

Future Home Care Ltd

# Future Home Care Ltd

## Birmingham

### Inspection report

West Plaza  
144 High Street  
West Bromwich  
West Midlands  
B70 6JJ

Tel: 01216550901

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30 August 2017

31 August 2017

05 September 2017

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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

This was the first inspection since the new provider took over the management of the service in August 2016.

The inspection took place on 30 and 31 August 2017 and 05 September 2017. The inspection was announced because we had asked managers to organise some visits to people in their own homes with their consent.

Future Home Care – Birmingham is a community based adult social care service registered to provide care and support to people in their own homes. At the time of the inspection there were 67 people receiving a service.

At the time of our inspection there was a manager who had been appointed and had started the process to become registered with us but was not yet registered. 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.

People were kept safe because staff had received training and support to provide safe and appropriate care. Staff understood the different types of abuse and knew what actions to take if they thought someone was at risk of harm. People received their medicines as prescribed and had access to medical attention when needed.

People were supported by staff that had been appropriately recruited and understood the needs of the people they cared for. People were treated as individuals and were supported to live their lives in the way they would prefer, whilst ensuring their safety.

People were supported to eat healthily and to make choices where possible so that their legal rights were protected.

Staff were caring and kind and treated people with dignity and respect whilst encouraging and maintaining their independence.

People felt able to raise any concerns they might have and their feedback about the service was valued.

The provider had systems in place to monitor the service and ensure a good quality service was provided to people.

## 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 were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow when concerns were identified.

Risks to people were appropriately assessed and managed and people were kept safe as staff knew how to support them in case of an emergency.

People received the support they needed to take their medicines as prescribed.

People were supported by adequate numbers of staff who had been safely recruited.

### Is the service effective?

Good ●

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs and received support and guidance.

People were supported to make decisions where they could and significant people were involved to make decisions on their behalf if they were unable to do so.

People were involved in deciding how they received care and support and receive medical care when needed.

### Is the service caring?

Good ●

The service was caring.

People received care that met their needs from staff that were caring and kind and who treated people with dignity and respect.

People were supported to maintain their independence.

People were treated as individuals and supported to make choices about their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were responsive when supporting people's changing needs.

People were supported to make decisions about their lives and discuss things that were important to them.

People were supported to raise concerns or complaints when needed.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was not a registered manager in place but a manager had been appointed who had started the process of becoming registered with us.

The manager understood the responsibilities and requirements of their registration.

Systems were in place to audit and monitor the service and to ensure that the service was continually improving.

# Future Home Care Ltd Birmingham

## **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 and 31 August 2017 and 05 September 2017, and the visits were announced. The provider was given 48 hours' notice because the location provides a supported living service for people in their own homes. People are often out during the day and we needed to be sure that someone would be in so we asked a manager to arrange some visits for us to be done on 30 and 31 August 2017. On 05 September 2017 we visited the provider's office to look at how the service was managed.

The inspection was carried out by one inspector.

As part of our inspection we reviewed records held by CQC which included notifications and other correspondence we received about the service. A notification is information about important events which the registered person is required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection and ensure that any areas of concern were looked at.

Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the service. We used this information to organise visits to people in their own homes.

During our inspection we went to the service's office and met with the manager, a project manager and an individual who supported us with information on the computer systems, particularly in respect of training.

We visited ten people in their homes, spoke with twelve staff and two project managers. We reviewed a variety of documents which included the care records of four people to see how their care was provided, three staff files to look at recruitment and training and other records relating to the management of the service including complaints and audits carried out to monitor and improve the service provided.

# Is the service safe?

## Our findings

Some people we visited were not able to tell us how they felt about the service they received however, our observations of their body language and facial expressions showed that they were comfortable with the staff supporting them. We saw that they sought out the staff and requested support from them. Some people that were able to speak with us told us that they felt safe. One person told us, "Staff are nice. I feel safe." Another person said, "I love it here."

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with told us they had received training in how to keep people safe from harm. One staff member told us that safeguarding was part of the induction training where staff had to demonstrate an understanding of the company's safeguarding policy. Staff spoken with were able to describe the different types of abuse, the signs to look out for and how to raise any concerns they might have. Staff understood how to report concerns both within the service and to external agencies that they could contact, should they have any concerns about people's safety.

People were kept safe because risks associated with people's needs had been assessed, discussed with the people they related to and plans were put in place to manage them. Records we looked at showed that there were a variety of risk assessments in place that covered issues such as medication, finances and accessing the community for activities. Staff were able to tell us what could cause some people to behave in a way that staff might find difficult to manage and how they [people] were to be supported at these times to maintain their and other people's safety. We saw that these strategies reflected the strategies identified in people's care records.

There were sufficient staff to meet people's needs. We saw that there were the identified numbers supporting those people that we visited in their homes. Some people were able to tell us how many staff were needed to support them. For example, one person told us that they had two staff to support them during the day and one at night. Staff confirmed that this was always the case. Staff spoken with told us there were enough staff available to support people and there was usually a team of staff that were known to people. This meant that people were supported by staff that knew them individually. One member of staff told us, "At the moment, yes but I have noticed staffing levels go through peaks and troughs and I don't think it's easy to find staff of the right calibre with the necessary training and skills to support people." We saw an online rostering system used to ensure that sufficient staff were employed. This reflected the information in the Provider Information Return (PIR) which stated: Staffing levels / hours are monitored through an online rostering system to ensure that safe levels are maintained.

Staff spoken with told us that before they started their employment checks were undertaken. One member of staff told us, Disclosure and Barring Service (DBS) checks and checks with previous employers had been carried out before they started their employment. DBS checks are police checks that support employers to make good employment decisions. Records we looked at confirmed that these checks were in place ensuring that only suitable people were employed. The information in the Provider Information Return (PIR) reflected this.

People were kept safe in emergency situation. One member of staff told us, "I do feel that people are kept safe while receiving a service. The maintenance team react appropriately to any work needing urgent attention to ensure safety. Contact names and telephone numbers of people who can provide necessary support are readily available. A communication book between staff provides continuity of information for people's safety and welfare." Staff told us that there was an on call system available for support outside of office hours if needed.

People were supported to receive their medicines as prescribed either by the staff or by community healthcare professionals if needed. For example, we saw that one person was supported with pain relief by a community nurse. We saw that people were given choices as to whether they wanted to take 'as and when required' medicines such as pain killers. Staff told us that generally people took their medicines as prescribed however, if anyone started to refuse their medicines they would tell the managers. Medicine records we looked at showed that people received their medicines as prescribed and we saw that medicines were stored safely. Staff told us that they had received training in giving medicines safely. One staff member told us, "I have read the support plan, risk assessments and medicines administration record. I follow procedure (Management of Medicines) to the letter when administering medicines and report any problems."



# Is the service effective?

## Our findings

People spoken with were happy with the care and support they received. Our conversations with people showed that they were receiving personalised support and leading lives that they were happy with. One person told us, "I have two staff to support me. My behaviour has got better and I get regular psychological support. If my get upset my mood changes so I talk to staff, they listen."

Another person told us, "I liked living here. The staff nice. I have lost weight, I to the gym for exercise and I have an exercise bike at home."

Some people lived alone but some people shared their homes with others. We saw that the people that shared their homes appeared to get on. One person told us they had lived in the home for a long time and said, "I love it here, I know the neighbours. I got a birthday card from the neighbour. [Name of another person living there] likes knitting." People told us they went on holidays, sometimes as a group and sometimes on their own. We saw that staff had access to care plans so that they knew how to support people and have information about their likes and dislikes. Staff told us that they received training to help them understand people's specific needs and received training in issues such as catheter care, diabetes, epilepsy, autism and how to manage behaviours that could be challenging to the staff. Staff also felt supported because they received regular visits from project managers at people's homes to see that they were providing care as planned.

Staff told us that when they first started their employment they received induction training that included the values and ethos of providing good care. Staff were introduced to people they would be supporting in a gradual way whilst working alongside the staff that were experienced in caring for that person. One staff told us that this also happened when they needed to move to another location to support people that they had not supported before. During our visit to the office we saw evidence that staff induction training was based on the standards of the Care Certificate. The Care Certificate is a framework for good practice for the induction of staff and sets out what they should know when providing care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires 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. Staff demonstrated a detailed knowledge of the MCA and what this meant for the person they cared for and how they were able to ensure people's human rights were promoted. For example, staff were able to explain how they communicated with people who had limited verbal language to ensure they could make choices about their daily lives. This included monitoring people's facial expressions and body language, getting to know how people reacted if they were in pain or wanted something and using objects of reference such as a mug for drinks and pictures of places they might like to visit. Staff told us that people were able to go out when they wanted although most people were quite particular about their daily routines.

We saw that one person was being supported to move to other accommodation. The person's relative had

been involved in deciding where to move to as the person was not able to make the choice themselves. This showed us that people were involved in deciding how they lived their lives and other people who were not able to make this decision had decisions made in their best interest by relevant others.

People told us they went shopping and were able to choose the meals they wanted to eat. One person told us, "The staff are good cooks." We saw that where possible people were supported to be involved in the preparation of meals and drinks. We saw one person make drinks for themselves whilst staff prepared drinks and food for other people. One person told us, "I can't go in the kitchen because it's not safe for me." Another person said they helped with preparing the potatoes. Staff told us there were menus in place but people could change their minds if they wanted something different on the day. We saw that where necessary people's dietary needs had been checked and food and drink was prepared accordingly. One staff member told us, "When preparing the person's lunch I aim to include two pieces of fruit. When preparing his dinner I aim to include at least three fresh vegetables."

People told us and records confirmed that people were supported to receive access to healthcare professionals as needed. We saw that one person was receiving regular visits from a community nurse, one person told us they had regular access to a psychologist. During our visit staff told us and we saw that one person's health was deteriorating. One member of staff told us, "I constantly monitor the service user's health and look for signs of a problem. I have accompanied him on visits to see his doctor at the local health centre and collected prescriptions on the service user's behalf." People had Health Action Plans (HAP) in place. HAPs tell you about what you can do to stay healthy and the help you can get. Records looked at showed that people were supported to access a range of medical and social care professionals.

## Is the service caring?

### Our findings

People we visited told us they liked the staff and we saw that they looked comfortable in the presence of staff. We saw that staff were caring towards people and developed good relationships with them. A healthcare professional told us, "The staff are very caring and respond to any request made to them for the well-being of their clients." A member of staff told us, "I treat service users as I would want to be treated or how I would want a member of my close family to be treated." Staff spoke sympathetically about someone who was not very well and in some pain and tried to support them as best they could. We saw that the person went to staff to seek comfort and the staff responded appropriately.

People told us the staff were nice to them. People told us that staff gave them choices and asked what they wanted to do and what they wanted to eat. One person told us that they had not gone out that day because they didn't want to. Another person told us they didn't want to attend work or daycentre. Another person told us that they went to the daycentre on the bus. Although people were aware of their care plans and care records they did not always know the details included in them. One person told us that their brother looked after their care plan. We saw that staff had got to know people, their likes and dislikes and ensured that they were supported to make choices. This showed that people were involved in the care they received, given choices and able to plan their days as they wanted.

Staff were mindful about people's privacy and dignity and had a good understanding of people's needs and promoting independence. One person told us, "I can do my own personal care." Staff told us about another person saying, "She likes privacy to get dressed. We give her time and space whilst checking on her safety." Another staff member said, "I have read and understood the company, Dignity and Respect policy. If the service user indicates he wants food, I offer a choice, for example orange or banana. He's non-verbal but he can still indicate preferences. I respect his dignity and human rights and I encourage him to act independently as often as possible."

We saw that people were supported to maintain contact with friends and relatives if they wanted to and were valued as individuals by the staff. People told us that they celebrated important days such as birthdays. One person told us they had had a nice birthday and another person told us they were looking forward to their special birthday. We saw that people were dressed in styles that reflected their individuality and personalities and staff supported them to take pride in their appearance by encouraging them to attend the hairdressers. We saw that some people went to visit their relatives at weekends or went away on holidays with them. This showed that people were supported to remain in contact with people important to them, valued their relationships with others and treated people as individuals.

## Is the service responsive?

### Our findings

People told us they received the support they needed. Some people told us that they had been supported to arrange and go on holidays whilst others said they were planning a holiday. One person told us they had been on holiday to Eastbourne. Another person told us they were planning to go on holiday. By using gestures they told us they were going to go on an aeroplane and were very excited about it. We saw that people were involved in planning and agreeing action plans for goals they wanted to achieve. For example, one person had achieved a goal to attend medical appointments that had been arranged for them. The action plan showed this had been achieved. Another goal was to keep in touch with family. This was an ongoing plan.

We saw that one person had become ill and their health had suddenly deteriorated. We were told by the manager that the Macmillan nursing service had been involved to support the staff in providing appropriate care. Records we looked at showed that reviews of people's health were carried out on a regular basis to identify any changes in their needs. Staff told us that information about people's daily care and support needs were passed on to staff during shift changeovers so that staff coming on duty knew if there were any changes in needs.

There were systems in place to gather the views of people. There was a complaints and compliments procedure in place. People told us they knew who to contact if they had any concerns. One person told us, "I would tell my family or staff if someone shouted at me." We looked at the complaints record and saw that where complaints had been raised these had been investigated. We saw that compliments had also been received about the service provided. Another system in place for gathering the views of people in the service was by involving them in the recruitment of staff. We were told that if possible people would be involved in interviews but if this was not possible then following the interview process prospective staff would be introduced to the people they would be supporting and people's views of the individuals would be taken into consideration. This would support people to be involved in the organisation and also for the organisation to be able to respond to their comments about the individuals so that people had a choice about who would be supporting them.

## Is the service well-led?

### Our findings

This was the first inspection of Future Home Care since a new provider took over the management of the service in August 2016. The provider has a condition of registration to ensure a registered manager is in place to manage the service on a day to day basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The last registered manager left the service in March 2017.

At the time of this inspection a new manager had been appointed but was not yet registered with us. The manager was fully aware of their obligations as a registered manager. People told us that the new manager had visited them and she seemed nice. The manager confirmed that she had visited people because she wanted to get to know people and see where they were living and meet the staff that supported them. During the visit she had identified some areas that she felt needed some improvement. For example, some language staff used and the impact this could have on people, care plans and some medication issues. During our inspection we shared with the manager some of our findings where we had identified some improvements were needed. For example, one person's medical condition was not identified on a recent review although this was a significant issue for the individual and that some as and when required medicine protocols were missing. However, we saw that the staff were knowledgeable about these issues and the people being supported were not at risk. We found that the manager was open and honest about the service provided and keen to improve the rating to outstanding.

There was a management structure in place with delegated responsibilities. For example, project managers would carry out supervisions and spot checks for staff working with specific individuals. The project managers would then report to the manager who would in turn report to their seniors. Staff spoken with told us that they felt able to raise any concerns with the project managers who were their direct line managers and felt that any concerns would be listened to. Staff told us there were other opportunities for them to express their views about the service at staff meetings. One staff member told us that their project manager was respectful, understanding and communicative. The manager told us about meetings that were being held with other managers to drive up quality in the West Midlands. This showed that there was an open and inclusive management structure where staff felt supported and managers were looking at how services could be continually improved on. We spoke with the manager about systems in place to motivate and develop staff. We saw that there were star awards for staff in recognition of going over and above what was required of them. Staff were supported to develop their skills by taking on specific tasks such as working on training programmes to help develop staff.

We saw that there were systems in place to monitor the quality of the service such as audits on a variety of issues such as safeguarding, compliments and complaints, finances and staff practices through spot checks. Some of these audits were carried out by project managers, checked on by the manager and the findings passed onto the provider so that the provider was made aware of how well the service was provided.

The provider had completed and returned the provider information return as requested and we saw that the information included in it reflected our findings.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.