

Future Home Care Ltd

Future Home Care Limited Nottinghamshire North

Inspection report

Broadgate House, Ground Floor, Suite 2
Broadgate, Beeston
Nottingham
NG9 2HF

Tel: 01157530970

Date of inspection visit:
29 June 2021
30 June 2021
13 July 2021

Date of publication:
16 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Future Home Care Limited Nottinghamshire North supports people with a learning and/or physical disability in 10 supported living 'services' across Nottinghamshire. At the time of the inspection there were 21 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions 'safe, effective' and 'well-led' the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

Improvements had been made to the way the provider managed the service. The registered manager now had less 'services' to oversee and with the support of service managers, this had seen an overall improvement in the quality of the care provided. Staff were clear about their roles and responsibilities and improved governance procedures had ensured the service was no longer in breach of regulations.

People were protected from the risk of abuse and neglect. Risks to people's health and safety had been assessed, acted on and support plans amended when those risks changed. There were sufficient staff to support people safely, there was an on-going recruitment campaign to fill vacancies. People's medicines were managed safely. The registered manager acted quickly to address concerns we had about some records relating to people's medicines. People were protected from the risk of the spread of infection. The provider acted quickly to reduce the risk of accidents and incidents recurring.

People were supported to receive care; ensuring protected equality characteristics were not seen as barriers to good quality care. Varying methods of communication were used to ensure that people who were unable to verbalise their wishes were not discriminated against. Staff were well trained, and their practice was regularly assessed. People were supported to make healthy meal choices. Staff worked with other health and social care agencies to ensure people received timely care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 5 August 2019) and there was one breach of the regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 11, 12 and 18 June 2019. A breach was found for the regulation 'good governance'. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, 'Safe, Effective and Well-led'. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Future Home Care Limited Nottinghamshire North on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Future Home Care Limited Nottinghamshire North

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experiences (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 10 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 29 June 2021 and ended on 14 July 2021. We visited the office location on 2 July 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. Many of the people who used the service were unable to give us their views about the care provided. We used alternative methods to assess the care provided. This included observing staff interactions and speaking with relatives. We spoke with nine relatives and asked them about the quality of the care provided for their family members.

We visited six of the ten services which form this registered location. We spoke with 12 members of staff who worked at these services. This included service managers, team leaders and support staff. We also sent a questionnaire to all support staff and service managers and asked them for their views. 37 staff responded to this questionnaire.

We spoke with additional staff members when we visited the provider's office. This included the regional quality manager, the registered manager and the area manager.

We reviewed a range of records. This included 15 people's support records, medication administration records and the daily notes recorded by support staff. We looked at the recruitment process, staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse.
- People and their relatives told us they or their family members felt safe with staff. One person said, "The staff are lovely to me, they really make me safe and happy." A relative said, "The care is very safe. They are well-staffed."
- Staff understood how to report any concerns about people's safety. They felt confident if they reported a concern to their line manager and/or the registered manager, it would be acted upon appropriately. The registered manager ensured concerns about people's safety were reported to the appropriate authorities such as the Local Authority Multi Agency Safeguarding Hub and the CQC.
- Senior management had oversight of all safeguarding concerns. Where needed, meetings were held with the registered manager to agree actions to ensure the immediate and on-going risk to people's safety were reduced. This helped to keep people safe

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed and guidance to reduce those risks were recorded in people's support records.
- There were positive behaviour support (PBS) plans in place. PBS is an individualised, person-centred approach to supporting people with a learning disability. Each support plan we viewed offered guidance for staff on the most appropriate way to support people safely, with minimal restriction.
- The PBS focused on reducing the risk of the person presenting behaviours that could challenge themselves and others. These plans were reviewed regularly and amended to ensure they reflected people's changing needs.
- Occasionally some form of restraint was required to be used by staff to prevent a person harming themselves or others. Where restraint was required, support plans and risk assessments were in place to inform staff of the agreed procedures to use. When used, management and staff discussed the reasons why restraint had been used to ensure the restraint was not inappropriate and unlawful.
- Staff had received training to ensure restraint was provided safely and in the least restrictive way.
- Risks to people's home environment were also assessed. Procedures such as how to make people safe in an emergency were recorded; this included how to evacuate them safely where needed

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- Most people, relatives and staff spoken with felt there were enough staff in place to care for and support people and to keep them safe. One person said, "They are always here to help me feel safe and I have a big

smile on my face."

- There were some minor concerns raised by staff and relatives about consistency of staff; however, the challenges of COVID-19 have made staffing of some services problematic at times. A risk rating system was in place to ensure that people most at risk were cared for and supported if there was a sudden decrease in staff numbers.
- Recruitment was on-going to ensure the provider continued to have sufficient number of staff in place to keep people safe. The recruitment process was effective in ensuring that only suitably qualified and experienced staff were employed. Criminal record checks were completed prior to staff working with people. This helped to keep people safe.

Using medicines safely

- People received their medicines safely and were protected from the risks associated with medicines.
- The majority of people and their relatives told us they were happy about the way they or their family members received support with their medicines.
- At each of the six services we visited as part of this inspection, we checked people's medicine support plans, risk assessments and medicines administration records (MARs). Overall, these records were reflective of people's needs, were reviewed regularly and the MARs were well completed.
- We did highlight some records where staff had not always record why an 'as needed' medicine was administered. These types of medicines were given to people when they have a specific need such as pain or increased distress. The registered manager addressed this immediately. Staff were reminded of their responsibilities to ensure the records were fully completed. We did not find any examples where people had received these medicines inappropriately.
- Competency assessments were completed to ensure staff performance in relation to medicines was monitored. Poor staff performance in this area was dealt with via retraining, further assessments or if needed, disciplinary actions.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- A relative told us that when they visited their family member staff always wore PPE and they took their temperature to ensure they were safe to visit.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Concerns about people's safety were valued as integral to learning and improvement.
- Staff felt able to report concerns and incidents to the registered manager and provider without fear of reprimand. All staff were open and transparent, and fully committed to reporting incidents and near misses.
- Following an incident senior management worked with the registered manager to agree actions to make the person safe, helped them and their staff to learn from any mistakes and to implement changes to people's care. This helped to reduce the risk of recurrence and to people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured care and support was provided in accordance with current standards, guidance and legislation. This included the CQC's policy for Building the Right Support.
- In adhering to the BRS guidance, people lived in houses or flats with no more than a total of six people. Each home or flat was based in an area where people could have easy access to their local community. People were encouraged to play an active role in their local communities. This included attending events and facilities that were for all of the local community to use and enjoy.
- Each service was located in areas that enabled people using the service to have easy access to the health and social care services used by the local community.
- People's protected characteristics, such as their age, gender and ethnic origin were also considered when support plans were formed. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, experienced and had the skills needed to provide them with effective care.
- People and relatives all felt staff knew how to provide effective care and support for them or their family member. A relative said, "They are very well trained, really professional."
- Staff were provided the training required to carry out their role safely and effectively. This included training in areas specifically designed to support people with a learning disability. Positive behaviour support, restraint and Makaton was just some of the training provided for staff. Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate. It supports the development of essential communication skills such as attention, listening, comprehension, memory and expressive speech and language.
- Most staff felt well trained and supported. They felt they had the skills needed to care for people safely and effectively.
- Records showed training deemed mandatory by the provider had, for most staff, been completed.
- Assessment of staff performance via competency assessment and supervisions had been completed. This helped to ensure people continued to receive consistent and effective care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a healthy and balanced diet.
- A relative praised the approach of staff with supporting their family member. They said, "I have seen good

practice. [Family member's] food is cut up because they have a bit of a problem swallowing."

- Care records contained guidance for staff to support people with their meals and to maintain a healthy diet. This included agreed support with helping people eat more healthily with the aim to lose weight.
- Decisions about food were not forced upon people. People's independence was encouraged with guidance for staff on supporting people to make their own meals and to make healthy choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive effective, timely care with other agencies where needed.
- Records showed referrals to other health professionals were also made where people's health had deteriorated and risks to health and safety had increased. This included support from dieticians, speech and language therapist and occupational therapists.
- People were provided with information about how to access other healthcare agencies. This was also provided in an easy read format to aid communication and reduce the risk of discrimination.
- Where able, people attended appointments alone; where needed, staff attended appointments with people. This helped to ensure that people were able to receive reviews of their health from other health professionals.
- Support records were updated to reflect additional guidance provided by health and social care professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative and health professional.
- A relative told us staff used 'social stories' that enabled their family member to communicate their wishes as they were unable to do so verbally. Social stories use words or images to explain specific occurrences, behaviours, social interactions, concepts, or skills. They are designed to benefit those with developmental delays, social issues, autism, or other difficulties with comprehension.
- The registered manager told us they were particularly pleased with the progress they and their staff had made with supporting people with social stories to help them to take more control of decisions about their care.
- People's support records contained examples where, if able, they had signed to give their consent to

certain elements of care provided. We did note in some records the consent section was not signed and no entry had been made to state whether the person could consent in another way. The registered manager told us they would remind staff to ensure that all records correctly recorded whether the person was able to give consent. This will ensure that people's right to make their own choices about their care was appropriately recorded and acted on, protecting their rights.

- The registered manager and staff had a good understanding of the MCA and was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we had concerns that the governance systems used to identify, assess and monitor the risks were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At our last inspection we raised concerns about the number of individual services that were managed under one registered location. Our concerns were based on the issue of one registered manager having ultimate responsibility for 26 different services. We assessed this as being difficult for the registered manager to have sufficient oversight of all 26 services and to ensure they all met the minimum standard of 'good' care.
- We assessed at the last inspection that whilst many of their services were at least meeting the minimum of standard of 'good' care, too many services were not. This affected the overall rating of the registered location.
- After the inspection, the provider addressed this by splitting the size of the registered location in two. This meant, the registered manager now had 10 services to oversee with the support of their service managers. This has seen an improvement in the quality and consistency of the care and support provided at these services. The registered manager is now able to take quicker action to address any shortfalls in care.
- Staff spoken with felt the changes had benefitted the people they cared for and also themselves. Many commented on management now being more approachable and issues being addressed and dealt with quicker.

Continuous learning and improving care

- The provider had acted to address other concerns we raised at our last inspection. They now had the systems in place that enabled them to identify themes or trends that could affect the quality of the care provided.
- The registered manager worked closely with the regional quality manager to ensure compliance with regulations and standards across their services. Where services had areas for improvement, they and the service managers worked through an agreed action plan to improve care. On-going poor performance was dealt with via re-training, further supervision and ultimately disciplinary action.

- Staff had access to on-line resources should they require further information to support them with providing high-quality care. All company policies and procedures were readily available for staff to refer to.

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

- Most people, relatives and staff spoken with thought there was a positive culture and ethos.
- Most staff told us they enjoyed their job and felt supported by their service manager and the registered manager. Where a small number of staff had commented that there were issues, the registered manager told us they were already aware of this and were addressing them.
- In the six services we visited we observed staff and the people they supported interacting well together, there were laughs, jokes and a good rapport had clearly been formed.
- We were informed of numerous positive stories where people had experienced positive outcomes as a result of the support they received from staff. For example, a person was concerned about their weight and staff had supported them to lose five stone.
- Other examples included a person who had previously been unable to leave their home on their own was now able to go to their local shop. Another person had requested to use a local butcher rather than a supermarket for their meat and staff were supporting the person with controlling the portion size of their meals.

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

- Most people, relatives and staff felt the service was well-run, the registered manager respected their views and took action to address concerns when raised.
- A relative said, "The manager always listens and comes back to me." Another relative told us their family member was fully involved and consulted when they moved between services. They said, "[Family member] was involved in the move. It was an excellent transition. [Family member] saw the plans for the new building."
- Staff were continually seeking ways to expand their knowledge to enable people to take a more active role in the decisions about their care. As referred to in the 'effective' section, Makaton communication was used to enable people who could not verbalise their wishes to contribute to decisions about their care and their day to day wishes.
- Staff were provided with virtual coffee mornings where they could dial into a call and speak with other colleagues. Regular team meetings were also held to give staff the opportunity to give their views and concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.
- We have commented on this in more detail in the 'effective' section of this report.