspection was that the care provided was good and people's needs were met.
- The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other 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 deputy manager understood that he had to report certain incidents to the CQC and we had received notifications advising us of what actions the service had taken to ensure people who used the service were safe and received good care.

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

- Relatives confirmed care was planned to meet people's needs, preferences and interests. A relative told us, "My relatives needs are met. Staff will contact me if there are any changes."
- People told us and records viewed confirmed that people were supported and empowered to achieve their potential and were supported to build new relationships and friendships.
- Staff were positive about the management team and the culture within the service. One staff member told us, "I believe that the manager is supportive and does listen when I have to say something about the care and service we provide."

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

- Relatives spoke positively about how people were involved in their care. One person said, "The staff would ask me what I want to do. I like to go to church and that is no problem."
- Care staff felt supported by the new manager and registered manager. One staff member told us, "The new manager does listen to what I have to say and spends time with us [staff]."

Continuous learning and improving care; Working in partnership with others

- The service worked closely with local commissioners and social care professionals. One social care professional told us, "I come regularly and have always been made welcome and listened to when I have made suggestions on behalf of my client."
- The senior management team worked alongside the local authority and other health and social care services to ensure the best support for people and ongoing training and upskilling for staff.