Future Carehomes Limited

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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

Overall summary

We carried out this unannounced 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, and to provide a rating for the service under the Care Act 2014. This was an unannounced inspection.

Future Carehomes Limited is a supported living care service that provides personal care to eight people with learning disabilities in their own homes.

The service was last inspected by the Care Quality Commission (CQC) in July 2013 and found to be meeting the regulations inspected.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People received support that met their needs. The service had systems to ensure people were protected from risks associated with their support. Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

Staff we spoke with understood the need to protect people's privacy and dignity. People told us staff knocked on their doors before they could enter their homes.

Checks were completed to ensure staff were suitable to work with adults in need of support before they started work with the service. Other appropriate checks had also been undertaken before staff commenced work with the service.

People were encouraged to maintain their independence. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. Staff supported people to attend health and medical appointments, and ensured that people received the medical care they needed.

Staff received support to fulfil their roles from the registered manager and the care coordinator. All staff had development plans which identified skills and resources needed to support them to achieve their career goals within the service. There were systems in place to monitor the safety and quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. All staff had received training in safeguarding adults, and knew what action to take when responding to allegations or incidents of abuse. The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service had sufficient staff to meet people's needs. All staff had been checked to ensure they were suitable to work with people using the service.

Is the service effective?

Good

The service was effective. People received individualised support that met their needs. Each person had a health action plan, which detailed the support they required to maintain and improve their health. Appropriate referrals were made to healthcare professionals.

Staff were supported to fulfil their roles and records of regular supervision and appraisals had been kept. Staff told us they were supported by the management.

People were supported to eat healthy food and drink that met their needs. Their support plans included an assessment of their nutrition and hydration needs.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about people's needs and how to ensure they were met.

Staff treated people with dignity and respect and knew and responded to each person's religious and cultural needs.

People were involved and their views were respected and acted on.

Is the service responsive?

Good

The service was responsive. The service provided personalised care to meet people's needs. People were asked about their views about the service through participation in meetings and provider forums.

Relatives informed us that they could talk to the manager or care staff about any concerns or complaints they may have.

The service facilitated access to a wide range of activities according to people's wishes.

Is the service well-led?

Good

The service was well-led. There were systems in place to ensure that the quality of the service people received was assessed and monitored.

The service promoted a transparent culture. Staff, people who use the service and their families felt free to raise concerns and report any issues, which resulted in learning for the service. People were supported to express their views by attending provider forums.

Future Carehomes Ltd

Detailed findings

Background to this inspection

We inspected the service on 22 July 2014. The inspection team consisted of a CQC inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service which included; accidents, incidents and safeguarding alerts the provider had notified us about in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During the inspection visit we spoke with four staff members, the registered manager and the care coordinator. We also examined records, which included people's care records, and records relating to the management of the service. We looked at records for five out of eight people receiving care and the human resources records for five staff.

Following our visit we spoke with relatives and representatives of four people receiving care. We also received feedback from healthcare professionals and professionals from the local authority.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe and happy because [the service] is doing a good job." This mirrored the feedback from four relatives we spoke with. One of them told us, "I do not have any worries about my [relative's] safety.

People who used the service were protected from the risk of harm and abuse. The service had a safeguarding policy and procedure, together with contact details of the local safeguarding team. There was evidence the service was responding and reporting concerns appropriately. Staff had received training in safeguarding adults. We spoke with four staff and they knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager or where appropriate, the local authority or CQC.

There were Mental Capacity Act 2005 policies and procedures in place. Staff were knowledgeable about the requirements of the MCA and issues relating to consent. Care records showed people's mental capacity had been assessed in regards to making specific decisions about their daily lifestyles. This included decisions about their nutrition, personal care, and medical interventions. One care worker told us, "Each person has a right to make their own choices. However, some people are not able to and so we involve others, including their social workers to support them."

We looked at the human resources records of five staff and saw that each contained a pre-employment checklist. This showed the checks the provider had undertaken prior to staff commencing work with the service. Each file contained two references from previous employers, criminal records checks, proof of identity and address, along with documents confirming the right of staff to work in the United Kingdom (UK). The managers told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for.

There were enough staff available to ensure people were safe. The service employed eight staff who supported eight people. Most shifts were on a one to one basis unless there were changes in people's needs. People's support package allocations varied depending on their needs and were receiving support at variable times. A social care professional commented positively on the capacity of the service in meeting people's needs flexibly. This reflected the feedback we got from a care worker who recounted of an example when an extra staff member was booked for three months to support a person whose needs had deteriorated as to require more support. People receiving support had mobile phone numbers for their keyworkers. People were aware of who to contact, including the sleeping-in staff if they wanted support during the night.

Risk assessments had been carried out and recorded in people's care records. We saw that these had been regularly reviewed and updated in recognition of people's changing needs. The risk assessments detailed the support people needed to receive from staff to minimise risk of harm. These covered a range of areas, such as people at risk of falls, special dietary requirements, risk of choking and safety and security at home. Staff understood people's needs and were aware of any potential risks to people. For example, they were able to tell us about how they would support people with swallowing difficulties by altering texture and thickness of food or encouraging them to pace their eating. This reflected the information that was contained in individual's risk assessments.

Plans were in place to respond to emergencies. The service had a lone working policy. This gave staff guidance on procedures to follow in emergencies; such as calling the on-call manager. The provider had a fire safety risk assessment and an evacuation plan for staff, and people who used the service. Relevant arrangements were also in place for medical emergencies. For example, the service had ensured people were protected from fire hazard by ensuring regular fire drills were undertaken. Smoke detectors were installed in people's flats.

Good

Is the service effective?

Our findings

People who used the service and their relatives were happy with the care provided by the service. One relative spoke highly of the care provided, stating; “The care staff go above and beyond.” When asked whether care workers completed their tasks at each visit, a person receiving care told us, “Yes. They do what I want them to do.”

There were enough staff with skills and knowledge for their roles. We looked at staff records. Most had previous experience of working with people with learning disabilities. All new staff received induction training. Also, all staff had undertaken relevant training including, MCA, learning disabilities awareness, cognitive behavioural therapy awareness, epilepsy and dementia awareness. Refresher training had been booked to help staff to keep their skills up to date. Some staff had completed national recognised vocational qualifications in health and social care. Staff were aware of their roles and responsibilities. This was confirmed by some people receiving care and their relatives. One person told us, “I am supported by the same staff. They have taken me for dental appointments and they make me relax” and a relative said, “Staff show that they can do their job well. There has never been a problem with their work.”

Staff received support to fulfil their roles from the registered manager and the care coordinator. We saw records of regular supervision, appraisals and staff meetings. All staff had development plans, which identified skills and resources needed to support them to achieve their career goals within the service. Regular staff meetings were undertaken, which the registered manager explained were necessary to ensure information about people was effectively shared. Staff told us they felt supported by the management, whom they described as ‘approachable’.

People were referred to healthcare professionals with regard to their health needs. The support records of people receiving care showed that each person was regularly supported to see the health and medical professionals they needed. We saw records of referrals for screening tests carried out by their GP, speech and language therapy, dietitian and other professionals involved in people’s care. People were supported to attend medical appointments and details of the outcome and any relevant action were recorded. Each person had a Health Action Plan (HAP). The HAPs detailed the actions that were required by each person receiving support, to maintain and improve their health and any help that might be needed to accomplish this.

People were supported to eat appropriate food and drink that met their needs. Their support plans included an assessment of their nutrition and hydration needs. Where needed, guidelines had been developed by a speech and language therapist (SALT) and a dietician. We noted this in cases where people had eating or swallowing difficulties. Relevant guidelines were made available by SALT for staff to support people with eating. People at risk of losing weight were weighed monthly and where necessary referrals were made to dieticians, SALT or appropriate healthcare professionals.

Staff told us they encouraged people to be more independent. People were supported to do shopping. One person receiving support told us, “Staff assist me with shopping. I make choices of food I want to buy.” This was confirmed by a care worker we spoke with who said, “We support people to make healthy food choices”, stating how they supported people to draw up a list of healthy food to buy.

Good

Is the service caring?

Our findings

One person receiving care told us, “Staff are very caring. They make sure my house is clean and they support me to look after myself.” A relative told us, “Staff are caring. They tell us when [my relative] is unwell and make arrangements for [my relative] to attend hospital.” The attitude of staff was also reflected in the feedback we received from a professional involved in people’s care who stated staff were dedicated and consistent.

Staff understood the need to protect people’s privacy and dignity. People told us staff knocked on their doors before they could enter their homes. The service induction programme showed staff had completed privacy and dignity training. Staff gave a few examples of how they applied their knowledge to practice, including knocking on the door before they could enter people’s homes and closing doors when supporting people with personal care. A care worker told us, “Care plans give us guidelines. Privacy and dignity are maintained through respect, calling service users by their preferred name and ensuring doors are closed when we are giving personal care.”

People were supported to express their views and were involved in their care because the service had a range of ways to ensure people were able to say how they felt. Each person’s file contained a support plan, which described how the person liked to be supported. This captured the person’s voice, with statements such as, “How to make my care easier and safer”, “Things I like” and “things I do not like.” This helped staff to know how to support people. Equally, people were encouraged to attend provider forums. Provider forums are regular meetings where all providers in a particular area can attend and discuss issues affecting services, including getting feedback from people using services.

Staff understood people’s preferences and needs. They were able to tell us about how they supported people. Staff were aware of people’s likes and dislikes. For example, a support plan for one person indicated that they would like to adopt a healthier lifestyle and, such as healthy diet and exercise. The care worker for this person was aware of this. Also feedback from a professional involved in the care of another person receiving support demonstrated how staff were aware of and able to meet people’s needs. We were told staff knew the person’s needs and were able to anticipate and address these.

The manager told us the service sent the same care staff to support people except in rare circumstances. She said they would inform people in advance if for any reason different care staff were to be supplied. This was confirmed by a person we spoke with, who told us “If I don’t know them [carers], l won’t greet them. The manager knows that.”

People’s records showed evidence that they received person centred care. The records indicated the service took into account the person’s needs, preferences and strengths. We saw that people were given opportunities to make informed decisions about their care in partnership with healthcare professionals, relatives, advocates and the service.

Staff understood and responded to people’s religious and cultural needs. People’s care records contained documented evidence that arrangements had been made to ensure that their religious and cultural needs were responded to. Staff supported people to attend religious festivals and attend places of worship. A professional involved in people’s care told us staff understood people’s cultural and religious needs.

Good

Is the service responsive?

Our findings

We checked to see if people received care and support that was responsive to their needs, choices and preferences. A person receiving care told us, “I make choices on the food I want to buy and activities I want and staff support this.” A relative told us, “At times we get together with the manager to discuss issues and she is always supportive.”

Before people started to use the service, their health and social care needs were assessed to determine if the service could meet these. This involved the registered manager visiting the individual, and involving them, their family and friends in the assessment. Care plans were then developed with the person, to enable staff to understand people’s individual needs.

All care plans were person centred and were regularly reviewed to reflect the changing needs of the person. Staff were kept informed of people’s changing needs. A care worker told us, “When support plans are changed, all staff are informed via meetings or monthly reviews. “ People or their relatives were involved in on-going reviews. Asked if they were involved in the planning of their care, a relative told us, “Yes, definitely.” The relative told us the service asked for their input when planning their relative’s care. The support plans we looked at were centred on each person’s individual needs and preferences. The registered manager had completed a ‘person’s profile’ for each person. This summarised each person’s needs and preferences and gave care workers guidance on how to support people as they preferred.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example, a person who had lived in a residential home for many years and had not acquired basic life skills was now able to make themselves a cup of tea, sandwich and assist with cooking since they started receiving support from the service. A care worker told us, “We support them to become as independent as possible. For example, with cooking, we supervise rather than do it for them.” This was confirmed by a professional involved in people’s care who told us the person they were responsible for was supported to access the community, college, gym and health appointments.

People and their relatives were asked for their views about the service. In a recent survey people had fed back that they were satisfied with the service. The registered manager told us they also kept regular contact with people through phone calls to receive feedback. People told us they would recommend the service to others.

People using the service and their relatives told us they were aware of the formal complaint procedure. This was included in information given to people when they started receiving care. People told us they felt happy and had no reason to complain and were confident about speaking with the registered manager if this was needed. One person told us, “If I have problems I speak to the registered manager or my social worker.” Staff were aware of what action to take when a complaint was received.

Good

Is the service well-led?

Our findings

The service had a culture that was open and transparent, and encouraged good practice. The service had a registered manager in post, who was supported by a care coordinator. Staff were knowledgeable regarding their roles and responsibilities and the needs of people who used the service. Staff told us they felt supported in their role and did not have any concerns. They told us the manager was approachable and that their opinions were valued.

The registered manager and the care coordinator understood and were committed to the values of respect, dignity, inclusion, equality and diversity. The service was structured around person centred planning, which promoted these values. Staff were aware of and shared these values. They told us their role was to support people to become as independent as possible by providing them with choices and access to community.

Transparency was encouraged among staff and we noted this was discussed in staff meetings to enable staff to discuss issues that may be of concern. We read staff meeting minutes and in one, staff were reminded by the manager of the importance of attending these meetings, "to air their views and for the management to receive feedback."

The registered manager and the care coordinator undertook regular checks and audits of various areas of service delivery. The service conducted unannounced spot checks to monitor the performance of staff and to check if they were meeting people's needs. They checked arrival and departure times, the quality of daily logs, medicines, food safety and hygiene, communication with people using the service, and the general support that staff gave to people. Any issues of concern arising from these visits were discussed with the staff concerned and where appropriate shared in staff meetings. Staff confirmed the registered manager visited to check if they were meeting people's needs. This ensured that issues were identified and addressed, and where actions had arisen from the checks we saw that progress was noted.

The service worked in partnership with other services. The registered manager held the position of joint chair for a local learning disability forum. She explained that the purpose of the forum was to ensure that people using services had information they needed to make choices and were enabled to participate in community activities. A local commissioner told us the provider forum was an integral part of the learning disabilities partnership board structure and was critical to the development of many things, including the implementation of personalisation. The participation of the service in the forum had direct benefits for people using the service. For example, people told us they attended the forum and were supported to express their views. One person told us, "I attend the forum. I have been supported to talk about care. They are brilliant" and a relative told us, "My relative is supported to attend the forum, where they participate in discussions."

The service had an accident and incident book, where any investigations undertaken and subsequent action plans were recorded. The manager told us that the outcomes of investigations were always discussed with staff to ensure any learning was used to improve practice.

The service had a whistleblowing policy. Whistleblowing is making a disclosure that is in the public interest. It occurs when an employee discloses to a public body, for example, the police or a regulatory commission that their employer is partaking in unlawful practices. Staff were aware of when they would need to use the whistleblowing procedure. For example, they told us they would take it upon themselves to contact the local authority, CQC or any other relevant organisation if management staff did not take action in relation to concerns about people's safety.