Futurescare Limited

Head Office

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 May 2018. This was an announced inspection.

Head Office (Futures Care) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. The service will be referred to as Futures Care throughout this report. Not everyone using Futures Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection seven people were using the service.

There was a registered manager working at Futures Care. They told us they had been working for the service for the last year. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

This is the first inspection of Futures Care and we rated the service 'Good' overall.

The service was safe. People's medicines were managed safely. Risk assessments were implemented and contained clear guidelines for staff on how to support people and minimise risk.. People were protected from the risk of abuse. Staff had received training around this. There were sufficient numbers of staff supporting people. There were safe and effective recruitment systems in place.

The service provided to people was effective in meeting their needs. Staff had the relevant skills and had received appropriate training to enable them to support people. Staff received good support from management through regular supervisions and appraisals. People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements. Where required, people and relevant professionals were involved in planning their nutritional support. Where required, people were supported to access a variety of healthcare professionals and appointments were arranged.

The service was caring. People and their relatives spoke positively about the staff. Staff demonstrated a good understanding of respect and dignity. People's preferences in relation to their cultural or religious backgrounds were clearly recorded. Equal opportunities and diversity were promoted throughout the service.

The service was responsive to people's needs. People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. People's needs were

regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities. People were receiving end of life care which was in accordance with their personal preferences. People and relatives told us they had been involved in developing their end of life care plans. The service had a process of responding to complaints.

The service was well-led. Quality assurance checks and audits were completed and these ensured the service was effective in safely meeting the needs of people. Staff, people and their relatives spoke positively about the registered manager. There was a positive culture within the service and the vision and values of the service were clear. Staff demonstrated a good understanding of the vision and values of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were implemented and contained clear guidelines for staff on how to support people and minimise risk.

People were protected from the risk of abuse. Staff had received training around this.

Staff had received training relating to the safe administration of medicine. People received appropriate support with their medicines.

There were safe and effective recruitment systems in place.

Is the service effective?

Good

The service was effective.

Staff had the relevant skills and had received appropriate training to enable them to support people.

Staff received good support from management through regular supervisions and appraisals.

People were encouraged to make day to day decisions about their life.

Where required, people and relevant professionals were involved in planning their nutritional support.

Where required, people were supported to access a variety of healthcare professionals and appointments were arranged as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff.

Staff demonstrated a good understanding of respect and dignity.

People's preferences in relation to their cultural or religious backgrounds were clearly recorded.

Equal opportunities and diversity were promoted throughout the service.

Is the service responsive?

Good

The service was responsive.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported.

The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities.

People received end of life care and were involved in the planning of this.

The service had a process to receive and respond to complaints.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks and audits were occurring regularly.

Staff, people and their relatives spoke positively about the new manager.

There was a positive culture within the service and the vision and values of the service were clear.

Staff demonstrated a good understanding of the vision and values of the service.

Head Office

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 30 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted three health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we spoke with three people using the service and looked at the records of four people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with four members of staff and the management team of the service. We spoke with three relatives to obtain their views about the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the staff who supported them. People commented how they felt the staff provided good support and ensured people were safe. One person we spoke with told us, "They are very good with me and keep me safe." Another person commented on how they always felt safe with the staff who supported them. The relatives and health professionals we spoke with confirmed they felt people were safe.

The provider had implemented a procedure to ensure people were protected from abuse and improper treatment. Staff were aware of their roles and responsibilities when identifying and raising safety concerns. Staff we spoke with told us there was an open culture and felt confident reporting safety concerns to the manager or deputy manager. Staff informed us all safety concerns were taken seriously and prompt action was always taken when concerns were identified, Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any safety issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Risk assessments associated with supporting people with personal care, moving and handling and environmental risk assessments of people's homes were present in the care files. These were person centred and contained clear guidance for staff on how to minimise risk to people. For example, one person had a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube, this is a tube placed into the stomach which allows people to have food who cannot take food orally. The risk assessments for these people contained clear guidance on how to support them person and minimise the risks associated with PEG feeding. Where people were at risk of developing pressure ulcers, their risk assessments contained clear guidance for staff on how to support these people and minimise the risk of their skin deteriorating. The staff we spoke with told us they felt the risk assessments had improved and were now much more detailed.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The registered manager monitored the hours people received through a call monitoring system and we saw people were provided with the staff time identified in their care plans. The registered manager told us they endeavoured to ensure people always received their care calls and if they were short staffed, an on-call system was used where the registered manager or other staff would cover the shift. People we spoke with confirmed that they received their support as had been agreed in their contract.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed by the service. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The registered manager told us they endeavoured to involve people and

their relatives in the recruitment of staff. The registered manager told us this enabled people to develop of team of carers who they were comfortable with and could meet their needs. One relative confirmed they attended recruitment interviews to aid in the selection process of new staff.

The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm. From looking at staff records, it was evident that where staff disciplinary issues had been identified, these had been dealt with appropriately and where required, staff had been supported to identify developmental needs to minimise any future incidents.

There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed medicines. Where this was the case, the support the person required was clearly documented in their care plan, with medication administration records (MAR) maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow.

Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people, they had signed to record the medicines had been given. Staff had their competence reviewed annually to check they were still managing medicines safely.

Staff told us they had access to the equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency office. Staff had been trained in the prevention and control of infection.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are well skilled". Relatives also said the service met people's needs. One relative commented, "The staff appear to be well trained and know what they are doing."

Staff had been trained to meet people's care and support needs. The registered manager told us training was a mixture of classroom and distance learning approaches. All the staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. We saw evidence that where there were staff training was due, they had been booked to attend the next available course. Where specialist training was required to use specific aids such a PEG feeding, we saw staff had received training around this.

The provider told us staff received an induction when they first started working for the service. Staff would be required to read the relevant policies and procedures before they worked any shifts. The registered manager told us new staff were required to complete shadow shifts. These shifts allowed a new member of staff to work alongside an experienced member of staff whilst they were new to their role. Staff competence was be assessed before they could work alone. The staff we spoke with all confirmed that they had received a good induction.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

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. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles.

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files. For example, where people lacked capacity, there was evidence meetings had taken place with their representatives to determine a care plan that was in the person's best interests. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were

consulted in relation to the care planning of people using the service.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans.

The registered manager told us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, where people needed specific equipment to support with moving and handling, there was evidence of involvement from occupational therapists. Where required, people were supported to arrange and attend appointments with other healthcare professionals such as a GP or dentist. Health professionals we spoke with provided positive feedback about the service stating staff listened to advice and were proactive in seeking guidance.

Good

Is the service caring?

Our findings

It was evident that people were cared for with compassion and kindness. All of the people we spoke with provided positive feedback about the caring nature of the staff. One person said "My carers are very kind and caring. They are very respectful towards me." Another person said "They (carers) are always polite." Relatives we spoke with also provided positive feedback about the staff. One relative said "The carers are good. They are caring."

One professional told us they felt staff were 'very caring' and went over and above what was required of them. The professional told us how staff attended an emergency care call at midnight following concerns raised by the professional. We were told how staff had walked the last part of the routes as it was no longer accessible to vehicles. The professional told us the staff spent a significant amount of time ensuring they were safe and did not require any further support before they left.

The caring nature of staff was evident during the conversations we had with members of staff. Staff spoke passionately about their role and the people they support. One member of staff said, "I am proud to be working here. I feel I have a positive impact on people's quality of life." People told us they felt they received a caring service and would recommend it to others.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. Care files identified any areas of independence and encouraged staff to promote this.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff told us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was always maintained when supporting them with personal care. Staff told us it was very important to listen to people and respect their choices. This was also evident in care files. For example, there was an emphasis throughout people's care files for staff to give choice to people during each care call.

It was evident from talking with people; that staff had listened to them and had worked hard to provide the level of support required. People told us staff would discuss their care with them and would check if they wanted something to be done differently on any particular day. People told us this made them confident their care needs would be met according to their preferences on a daily basis. Relatives confirmed their family members were given choices by staff.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. We were told this was done during the initial assessment prior to a person receiving any care calls and then through regular meetings with the person and their families once their service had commenced. People told us they were involved in planning their care and support. We saw information about personal preferences, and people's likes and dislikes in their care plans. Relatives we spoke with told us they were consulted in relation to the care planning of people

using the service.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their loved one's care.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place which clearly detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

Good

Is the service responsive?

Our findings

Each person had a care plan and a structure to record and review information. Care records were held at the agency office with a copy available in people's homes. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. For example, where people required support with personal care, their care plans contained clear guidelines for staff to follow.

There was evidence of people's needs and care plans being reviewed regularly. The registered manager told us care plans would be reviewed every six months but more frequently if people's needs changed. All of the care plans that we looked at had been reviewed a number of times within the six-month timeframe due to the changing needs of people. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care staff also told us they would be supported by office staff to remain longer with people to ensure they were not left alone in the case of an emergency.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said "I will tell the carers if I have any concerns or will call the office. There is always somebody on the other end of the phone". Another person said, "I don't have any complaints but I know if I made a complaint, it would be taken seriously."

The service was providing end of life care. Training records showed that all of the staff working at Futures Care had received training around end of life care. Where required, the service had worked closely with people and their relatives to develop end of life care plains. The end of life care plans that we looked at contained details of people's preferences in relation to their care and how they wanted their cultural and religious needs met.

The service had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. At the time of the inspection, no complaints had been made. The registered manager demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided, care staff were well supported and managed, and the service promoted in the best possible light.

The registered manager and staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear regarding their roles and responsibilities.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Futures Care was based around providing person centred care to people and, support people to remain safe and well cared for in their own home. People and their relatives said they were cared for in a person-centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

People and relatives spoke positively about the leadership and management of the service. Comments included; "The manager is great" and, "I can speak to them whenever I need to". Staff also spoke positively about the leadership and management of the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "The manager is excellent".

Quality assurance systems were in place to monitor the quality of service being delivered. This included a health and safety audit, analysis of staff working hours and shift patterns, and checks on staff whilst they were providing care in people's homes. The registered manager told us they would also take some time during these visits to talk to people receiving care to obtain their views about the carer. The registered manager told us each member of staff would receive at least one check a year. The staff we spoke with told us they found this beneficial as it meant the registered manager could identify any developmental needs for the staff and these could then be explored during formal supervision.

The registered manager told us they will be introducing further audits in the future. These included care plan audits and audits of care records. The registered manager told us this would allow them to further monitor the service provided to people and improve quality.

Surveys had been sent out to seek the views and opinions of people using the service. The registered manager told us the views and opinions from these surveys will be collated and recommendations will be incorporated into the provider's improvement plan.

The registered manager knew when notification forms had to be submitted to CQC. These notifications

inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.