Future Home Care Ltd

Future Home Care Limited Nottinghamshire

Inspection report

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Date of inspection visit: 22 to 23 January 2015
Date of publication: 03/06/2015

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

Overall summary

We carried out an announced inspection of the service on 22 and 23 January 2015. Future Home Care Limited Nottinghamshire is a service that provides personal care services and support for people who are living with disabilities to live where and with whom they want, for as long as they want, with the on-going support needed to sustain that choice.

On the day of our inspection 29 people were using the service and there was a registered manager in place.

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

Summary of findings

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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. There were no DoLS currently in place, but the registered manager was aware of the principles of DoLS and how these would be implemented if needed.

People who used the service were protected from abuse by staff who could identify the different types of abuse and knew who to report their concerns to. People were provided with information on how they could report abuse in a format they could understand. People we spoke with did not raise any concerns with us that they thought they had been discriminated against and staff could explain how they protected people from discrimination.

People had risks explained to them and were supported by staff if they wished to take these risks. People had risks to their support assessed and staff recommendations made by their manager were followed by the staff. Accidents and incidents were investigated thoroughly and plans were in place to evacuate people safely in an emergency. There were safe recruitment procedures in place before staff commenced their role.

People's medicines were stored, handled and administered safely. Protocols were in place that ensured there was a safe and consistent approach by staff when administering 'as needed' medicines to people.

Staff received an appropriate induction and training in order to provide effective support for people. Staff received regular assessment of their work and areas of improvement were discussed with them in order to ensure people received effective support.

People were supported by staff who used a variety of techniques to communicate effectively with them. Staff understood the principles of the Mental Capacity Act 2005 and how to incorporate into the role. People were not unlawfully restricted or restrained. People could see external health care professionals when they wanted to.

People were supported by staff who were kind and caring. The staff were aware of people's likes, dislikes and personal histories and used the knowledge to form friendly and caring relationships with people. People told us they felt listened to and their views were welcomed and acted on. People had access to and where appropriate, were supported by, an Independent Mental Capacity Act Advocate (IMCA) to make major decisions where needed.

People's privacy was respected by staff and staff supported people in a dignified way. There were no restrictions on relatives visiting people.

People records and the support they received were person centred. People could access the hobbies and interests that were important to them. People were encouraged to seek employment and to make links the local community. External professionals or specialists were used to offer guidance to staff when specific support needs had been identified. People were encouraged to be as independent as they could be.

There was a strong, visible management team in place. People and staff knew who their manager was and felt they could approach them to discuss any concerns they had. There were robust auditing procedures in place that identified risks to individuals and the service as a whole. Action plans were formed and reviewed regularly to deal with these risks.

Summary of findings

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. People's medicines were stored, handled and administered safely. People received their prescribed medicines when they needed them. Staff could identify the different types of abuse and how to report concerns. There were enough staff to keep people safe.	**Good**
Is the service effective? The service was effective. People were supported by staff who were trained to communicate with them in a way which they would understand. Staff felt supported and received appropriate induction and training for their role. People received effective support from staff who understood the principles of the Mental Capacity Act 2005 and incorporated into their role.	**Good**
Is the service caring? The service was caring. People were treated with respect and dignity and had their privacy respected by staff at all times. People were encouraged to lead as independent a life as possible and staff understood how to support people in order for them to do so. Staff understood people's likes and dislikes and had a good knowledge of people's personal histories.	**Good**
Is the service responsive? The service was responsive. People received outstanding support from staff in order to undertake the hobbies and interests that were important to them. People were actively encouraged to seek employment and/or to carry out volunteer work with local charities or businesses. People's support plans were person centred and reflected people's wishes. Relatives and external professionals were involved with decisions if people were unable to contribute themselves.	**Good**
Is the service well-led? The service was well-led. People were supported and staff were led by a strong management team. People, staff and relatives felt able to discuss concerns with the management and felt their concerns would be acted on.	**Good**

Summary of findings

Staff had a good understanding of the values and aims of the service. They were able to explain how they used these values when supporting people.

Robust and regularly reviewed auditing processes where in place that ensured risks to people's health, safety and welfare were identified quickly and improvements were made where needed.

Future Home Care Limited Nottinghamshire

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 22 and 23 January 2015 and was announced.

The inspection team consisted of one inspector.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and other health care professionals and asked them for their views.

Some of the people who used the service had difficulty communicating as they were living with various mental health conditions. We spoke with four people who used the service, four relatives, three members of the support staff, administrator, behavioural specialist, quality manager, a project manager, the service manager and the registered manager.

We looked at the support records of four people who used the service, as well as a range of other records relating to the running of the service including quality audits.

With the consent of people who used the service we visited people in their own homes and observed staff supporting them.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe in their home when the staff supported them. One person told us, "I feel safe, I have no worries." Another person said, "I love my home, I feel safe living here." A relative we spoke with said, "I have no concerns about their [family member] safety at all."

People who used the service were protected from abuse by staff who could identify the different types of abuse that people could encounter. The staff we spoke with knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Staff had attended safeguarding of vulnerable adults training and could explain how they incorporated that training into their work. One member of staff said, "If I thought something required reporting I would report it to my manager, if I thought it was a criminal offence I'd report it to the Police. I'd also make sure the CQC were informed."

People were provided with information about how they could ensure they and others were kept safe and guidance was provided for people if they wished to report any concerns. Information for people had been provided in a format people could understand. Pictures were used for people who needed them to advise them of the process to follow. The service manager had ensured that the contact details for the CQC were also included , which ensured people were able to report concerns externally if they wished to speak with someone independent of the service if they had concerns about their or others' safety.

People were supported by staff who, upon identifying a risk to a person's safety, explained the risks to them and then encouraged them to make decisions for themselves. A staff member we spoke with said, "Unless I think it is something dangerous, I will let people do what they want. For example someone wanted to start ironing their own clothes. I asked them if they could wait until I had spoken with the manager to assess the risk. They agreed. An assessment was then put in place and we now support the person with their ironing."

People had risks to their support assessed and staff implemented the recommendations made by the project manager in order to maintain people's safety. In the support plans we looked at we saw risk assessments had been carried out in variety of areas such as; people's safety within their home, using equipment, whether support was needed with personal care and accessing the community. We observed staff support people within their own homes. The staff had a clear understanding of the risks people faced , but also ensured they only supported people when it was necessary and there could be a risk to people's safety.

There were clear processes in place for ensuring people's safety by the thorough investigation of accidents and incidents. When incidents occurred they, and the recommendations for staff, made by the project manager were recorded on a central database. The service manager then carried out regular checks of the incident logs to ensure the recommendations had been carried out and there was no further risk to people's safety. If further action was required the service manager would make further recommendations. The service manager told us if required, they had a debrief with the people involved, including if appropriate the person who used the service to discuss the incident and what people could learn from it.

People's safety was maintained because regular assessment of the environment people lived in and the equipment they used was carried out. People had personal emergency evacuation plans (PEEP) in place that advised staff of the safest way to evacuate people in an emergency. Each plan was tailored to each person's specific need and their own home. A member of staff told us, "We have a clear evacuation procedure in place and we have fire meeting points outside of their home."

People's safety was maintained because the service manager had assessed people's needs and ensured the appropriate number of staff were available to support them. People told us they felt there were enough staff to meet their needs. One person said, "There is always someone here to help me." The staff we spoke also felt there were enough staff to meet people's needs. A staff member said, "There are plenty of staff to help people." A relative we spoke with said, "There are staff there all day and night. [Name] has one to one support and the staff provide that support really well."

People were protected against the risk of receiving support from staff who were unsuitable for their role. This was because the service manager ensured that before staff were employed, criminal record checks were requested through the Government Disclosure and Barring Service

Good

Is the service safe?

(DBS) as part of its recruitment process. These checks are used to assist employers in making safer recruitment decisions. Once the results of the checks have been received and staff were cleared to work, they could then commence their role. The service manager told us they carried out further checks of people's criminal record every three years to ensure that if staff had committed an offence that impacted on their suitability to carry out their role, then they would become aware of this. This is good practice in ensuring the on-going safety of people who used the service.

People were protected from the risks associated with medicines because there were safe handling, storage, recording and administration processes in place. People received their prescribed medicines when they needed them. A person we spoke with said, "If I am in pain, I will ask for a tablet and the staff will give it to me." A relative said, "Their [family member] medicines are stored safely. They get what they need, when they need it. The staff stay with them to ensure they take their medicines." We saw medicines were stored safely in locked a cabinet in a locked room within people's homes. Where people had been assessed as being unable to manage their own medicines there were processes in place that ensured people could not access these medicines which if accessed could place their safety at risk.

Where people required 'as needed' medicines there were strict protocols in place that must be followed before they were administered. 'As needed' medicines are administered not as part of a regular daily dose or at specific times. Medicines such as Lorazepam, which is an 'as needed medicine' used to control people's anxiety, could only be administered with the authorisation of a manager. We spoke with a relative of a person who had been prescribed Lorazepam and asked them if they thought it was managed and used safely. They told us, "I have no concerns with this. [Name] is not over medicated." The service manager told us, "If staff required the use of these types of medicines then authorisation is needed. We need to have a clear view that staff have exhausted all other methods first before they are issued." We looked at people's support plans and these contained information for staff for other methods they should try before they requested the use of the medicines. Staff could explain what these processes were. This ensured people were protected from the risk of the inappropriate and inconsistent administration of medicines that could have an effect on their state of mind.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the quality of the staff. One person told us, "The staff that help me really know what I want and need." Another person said, "The staff are always here to help me." A relative we spoke with said, "The staff are well matched to [name]." Another relative said, "The staff are really friendly they know what [name] needs."

People received effective care and support from staff who had undertaken an induction that ensured staff were able to meet the needs of people when they commenced their role. The service manager told us, "The induction focuses on protecting people, regular competency assessments of new staff work and important training such as equality and diversity and maintaining people's dignity. A staff member told us, "The induction was great, we learned how to communicate with people who were living with a variety of mental health conditions, how to administer medicines safely, what to do in an emergency and how to treat people with dignity. Before I started my role I shadowed a more experienced member of staff first. I definitely knew enough before I started my role."

People were supported by staff who felt they received the appropriate support from their manager in order for them to provide effective care for people that met their individual needs. Staff told us they received the training they needed in areas such as how to communicate effectively with people. A member of staff we spoke with told us, "I have a Level 2 Diploma [in health and social care] and am being supported to do my Level 3." Another staff member said, "My manager is very supportive. I have done my Level 4 Diploma, and really feel it has helped me to progress."

People received effective support from staff whose works was regularly assessed. The service manager told us the staff received an assessment of their work every two months and their performance was discussed with them. If elements of the support they gave to people required improvement then this was discussed with the member of staff and a plan was put in place to ensure the member of staff was supported in making the required improvements. A member of staff told us, "I feel really supported here; I get regular supervision of my work. We also have team meetings where we can discuss things as a team."

We observed staff use a variety of techniques to communicate with people effectively. People had personalised communication plans within their records which provided staff with the appropriate guidance to ensure they communicated with people in ways that people wanted them to. Records showed that staff had identified a person had started to use their own signs and symbols to communicate, with meanings that were personal to them. The staff worked with the person to record the signs that they used and the person took part in this process by having their photograph taken of them using these signs. These were then recorded in their support plan. We observed staff and the person using these signs. This showed there were effective and individualised processes in place to communicate with people.

We reviewed the support records of four people to check whether the provider had ensured that where required an assessment of a person's capacity was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. We saw these had been completed in a number of areas such as assisting with people maintaining a health a diet. The staff we spoke with could explain how they used the MCA to ensure that people were involved in decisions about their care. A staff member we spoke with said, "The MCA is about ensuring, as far as possible that people are able to give their choices and opinions about what they want to do. If they are unable to do so, then I would decide for them, ensuring the decision was made in line with their support plans."

The registered manager could explain the processes they would follow if they needed to apply for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within their home. DoLS aim to make sure that people within supported living environments are looked after in a way that does not inappropriately restrict their freedom. The staff we spoke with had a good knowledge of DoLS and were able to explain how they ensured people's freedom was not unlawfully restricted.

People were not unlawfully restrained. A person used the service told us, "The staff have never hurt me." There were effective processes in place that ensured when people presented behaviours that challenge other less physical methods were used. The service manager told us they used

Good

Is the service effective?

external trainers who specialised in providing training and guidance for staff in this area. They told us the training encouraged staff to use non-physical interventions to support people who may present behaviours that challenge such as; managing acts of physical aggression, supporting people with a history of self-harm, trauma or abuse, and people living with mental health conditions such Autism. All of the staff we spoke with spoke highly of this training. One staff member said, “The company does not allow restraint. We have clear guidance to follow. The training we had really made things clear for me.” All of the support plans we looked at gave clear guidance for staff to follow to protect people and how to manage challenging situations rather than using physical restraint.

People spoke positively about the food provided and their dietary needs were catered for. If people required support with eating and drinking this was provided. People were encouraged to make wise, healthy food and drink choices. One person told us, “I like to have a drink, shandy is my favourite. I have one a day.” Another person said, “The staff help me to do my shopping, but I choose the food that I want.” Support plans were in place to offer guidance for staff that enabled them to provide effective support for people who were unable to understand the implications of poor food and drink choices that may have a detrimental effect on their health. Where appropriate, MCA assessments had been conducted and people’s family had been consulted. Where required referrals to external dietary and nutritional specialists had been made to offer guidance and support in relation to people’s diet.

People were provided with information about their day to day health needs. People could see their GP when they wanted to. A person we spoke with said, “If I want to see my doctor the staff will make an appointment for me. I see my psychiatrist when I want to.” Relatives told us they thought their family member’s health needs were met. One relative said, “[Name] is an epileptic, the staff manage the epilepsy really well. They know what to do if [name] has a fit.” We saw guidance for staff was available that ensured they could provide effective support if a person should have an epileptic fit.

Referrals were made to external professionals when required. We received positive feedback from a number of healthcare professionals when we asked them about the support that people received and whether their health care needs were met in an effective way. Although one healthcare professional did state that when a referral had been made sometimes staff did not always know the person’s past medical history or have knowledge of the events that led up to the referral. They said this can sometimes make people’s assessments longer than they needed to be.

Good

Is the service caring?

Our findings

People told us the staff were kind and treated them with respect. One person told us, “Nobody is rude to me, they [staff] are lovely. They listen to me and respect my wishes.” Another person said, “The staff listen to me, they respect me.”

We observed staff interact with a people in a kind and caring way. The interactions showed the staff knew the people they were supporting well and showed a genuine interest in their well-being. Staff were aware of people’s likes and dislikes and could describe people’s personal histories. The service manager told us before new staff commenced their role, ‘meet and greet’ sessions were set up to allow the staff member and the person to meet each other to see if the staff member was able to interact with the person in way that was respectful of their needs. This also allowed the person to decide whether they liked the member of staff. A relative we spoke described their family member’s key worker, “They are absolutely on the ball, [name] is brilliant. They went to the hospital with [family member] recently and sat with them for five hours, some of which was in their own time. They didn’t need to do that but they did. [Name] is so so good.”

People were provided with information in a format they could understand that enabled them to make informed decisions about the support they required from staff. People were provided with a service user guide. This guide provided information for people about the service and how they could access support from staff. The guide was provided in a variety of formats specific to people’s individual needs. For example pictures were used to assist people who may not be able to read or understand long passages of text.

People told us they felt listened to and staff acted upon their wishes. One person told us, “I can do whatever I want to do; I have no problems with the staff.” Another person said, “I feel comfortable talking to the staff. They listen to me.” A relative we spoke with said, “The staff are really friendly with [name]. [Name] is really independent. They will do what they want. The staff respect that.” We observed staff asking people what they wanted and then acting on what the person requested. For example we saw a person had changed their mind about where they wanted to go and what staff member they wanted to go with them. The staff respected the person’s wishes and made the required changes.

People had access to and where appropriate, were supported by, an Independent Mental Capacity Act Advocate (IMCA) to make major decisions where needed. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

If people required privacy then this was respected. Staff removed themselves from people’s personal space if requested. A staff member said, “If people want time on their own that is fine. We also always knock on people’s doors and wait to be asked to go in.” People did not raise any concerns with the way staff treated them. We saw people were treated with dignity and respect. We observed staff talking to each other about the people they were supporting. They did so in a respectful way.

We spoke with staff and asked them how they ensured they supported people in a caring, respectful and dignified way. One staff member said, “We treat people with the dignity they deserve. We are all equal. This is their home. We will do whatever it takes to give people a good life.”

Good

Is the service responsive?

Our findings

People, or those acting on their behalf contributed to the planning of the support for them or their family member. A person we spoke with said, “The staff talk to me about what I want and then it is put in place.” Relatives we spoke with told us they were also involved. One said, “I am involved with decisions about [name’s] care. They can’t speak for themselves so I speak for them. The staff always speak to me. I would like more regular meetings to discuss their care but I will be discussing that with the manager.” Another relative said, “The staff always phone me or speak to me when I visit. I am fully involved.”

We saw relatives were able to give their views on what they thought was the most appropriate support for their family member. We saw an example where a family member had raised a concern about an element of the support that was provided. The service responded immediately by carrying out a review of the support plan was undertaken with the family member and changes were agreed and implemented. This showed the management team listened to people’s views and acted on them. External professionals were also consulted or invited to these review meetings to ensure that where needed, professional guidance was provided. We spoke with an external professional about the service provided at one particular site where the staff supported people. They said, “It is a testament to Future Home Care’s commitment to working in partnership with all key stakeholders that has enabled the people living there to make the transition to supported living in as stress free a manner as possible.”

People’s support plans were written in a person centred way that reflected how they would like to receive their support. We saw people’s personal histories, likes and dislikes and their individual goals and aspirations were included. People were encouraged to try new things that were important to them. We saw a person had a keen interest in cooking, staff had responded by putting plans in place to support them with cooking in their own home and then, if they wanted to, a cooking course with a local college would be provided.

People led a varied and active social life and took part in hobbies and interests that were important to them. The people we spoke with told us about their social life. One person said, “I went to see my girlfriend last night. I went to a disco, we did some dancing.” Another person said, “I do drama classes and started a gardening course. Although I didn’t like the gardening course so I stopped it.” Another person told staff they wished to apply for their own allotment so they could grow their own fruit and vegetables. Staff supported this person in applying for this. The application was successful and they now manage their own allotment space. Relatives also spoke highly of the family member’s social life and activities. One relative said, “[Name] can go out and do whatever they want. [Name] likes to socialise. They wanted to join a choir and their staff helped them.”

There were plans in place to encourage people to undertake work opportunities if they wished to. Staff responded to people’s requests to find employment by assisting them with job searches. A person we spoke with told us how proud they were that they were soon going to work as an expert by experience for the CQC. An expert by experience is a person who has personal experience of using this type of support service. They work alongside inspectors and speak with people to gain their views on the quality of the service they received. The person said, “I am an expert by experience for the CQC, I am very excited about my first inspection.” They also told us they were pleased with the support staff had given them in applying for this role.

People’s support needs were reviewed regularly and changes to support plans were implemented when required. The service manager told us they had recently undertaken a review of the number of staff needed to support a person when they were in the community and within their own home. They had previously required three members of staff when outside of the home however this had now been reduced to two. The service manager also told us that the two members of staff required to support this person in their home had now been reduced to one. The service manager was proud that this had occurred. They told us this showed the support they had in place for this person had worked and they had responded appropriately to the change in this person’s behaviour and were pleased that they were now able to offer this person less intrusive support.

The registered manager told us they used a behavioural specialist to offer the staff guidance on how best to support people. A behavioural specialist helps those with disabilities or problems that impair learning or social functions. We spoke with this person and they told us,

Good

Is the service responsive?

"When people are due to start at the service I carry out an initial assessment and then I review them once a week. I provide emotional support for people that need it." They also told us they were consulted by members of the management when people had been involved in incidents and were asked for their guidance. They said, "I look at the types of incidents that may be occurring for a person and make recommendations to the management." This meant the provider utilised professional expertise to ensure that people's needs were appropriately assessed and the on-going support provided responded to people's needs.

An external healthcare professional praised the support staff provided for people. They told us the staff at the service have successfully supported people with behaviours that could present as very challenging and that support plans and risk assessments were person-centred and contained mental capacity assessments and best interest decisions where required. They told us staff actively engaged with them if they had any queries or concerns and they welcomed and responded to input from specialist services such as nursing, psychology and speech and language therapy.

People were encouraged to form meaningful relationships with the people they lived with, people within the community and people from other supported living and residential services. A relative told us they were really pleased with how their family member interacted and socialised with the people they lived with and with others outside of their home. They told us, "They [staff] encourage people to eat and socialise together. It's like a family. It really is great." Another relative said, "[Name] goes to a local disco. They get to meet lots of new people there and people from other [supported living] services. It really is brilliant."

People's level of ability to provide support for themselves independently of staff was continually assessed. A person we spoke with told us their confidence had increased recently due to the support they received from staff. They told us they were now confident to be left on their own for short periods of the day, or to go to the local shop on their own. They said, "I have some hours on my own. I like to clean my house and go out and buy things at the shop. I was nervous about going out on my own but I was ok. I'm hoping to reduce my hours down [the number of hours staff support them] in the future. My goal is to be able live on my own all of the time." It was clear there was a structured process in place to support this person to achieve this goal

People were encouraged to raise complaints or concerns about the quality of the service they received. The people we spoke with knew how to make complaint if they needed to. One person said, "If I'm worried about something I talk to [staff member] and they sort things for me." Another person said, "If I have a problem, I'll talk to [staff member] or one of the managers." People were provided with information about how to make complaint in a format they could understand. Pictures were used to make the process easier for people to identify with. Complaints were responded to in a timely manner. The people we spoke with did not raise any concerns with us in relation to the complaints process or how complaints were handled by the service manager. People's complaints were used by the management and used to improve the service provided. Where appropriate complaints were discussed at the quarterly health and safety manager's meeting to agree ways the complaints could be used to improve the service, both for the individual and for the service as a whole.

Good

Is the service well-led?

Our findings

People were actively encouraged to assist with the development of the service. People's feedback was regularly requested. Where people were unable to respond to questionnaires staff offered them support. A person told us they wanted to make improvements to their room. "I wanted a new sofa and it is coming today. I chose it. I like it."

Staff felt able to contribute to decisions made about the service. A staff member we spoke with told us, "If I think of new ideas that I think would improve the service I make sure the managers listen to me." Another staff member said, "I know I can contribute. They [managers] listen to me. It is easy to get my point across. The registered manager told us a process called the staff 'Star Awards' had recently been set up. This was recognised innovative ideas raised by staff that had a direct impact on improving people's lives. This showed that staff input and innovation was encouraged and rewarded and people felt valued by the company they worked for.

We saw there were strong links with the local community. People and staff were actively engaged with local charities and have organised events to raise money. Recently an event had been arranged to raise money for a local charity that support people living with mental health issues. People who used the service arranged a party; they baked cakes and included a tombola to raise money. Further charity work is planned to raise money for a local hospice.

People's health, safety and welfare were protected as staff were actively encouraged to whistleblow. A whistleblower is a person who exposes misconduct, alleged dishonest or illegal activity occurring in an organisation. Officially this is called 'making a disclosure in the public interest'. The registered manager told us an internal process had been put in place where staff could report concerns via an internal hotline and they would be investigated. The staff we spoke with were aware of this process but were also aware of who they could contact outside of the service if they wished to speak to external agencies about their concerns.

Staff had a clear understanding of the values and vision of the service and could explain how they used these values when providing support for people. A staff member we spoke with said, "Our main values are to ensure people's dignity, promote their independence and to provide support in a person centred way. I actually saw the values on our website yesterday." Another staff member said, "Future Home Care assists people with independent living, but giving them the help and support when they need it. We are here to give people the confidence to do things." We observed staff implementing these values throughout the inspection.

There was a clear and visible management structure in place. Each part of the service had a project manager who attended their service for at least fifteen hours per week. The service manager told us, "Having the project managers on site encouraged better performances from the staff." All of the people and three of the four relatives we spoke with knew who their or their relatives project manager was. People who used the service and the staff told us they felt able to discuss any concerns they had with their project manager. A staff member said, "I know who to contact if I need to discuss anything. All of the managers are available to me." The service manager told us there was always a member of management on call in the evenings or at weekends if staff needed to speak to them. This ensured if there was urgent need for managerial support or advice it was available which ensured people's health, safety and welfare.

People were supported by staff who were motivated and enjoyed their job. Staff understood what was expected of them in their role and felt they made a welcomed contribution to the running of the service. One staff member said, "I love my job. It's great to be able to help people in becoming as independent as possible." Another staff member said, "I really enjoy my job. I get great satisfaction helping people here."

Regular staff meetings were carried out to ensure staff were informed of the risks to the service and how they could contribute to reducing these risks. The service manager told us they also used these meetings to discuss important policy changes or new sector specific guidance relevant to their role.

There were a number of quality assurance processes in place which were carried out by varying levels of management. Project managers and the service managers conducted the audits to ensure that people received a high quality of service that met their needs. Audits of people's support plans, medicines and the environment they lived in were just some that took place. Each level of audit was

Good

Is the service well-led?

reviewed by a more senior manager and the results were discussed at senior management meetings. Action plans were then put in place to address any concerns that were raised and these were then regularly reviewed. A quality manager conducted regular reviews of the service as a whole and gave feedback for the service manager on areas where they could improve. The structured level of audit processes and implementation and review of subsequent action plans meant the quality of service that people received was regularly reviewed and improved.