

Future Community Care Solutions Ltd

Future Care Solutions

Inspection report

Unit 2, The Old Coach House
Church Lane, Fulbourn
Cambridge
Cambridgeshire
CB21 5EP

Tel: 01223882681

Date of inspection visit:
06 May 2016
09 May 2016
10 May 2016

Date of publication:
12 August 2016

Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

This announced comprehensive inspection was undertaken on 6 and 10 May 2016. We gave the service 48 hours' notice of our inspection. Future Care Solutions is a domiciliary care service which provides personal care to adults living in their own homes. There were 41 people being supported with the regulated activity of personal care at the time of our inspection.

There was a registered manager in place during this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. No one being supported by the service lacked the mental capacity to make day-to-day decisions. Staff demonstrated to us that they respected people's choices about how they would like to be supported. Staff were able to demonstrate a sufficiently robust understanding of MCA to make sure that any decisions made on people's behalf by staff, should people lack mental capacity would be in their best interest and as least restrictive as possible.

Records were in place for staff to monitor people's assessed risks, support and care needs. Plans were put in place to minimise people's identified risks and to assist people to live as safe a life as possible whilst supporting their independence.

Arrangements were in place to ensure that where needed people's medicines were managed and administered safely. Accurate records regarding the administration of people's prescribed medicines were kept.

Where people needed this support, people's nutritional and hydration needs were met. People who required this assistance were supported to access a range of external healthcare professionals to maintain their health and well-being.

People were supported by staff in a kind and respectful manner. People's care and support plans gave guidance to staff on any individual assistance a person required. Records included how people wished to be supported, and what was important to them. These records and reviews of these, documented that people and/or their appropriate relatives had been involved in this process.

Staff understood their responsibility to report any poor care practice or suspicions of harm. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable and safe to work with the people they supported. There was a sufficient number of staff to provide people with safe support and care.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, 'job chats' [appraisals] and competency checks to make sure that staff were competent and confident to provide care and support.

The registered manager sought feedback about the quality of the service provided from people and their relatives. People felt listened to and they were able to raise any suggestions or concerns that they had with the registered manager and staff.

Staff surveys were opportunities for staff to feedback their experiences. Staff meetings also took place. Staff were encouraged to raise any concerns or suggestions that they may have had at this meeting and felt listened to. Staff knew the values of the service and service values were embedded.

There were effective and robust quality monitoring systems in place to review and monitor the quality of the service provided and to implement continual improvement. The registered manager had been nominated for national award schemes for their work.

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.

People's medicines were managed and administered as prescribed.

Staff were aware of their responsibility to report any concerns about suspicions of harm.

People's care and support needs were met by a sufficient number of staff. Checks were in place to ensure that new staff were deemed suitable to look after the people they supported.

Is the service effective?

Good ●

The service was effective.

The provider was acting in accordance with the principles of the Mental Capacity Act 2005.

People's health, nutritional and hydration needs were met.

Staff were trained to support people to meet their needs. People were assisted with external healthcare appointments when needed.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate and respectful in the way that they assisted and engaged with people.

Staff respected people's right to privacy and dignity.

Staff encouraged people to make their own choices about things that were important to them and encouraged people to maintain their independence.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were planned, discussed, agreed and appraised to make sure they met their current needs.

There was a system in place to receive and manage people's suggestions or concerns and people were aware of this.

Is the service well-led?

The service was very well-led.

There was a registered manager in place who made sure that the services values were embedded.

Audits were undertaken as part of the on-going quality monitoring process to identify and drive forward any improvements required.

People and their relatives were able to feedback on the quality of the service provided and felt listened to.

Outstanding 

Future Care Solutions

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 6 and 10 May 2016, and was announced. This was because we needed to be sure that the registered manager and staff would be available. The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service. Their area of expertise was older people and people living with dementia.

Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We spoke with eight people who used the service and 12 relatives by telephone. We spoke with the nominated individual, the registered manager, training manager, the deputy care manager, a team leader, and two care support workers. We also received feedback about the quality of the service provided from a community psychiatric nurse/ advanced practitioner and a registered manager from another health care provider.

We looked at three people's care records, five staff recruitment files and the systems for monitoring staff training and development. We looked at other documentation such as quality monitoring, records of weekly contracted work hours, relatives' and people's feedback surveys, staff meeting minutes, compliments, complaints, and medication administration records.

Is the service safe?

Our findings

People said that they felt safe using the service. This was because of the care and support that was provided and how staff treated them. One relative told us, "The care staff do what they should to keep us all safe...but they are friendly and easy people to relate to." One person said, "I'm very much at ease and feel safe with them [staff] and happy with them."

Individual risk assessments were in place for people deemed to be at risk. Individual risks identified included; people being at risk with their mobility; risk of infection due to inadequate catheter care; behaviour management and support; food and drink; medicines and people's safety in their home [environment], finances and emergency risks. These care plans and risk assessments were in place to provide guidance and prompts for staff on how to support people safely and monitor any identified risks. One relative confirmed to us that, "They [staff] keep charts of [family members] food, hydration and outputs etc. and of [family members] medicines."

We found that people had risk assessments in place which detailed the safety of people's homes as a prompt for staff in the event of a foreseeable emergency. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

Care records we looked at documented whether the person or staff were responsible for administering people's prescribed medicines. We saw accurate records of people's medicine administration were kept. People or relatives of people who were assisted by staff with their medicine or topical creams told us that they had no concerns. A relative told us that staff, "Do her [family member] medication and note it on the MAR (medication administration record) chart. There have been no mistakes but there were just some minor tweaks needed."

Staff who administered medicines told us, and records confirmed that they received training as well as having their competency assessed in this subject. Staff said that that observations (observations within people's homes) on how they assisted people with their medicines formed part of the provider's spot checks. This meant that the provider had put in place checks to reduce the risk of unsafe management of people's prescribed medicines.

Staff said and records confirmed that pre-employment safety checks were carried out prior to them starting work and providing care. One staff member said, "My DBS (Disclosure and Barring Service check), and references were in place before starting." Checks included references from previous employment. A criminal record check that had been undertaken with the DBS, proof of current address, photographic identification, and any gaps in employment history had been explained. These checks were in place to make sure that staff were of a good character and that they were suitable to work with people using the service.

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify the different types of abuse and report any suspicions of harm or poor care practice. One person confirmed to us that, "I've never felt rushed or been

mishandled...they [staff] are very gentle and they take the time to do it right." Staff told us what action they would take in protecting people and reporting such incidents. We saw information on how to report suspicions of poor harm on notice boards within the communal notice board in the office. This was for staff to refer to if needed. This demonstrated to us that there were protocols in place to reduce people's risk of harm.

We found that the overall contracted hours of care work the provider had to provide staff for had been met by a sufficient number of staff. The care records we looked at had assessed each person's needs and this helped determine how many staff a person required to assist them. This documented evidence showed us that there were enough staff available to work, to meet people's support needs and, to meet the number of care hours contracted. We found no evidence of missed care calls, that staff stayed the correct amount of time and that people had regular staff to attend them. People we spoke with confirmed this. One person said, "They send a rota of who [staff] is calling...they stay the full amount of time. I have an hour each day and have kept it this way because it is working so well." Another person told us, "Their staff are on time. They are very good." A relative said, "They have an emergency call system at the weekends and at nights and take it in turn to be on-call. I believe they work this time and do their rota work." This showed that the provider had enough staff available to deliver safe care and support for people who used the service in a timely manner.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff and records showed that staff had training on the MCA. On speaking to staff we noted that their knowledge about the MCA was embedded. One staff member said, "Always assume [to start with] that people have capacity. If they don't then you need to involve a multi-disciplinary team to discuss this. Respect people's choices and any restrictions are to be as less restrictive as possible and in the best interest for that person." This understanding meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

People told us that where appropriate, they were supported by staff with the preparation of meals and drinks. People were assisted by staff to help them remain independent in their own homes as much as possible. One person said, "When they [staff] do food it's nicely done albeit in the microwave." Another person told us that staff, "Call mainly to make me some food. I know what I want and they do this. I mostly have meals on wheels or a frozen meal...done in a microwave, and they do some salad in the summer."

Staff said that when they first joined the team they had an induction period which included mandatory training and shadowing a more experienced member of staff. We saw that Future Care Solutions had adopted the Care Certificate which is a national induction programme tailored to develop staffs' knowledge and skills. This was until they were deemed confident and competent to deliver safe and effective care and support. One staff member said, "I had to do training and shadow care calls until confident."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; safeguarding adults; first aid awareness; fluid and nutrition; DoLS; moving and assisting people; MCA; health and safety and dementia awareness. We saw documented and staff told us that they had also been checked for their competency to administer eye drops and people's medicines. The registered manager said that some staff had undertaken a dementia training course at the University of Stirling. Part of this course looked at how dementia impacts on people. One staff member spoken with told us that they had learnt to be a lot more patient and understanding as they now understood how dementia affected the person's everyday life. They went on to say how that they found this training, "Enlightening."

A healthcare professional told us that they thought that staff appeared to be trained to a high standard, having an understanding of dementia and understanding the needs of relatives who were carers. One relative told us, "They [staff] are well trained and I know they do shadowing." Another relative said, "I know the ladies [managers] in charge believe from their training that staff have to pay attention to the [person] but also listen and watch his feelings and what he needs. They are the very best round here and the local flagship." A third relative told us, "The seniors make sure their staff are trained." This meant that staff were supported to develop the necessary skills to perform their work effectively.

Staff members told us they enjoyed their work and were well supported. Staff said they attended staff meetings and received formal supervision, and field observation checks to review their competency. They told us that they had an annual appraisal of their work called a 'job chat.' These were opportunities for staff to discuss their development needs, any issues they may have and to receive feedback on their work practice. A staff member told us that supervisions were written into their rotas to make sure that they were able to attend. This demonstrated to us that staff were assisted to keep their skills and knowledge up to date in a supportive environment.

Care records we looked at showed that staff had made referrals to external health care professionals when needed. For example, we saw referrals made to occupational therapists. People told us that staff supported them to contact external healthcare professionals if needed. One relative said, "They tell me or alert me to the need to get the doctor if they see anything, or they will get the doctor." Another relative told us, "They will alert us of anything that might need the doctor and [family member] is PEG (means of giving nutrition via a tube) fed and they will make sure it's attended to. If there are any marks or signs of infection...for any redness they will get the doctors out. It is nipping things in the bud. They chat with the district nurses who call and they work well together. They all have a good overall approach." A third relative confirmed, "Yes, they have alerted us to spots or things that need us to get a doctor to have a look." This meant that staff supported people with external healthcare support when required.

Is the service caring?

Our findings

People had very positive comments about the service provided. One relative said, "They're very good." Another relative told us, "My general impression is that it is well run and they are very conscientious...their staff are very pleasant." A third relative said, "[The service] takes the weight off of my mind and helps my wife." One person confirmed to us that, "They are marvellous. It's such a nice carer [staff] team."

Staff spoken with were motivated to deliver care to people that was caring, compassionate and empowering. One staff member said that they were expected to deliver, "Good quality care for each individual." Another staff member told us that the service delivered, "A personal approach with client's families. If the family is away we give assurances to families that their loved ones are being cared for." One relative said, "I did it all myself for a few months and so far I can trust them. They do not make a mess of it. I have peace of mind. I'm even going away now in [named month] and will trust it [the care] to them."

People confirmed to us that if staff had any minutes to spare they would ask if there was anything else they could help with before they left. One relative said, "They [staff] also ask if they can do anything else before they go...they will also have a brew [cup of tea] if all is done."

People's care records showed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home. These were then taken into consideration when planning all aspects of their care. Care reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. One relative said, "We were very involved in the set up and checking with us on how it is going." Another relative told us, "They came out to see us and went through the care plan and we all had a good chat."

We were told that staff supported people in a caring and respectful manner. One person said that, "Staff were very respectful and polite." One relative told us, "They [staff] are good. We are very pleased with them. This firm has been the best we've had. They are really on the ball." Another relative said, "They are very good and always on time...and their staff are pleasant and polite."

People told us that staff showed them/their family member both dignity and privacy when supporting them. One relative said how their family member had some assistance from staff with their moving and handling. They said, "It's done with dignity. They check [family member] is comfortable. It's done safely." Another relative told us, "The staff are gentle and dignified with [family member] and they are nice with me." One person said about the staff when they had provided support with their personal care, "It's done with dignity and they [staff] are considerate to us both." Staff we spoke with were able to demonstrate their knowledge of the different ways they would support a person with this type of care whilst maintaining their privacy and dignity. Staff were aware that they needed to promote the dignity and privacy of people they assisted.

Staff told us how they encouraged people to make their own choices, support their independence and to promote and how to maintain people's autonomy. One staff member said that they would always, "Respect people's choices." Another staff member told us that it was important to, "Give people a choice e.g. what

clothes to wear, what to eat, if they want to go out or stay in. Keep them as involved as possible." People said that they could ask for help from staff when needed and told us how they were encouraged by staff to make their own decisions. This showed us that people's right to making decisions about their care was respected.

Is the service responsive?

Our findings

People who used the service and their relatives were very positive about the initiatives that the service had provided to promote social inclusion. We heard how this had a tremendous impact on people's lives and made them feel energised and valued. The registered manager had set up a lunch club which would reduce isolation for people who received care in their own homes and to build further links with the community. This was based in a local pub with a special affordable menu; the lunch club meant that people who attended were supported with a meal and an activity. These activities included, but were not limited to; music groups, arm chair exercises and art and crafts. One person wrote, "Just to say how much I enjoyed my time at the lunch club yesterday. Your staff were amazing and I met some lovely people." A relative fed back that this social inclusion had empowered their family member, as they may not have considered such activities previously. They said, "[Relative] really enjoyed her outing to the [named pub] so much so that she would like to go to all events from now on."

In addition, other events were arranged to enable people who received care at home who chose to, to get out and about. For example, they had been involved in the local museums 'portals to the world' event. This was a short course supporting people living with dementia to explore the museums galleries, and take part in hands-on sessions which involved a practical art activity or handling art related objects. To enable this, the management supported staff to attend additional training at the museum to enable them to assist people throughout these events. Other social events supported by the provider included but were not limited to, promoting local football teams, a local singing group, language lessons to promote people's continued learning and supporting people on shopping trips. This demonstrated to us that people who used the service were able to choose social activities and educational activities that were creative, met their individual needs and built further links to the community.

In response to the research undertaken for a dementia training course, we saw that a staff member had been inspired and encouraged by the provider to develop and create a 'twiddlemuff'. This was a large knitted mitt with buttons, beads, ribbons and zips on to stimulate people with once active hands. The registered manager told us that this was currently being 'trialled' by a person using the service who was creative but now due to their health condition was no longer able to create. They told us that the feedback from the trial had been that there had been a positive impact from this. They said that they were looking to expand on this with other people they supported to enhance their well-being.

When new to the service, people's care and support needs were considered, planned, discussed and agreed to make sure that the service could meet their individual needs. This was then assessed by a member of staff and in conjunction with the person and/or family member where appropriate. If the provider felt that they were unable to support the person's needs we saw that they provided advice on alternative sources of support which included the CQC website, advice on accessing the attendance allowance and other benefits/support a person may be entitled to be given.

If Future Care Solutions were able to support a person's care needs, a person-centred care and support plan was then put in place to provide detailed and personalised prompts for staff on the care and support the

person required. People told us that they were involved in all decisions around the development and review of their/ their family members care plan. One person told us, "Yes I was involved when it (care package) was set up. The times and who would call were all agreeable to me." Another person confirmed to us that, "They [staff] have always involved me." One relative said, "They [staff] have done some work to find out about her past so that [staff member] can talk and relate to her." Another relative told us, "[My relative's] needs change a lot...they are very responsive and they try to keep [relative's] independence." A third relative told us, "They set up the care plan with us. The times and care were all agreed."

A relative wrote to the provider about the individual, person centred care provided and the outstanding impact it had had in response, "Without the first class service you provide, it would have been very difficult for my [family member] to have remained living independently for so long. It has helped to rebuild his social life...This widens his world and their [staff] visits provide much needed routine, company, practical and emotional support...it has always been important to him to feel part of a community. Your service allows [family member] to continue to go to his [language] class, to meet up with friends for lunch and to go on outings to places he enjoys. Having carers we can trust to help [family member] ... has also allowed me to keep working full time. The service has always been very reliable and responsive to [family members] needs. You have been able to provide care at short notice if needed and the carers are always very flexible about meeting his needs if they change from week to week." This demonstrated to us that the provider delivered individual care that promoted an enhanced well-being and found creative ways for people to live as full a life as possible.

Reviews were carried out on people's care records to ensure that people's care and support needs remained up-to-date and provided, as appropriate, guidance for the staff that supported them. This was confirmed by people we spoke with. One relative said, "They [staff] have checked the sheets [records] when they have called round and ask how things are going...they also check things when I call them. It has been very good." Another relative told us, "They [staff] do reviews and go through things and do updates all the time...they were very quick to respond." One person said, "The seniors [staff] have done spot checks and they know the details of the care provided ...it shows they care." Another person told us, "Each year they do an annual review and I've not so far really needed any changes. Just tweaks." A third relative wrote, "In [named month] we all made the huge decision that [family member] could no longer manage to stay in [their] own home, and [they] came to live in our house. You helped [them] make the decision, visiting the place with [them] and talking through all the pros and cons of moving. And you moved with [family member]. There was a totally seamless transition of [their] care... your staff are hugely responsible for enabling that to happen." Records showed that reviews of people's care, support needs and well-being took place with the person and/or their appropriate relative. This meant that the provider involved people and their relatives so that they felt consulted, listened to, empowered and valued.

The registered manager told about the meetings held with staff in response to the death of a person that they were assisting with end of life care needs. We saw that these meetings were used to bring together all the staff involved in that person's care and support. They would use this opportunity to discuss how staff worked as a team, to see if there were any improvements to their reflective practice and to support staff when needed. Records held of these meeting also demonstrated the service's core values as these records documented clearly the support and assistance the family members might also need and appreciate. Staff members who had been involved in one of these meetings said that they felt that these meetings were beneficial to them and the family involved. This demonstrated to us that the provider strived to provide person centred care based on best practice and learning from events.

Staff confirmed to us that if they felt that the care and support plans needed updating to reflect people's current needs, they would contact the office and this would be actioned. One staff member talked us

through how they raised concerns about a person's mobility. The management team had listened to this and in response; this had been fed back to other staff members to ensure that the care and support delivered reflected and was in response to the person's current needs. One relative wrote to the provider, "You were all there to help [family member] make the transition to increased dependency as smooth and 'natural' as possible. You were able to identify an upcoming need and plan for it, arranging the right care package or getting the right equipment at the right time. More recently you have arranged for hoists to be delivered and tested to find the right one to help [family member] get up and into bed. You have also arranged visits by the occupational therapists, doctors and district nurses once [family member] felt anxious about making those appointments herself...giving [them] confidence and enabling [family member]." Another relative wrote, "Thank you so much for alerting me last week to obtain a continuing health care assessment." A third relative fed back, "I have peace of mind knowing that you will always find a way to help us in an emergency." This demonstrated to us that the provider had a responsive approach to support people and their relatives to engage with other services and support networks to aid with their/family member's quality of life.

People's support and care plans detailed how many care workers should attend each care call and they gave clear, personalised and detailed guidance for staff about how people wished to be supported during the care call. People's preferences were documented and included what was important to people such as maintaining their independence. This helped staff to be clear about the amount of support and care that was to be provided to the person they were supporting and their family. One relative told us, "It's [the service] has been very personalised to our family situation at present and our needs." One person confirmed to us that, "[Staff] make a note of everything and we have a file and it's kept in the kitchen for us to look at." Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. One relative said, "They [staff] write good notes and they give us a full picture." We saw samples of detailed notes which were held in the service's office and we noted that the notes were personalised and not task led and included information on any additional support provided and the person's well-being. A health care professional told us that staff responded to people and their needs, often 'thinking outside of the box.'

People told us that that they knew how to raise a suggestion or complaint should they need to do so. They said that they would be confident that a suggestion or complaint would be listened to and gave us examples of how concerns raised had been taken seriously and resolved. One relative told us, "We've had no complaints." Another relative said, "We've had no complaints so far...there was just one lunchtime carer whose call was getting later and later and we had to sort it this out and the carer took it very professionally and did not need to be changed." Another relative told us, "I've had nothing really to complain about but once when [family member] did not have their hair washed and when I told them [staff] they took it very seriously and sorted it." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. Records showed that the service had received many compliments from people and their relatives. We also noted that any complaints received had been responded to and where possible resolved to the complainants' satisfaction.

Is the service well-led?

Our findings

There was a registered manager in place. They were currently being supported by care staff and office staff.

People who used the service, their relatives and a registered manager from another health care provider spoke very highly of the nominated individual, registered manager and care staff. People told us that they could contact the service and that they would be listened and responded to. One relative said, "We have been involved since it has been set up, but I've not had time for many meet ups, though I often talk with [named staff member] in the office. There's a good on-going link with [named staff member]." Another relative told us, "The telephone support is excellent." A third relative said, "The office are good communicators and we can call them anytime. The office staff are nice as well...if there is anything to be done, it gets done...it all seems well run."

We noted that the management of the service enabled their staff to support people to access the community to promote and empower people's well-being. Through the managements links with the local community they were aware of a local singing group was designed to welcome people with memory loss or who were living with dementia. The group encouraged and empowered people of all abilities to build friendships and enjoy their shared love of music. Staff enabled people to attend by supporting them to get ready, organise transport and stay with them during the music session. Feedback from people who use the service and their relatives was very positive. A relative wrote to thank the management for their help supporting their family member to attend this group. They said, "Thank you so much for all you continue to do for our [family member], [they] love her Wednesday outings to [memory singing group]...absolutely marvellous."

People who used the service and their relatives, without exception, gave positive feedback on the quality of the service provided. One person told us, "I would recommend them...I have done so." One relative said, "They started up about five years ago and I was recommended to them....they are in a different league and they are marvellous. Future Care [Solutions] are the best." Another relative told us, "I think they are outstanding...yes, I would recommend them." A third relative said, "I would recommend them...and have done so, I think they are excellent compared with the others [health care providers]." A fourth relative confirmed that, "They've never let us down." One staff member told us that the management of the service did well because of the, "Word of mouth [recommendations] rather than advertising." This demonstrated to us the positive recognition of the high standards provided by this service.

Relatives told us that as a result of the high standard of care provided by the staff, and with assistance from the management team, they had been enabled to have some respite time away. One relative said, "With their help I even had some respite and whilst I was away they arranged to look after things...their carers work well all of the time." Another relative confirmed to us that with the support of the service they had noticed an improvement in their family member's well-being. They said, "[Family member] has been getting a bit better and they [staff] have helped it all work well." A third relative told us, "They [management] seem very dedicated and willing to invest in the staff being able to do care very well."

The provider shared good practice and a positive and open culture of their service with other agencies and health care professionals. A health care professional said how the service would take on people with complex health and support needs and that they managed this well. We spoke with the registered manager of another health care provider. They told us how the nominated individual and registered manager of Future Care Solutions had supported and advised them when they were setting up their own domiciliary care agency. They said that they had been, "Absolute fantastic support...stage by stage, Future Care Solutions have always been there and shared good practice. We have a good team but a lot of the credit for this goes to [nominated individual and registered manager of Future Care Solutions]. We share information on what is the best training for our staff, any learning we may have... how do you do better and how we support our staff. I wouldn't be without them."

All staff spoken with confirmed that their role was to give people the best care they could. The service had an embedded culture which was positive, open, inclusive and inspiring. People who used the service, relatives and staff were clear that the values of Future Care Solutions put the people they were supporting at the core of everything they did. One staff member said, "The registered manager has so much foresight, she's amazing, she will listen, is caring, has empathy, has tactfulness and is calm." One relative told us that, "They [management] are well organised, helpful and flexible...they really do try." Another said, "We have never been let down." This meant that people received a very high standard of personalised care.

As an innovative way to help with the promotion of the service's core values we saw a dignity tree in the reception area of the office. This was a metal ornamental tree on which staff and visitors could hang hand written tags. This encouraged and inspired staff to think about what the values of the service and what the word 'dignity' meant to them as an individual and in relation to the people they were assisting. The handwritten tags were for staff and visitors to share these thoughts. We noted that the handwritten tags included a poem about what dignity meant to a person that they wanted to share to inspire others. We saw that in addition a member of staff had been supported to become a 'dignity champion'. Their role was to inspire, guide and embed their knowledge of this subject to other staff members as one of the core values. As part of this role and to establish the services values, we noted that they contributed to staff meetings and had produced a leaflet for staff as a prompt around the importance of respecting and promoting people's dignity. People we spoke with confirmed that these values were embedded throughout the service provided and that this had a very positive impact on the care and support they received.

A staff member told us the, "Commitment to the client is 110%...there is much more of a personal touch... the values [of the service] are dignity and a high standard of care." They said that the work undertaken by staff to make people's care records 'very person centred' with documented 'outcomes to achieve' made them, "so proud."

Feedback on the quality of the service provided was regularly sought by the management team who were committed to making continual improvements to the service. We saw that the results of a client survey carried out in December 2015 were positive. The management team put great emphasis and value on the feedback received and improvements had been made to the on-call service to develop the service as a result of feedback from this survey.

To promote people's and relatives' involvement, the management team had also set up 'open forum' meetings for relatives and people using the service to attend. The aims of these meetings were for open discussions about the service provided, and the visions and values. To make sure that these meeting reached as many people and relatives as possible, the registered manager told us that they were looking at different times to hold these meetings. In addition, we saw evidence that the management listened and resolved quickly any concerns or suggestions made to them by people who use the service, their relatives or

staff. One relative told us how they had raised a concern with the management team. They told us that the management of the service wanted to know what had happened, were apologetic and resolved the concern, "Straight away." This demonstrated to us that the management team put a strong emphasis on continually striving to improve the service provided.

The management and staff were also involved in local fund raising events such as 'race for life', Arthur Rank [local hospice] sunshine strolls and having stalls at local fetes. They told us that these events not only raised money for good causes/charity, they helped raised awareness in the local community and assisted people and their relatives by signposting local services. This meant that staff supported and empowered people, where needed, with their links with the local community and to promote social inclusion.

There were effective and robust quality monitoring systems in place to review and monitor the quality of the service provided. The registered manager told us that their aim was for continual improvement; they said that they had gained learning as a result of completion of the CQC provider information return; they had implemented a new monthly quality assurance audit. Checks on the quality of the service included, but were not limited to; people's care records; medication administration and records; compliments and complaints; near misses; people's risk assessments and spot checks on staff working practices. The management team also conducted an audit of the service delivery and this audit asked the following questions. Is the service safe, effective, caring, responsive and well-led, which is in line with CQC methodology. Records we looked at showed that any improvements noted were acted upon. This demonstrated to us that the service sought to learn from these checks and make the necessary improvements to provide people with high quality care and support.

Staff told us that they were empowered to make suggestions, raise concerns, and that the management team were supportive to them. This was via a staff survey or at regular staff meetings. Staff told us that staff meetings were used as opportunities to update them on legislation, guidance, the quality of the service provided and reflective practice. At the January 2016 meeting, we saw that staff were updated on the results of the recent survey completed by people using the service. There was a talk from the staff 'dignity champion' and updates about MCA and DOLs to help embed staff knowledge into practice.

Staff were supported with regular e-mail communication which acted as an aide memoire, or a prompt to update or embed the service's values and practices. We saw that staff were e-mailed about the 'mums test'. This test asked the question to staff on whether the quality of care and support delivered by Future Care Solutions would be good enough for their 'loved one'. A staff member confirmed to us that they had a relative who had received care and support from this service. Another staff member said that the service was, "Very supportive to their clients and family members. It is the whole holistic approach."

Staff told us that they felt valued by the management team and that they felt motivated and enjoyed working for the service. One staff member said, "There is an open door policy regarding the management. They are very supportive. Some carers need to get things off of their chest and they will have more supervision with management to support this." Another staff member told us, "It does not matter what time of day, if you have a problem you can call them [management]. It is good to know that someone is on the other end of the phone." A third staff member said that working for Future Care Solutions was, "Fantastic... the staff, the company, training is next to none and we are kept informed of any changes."

During this inspection we were shown evidence that the registered manager had been nominated for the 'forward ladies in business award, inspiring leader of the year' in 2015. As well as SME [small and medium sized enterprises] 'business of the year'. A selection of staff members were to be nominated for the 'great British care awards.' We also noted that the service had been awarded a certificate from the local regional

college for 'their outstanding commitment to apprenticeships in partnership with [named college] regional college in 2016. This showed us the registered manager and staff had received external commendation and recognition for their work and commitment in the home care industry.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.