

Future Care Enable Ltd

Milton Keynes

Inspection report

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Tel: 01908870002

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14 August 2018
16 August 2018

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31 August 2018

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 inspection took place on 14 and 16 August 2018 and was announced.

At the last comprehensive inspection on 16 January 2018 the service was inspected but not rated. This was because as there was not sufficient information available to us to make an informed assessment.

At this announced inspection on we rated the service as 'Good'.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults.

Future Care - Milton Keynes –provides a personal care service to people who live in their own homes that includes, support with taking medicines, personal care, meal preparation, respite care and home from hospital care. At the time of our inspection the service was supporting e two people who were receiving care from live in carers.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People received safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received support to eat and drink where required. People were supported to use and access a wide variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received care that was person centred and met their needs. They had developed positive relationship with the staff who understood their likes and dislikes. Staff were kind, caring and treated people with dignity and respect.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

Staff felt supported and valued and said they were able to discuss any issues or concerns. There were systems in place to monitor the quality of the care provided and to ensure the values; aims and objectives of the service were met. People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

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.

Staff understood how to safeguard people from potential abuse. Recruitment procedures reduced the risk of employing unsuitable staff. There were enough staff on duty to meet people's needs.

Risks related to people's care had been identified and acted on. The provider learned from incidents and took further steps to reduce risk. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed and met by staff who were skilled and had completed the training they needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive

Care plans were personalised containing information about people's likes, dislikes and personal preferences. The provider's complaints policy and procedure was accessible to people and their representatives.

Is the service well-led?

Good 

The service was well-led.

A registered manager was in the process of applying to be the registered manager. Quality monitoring systems were in place to drive improvement at the service. These had been embedded in to staff practice. Staff members said that management provided good support to them.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

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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 was an announced comprehensive inspection that took place on 14 and 16 August 2018 and was completed by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection.

Before the inspection, the provider completed 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 plan to make. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

During this inspection, we spoke with one person using the service and one relative. We also spoke with four members of staff that included the registered manager and three care and support staff.

We looked at the care records of two people who used the service. We also looked at other information in relation to the management of the service. This included five staff recruitment records, training records and information about the service. For example, policies, procedures and arrangements for managing complaints and how the quality of service was monitored.

Is the service safe?

Our findings

People felt safe when they were receiving support from staff. One person told us, "The girls do make me feel safe. They take good care of me." A relative commented, "The carers are very competent and I know [family member] is well looked after and kept safe." The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I would follow the safeguarding procedure if I had any concerns and report them to the manager or the Care Quality Commission."

All the staff we spoke with were confident that any concerns they reported would be followed up appropriately by the registered manager. There was a clear safeguarding procedure in place and staff had access to the whistleblowing policy if they wanted to raise concerns. Staff told us and records confirmed that all staff had completed training in relation to safeguarding people from abuse. There had been no issues in relation to safeguarding people from harm since the last inspection. The registered manager was fully aware of their responsibility to notify the local authority and the Care Quality Commission (CQC), should any concerns about safeguarding arise.

Systems were in place to identify and reduce risks to people using the service. We saw detailed risk assessments that covered areas of risk that may be present in people's lives, for example, mobility and nutrition. Records confirmed that risk assessments had been reviewed on a regular basis or when there was a change in a person's individual circumstances. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

Accidents and incidents were recorded appropriately. These showed staff had taken appropriate action in response to accidents, such as falls.

Staffing numbers were sufficient to meet people's needs. One person said, "I always have the same staff. They always look after me and are always here." A relative commented, "We haven't had any worries about insufficient staffing. It's always been just right." Staff told us they felt the service was staffed well and people were supported safely. Staff rotas showed there were sufficient numbers of staff to safely meet people's needs. One member of staff said, "Staffing levels are okay. If we ever have a problem the manager always steps in to help. There hasn't been a problem as long as I have worked here." The registered manager also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

Staff were safely recruited. Staff recruitment files contained the required documentation to show staff were safe to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history and a health declaration. The provider had obtained references to provide satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care. This helped to ensure that only suitable staff were employed to work at the service.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that it was carried out safely. One person told us

that staff reminded them to take their medicines and commented, "I get my tablets every day." Staff completed medication administration records (MAR) charts when they had supported a person with their medicines and these were completed clearly and accurately. Staff had completed training to ensure they were up to date with the most recent guidance to keep people safe. The registered manager undertook observations and spot checks of staff practice to ensure staff administered medicines safely. One staff member said, "I completed medication training which was good and it keeps us up to date with new practices."

Policies and procedures in place in relation to infection control were easily accessible to staff. A staff member said, "We know what we have to do to make sure people are protected from infection. The manager makes sure we have gloves, aprons and hand gels that we use all the time." This showed that infection control procedures were followed and assured people that they were protected from avoidable harm. Records confirmed that staff had completed training to ensure they were up to date with the most recent guidance to keep people safe from the spread of infection. Observations and spot checks took place, to ensure staff followed infection control practices.

The service understood how to record and report incidents, and used information to make improvements when necessary. Evidence was seen of lessons being learned when things went wrong. This included a review of one person's care package to introduce a different approach to managing their behaviours, to ensure they stayed safe.

Is the service effective?

Our findings

People's needs had been assessed before they received support. This included assessment of their physical needs, the gender of staff they would prefer supporting them and when they would like their visits to take place. Assessments took into account equality and diversity needs such as those which related to disability and culture. We saw that other areas covered by the assessment process included who else would help with the person's care, for example a family member or an outside agency such as a mobile meal delivery service. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place.

People were supported by staff who had the knowledge and skills required to provide good care. One person told us, "My carers know me very well. They understand what I like to do and the way I like things to be done."

Staff members had an induction before starting work within the service. One staff member told us, "I had an induction before I started working alone. I did some shadowing and various basic training courses. In all it was very good." Staff we spoke with and records confirmed that all staff went through the same induction process. Staff skills and competencies were assessed across the first six months of employment to ensure they were meeting the required standards. We saw that all new staff were signed up to the care certificate qualification. The care certificate covers the basic standards that are required to work within care.

Records showed that staff received on-going training and staff were aware of how to support people with a wide range of needs and preferences. For example, moving and handling training so staff were confident using equipment such as lifting hoists. Records confirmed that all training was kept up to date and staff feedback about the training was positive and equipped them for their roles. One said, "We do a lot of training. It helps to keep us up to date with any changes." We saw that the training was based on current legislation and best practice guidance.

Staff members received supervision and support from the registered manager. One staff member told us, "We get the right amount of supervisions. I can always contact the registered manager about anything." All the staff we spoke with confirmed that they were supervised effectively and felt that their supervisions were useful and helped them develop within their role. We saw that supervisions were recorded and any actions and goals were recorded for people to work towards.

Staff supported people to eat and drink sufficient amounts when required. One person told us they were happy with the food they were offered by the staff. They told us, "They [meaning staff] always try hard to make sure I get the food I like." A member of staff commented, "People do have a choice of what they want to eat. We are all aware of people's food preferences and any dietary requirements." We saw this information was recorded within people's files.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health and social care professionals in relation to people's care. Detailed information regarding people's health requirements was recorded by

staff, and staff we spoke with were knowledgeable and confident about supporting people with their health requirements.

The registered manager said that they would monitor people's health and wellbeing and when concerns about people's welfare had been identified, these would be reported and acted on. A relative told us, "She [meaning the registered manager] has called the doctor and me if she is worried."

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The registered manager understood their responsibility about what they needed to do if a person lacked the ability to make a decision about their care and support; a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Staff told us that they always sought people's consent before providing any care or support and people we spoke with confirmed this. One person told us, "My carers ask me first and they don't do anything without checking first."

Is the service caring?

Our findings

compassion. One person told us, "My carers are really nice. We all have a laugh and I like them a lot." A relative told us, "I think the staff are very good and extremely patient. My [relative] can be quite difficult at times but they manage so well." All the staff we spoke with told us they felt they had the opportunity to work regularly with the same people, in order to get to know them and develop good relationships.

People and, where required, their family were involved in their own care and were able to freely express their own views. One person told us, "The staff do listen to what I want. I choose what I want to do." During our conversations with staff, they demonstrated they cared about the people they supported. One staff member told us, "We become like family. It's all about supporting people to live a good quality life." Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. Plans of care demonstrated that people and their relatives had been actively involved in making decisions about their care and support. People's plans of care included details about their personal history, their personal preferences and their likes and dislikes. A relative told us, "The carers know exactly how [relative] likes things to be done. [Relative] likes things to be done in a certain way and staff respect that."

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support. The registered manager and staff we spoke with were able to describe people's preferences and daily routines. The examples described were consistent with the information documented in the care records about how people wished to be cared for.

Advocacy service details were included in the information pack people received with their contract of care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People told us that staff respected and promoted their privacy and dignity. One person said, "My carers are very respectful. They listen to me and always make sure I get the care I want." A relative told us, "My [relative] is treated with such dignity and respect. Its lovely to watch the carers with [relative]."

The staff knew how to maintain people's privacy while providing personal care. Staff had received training about respecting equality, diversity and upholding people's human rights. A staff member said, "We always treat people with respect. Treat others how you want to be treated."

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy to evidence they complied with the data protection act. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data

protection act.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff knew them well and understood their needs. One person said, "My carers look after me. I am happy with my carers. They know what to do, and help me do the things I want to do." A relative told us, "I have peace of mind knowing that [relative] gets the right care and it's what they need."

Records confirmed that a thorough assessment of people's needs was completed before a care package was agreed. These had been completed with people or their relatives if necessary. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care.

Care plans were individual to each person and recorded how to support them to maintain their independence in areas that they were able to, including choosing their own clothes, what they wanted to eat and how they spent their time. Staff maintained daily records about people's care, including how they were in mood. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. People's care plans were very personalised and tailored to their individual needs.

Care plans reflected people's physical, emotional and social needs, including those characteristics protected under the Equality Act. Staff told us care plans were valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. One member of staff commented, "If I have been off for a while I always check the care plan to make sure nothing has changed."

The staff team looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they would make information available for people in a different format if it was required.

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon as required. People said they were comfortable to make any formal complaints if needed. A relative commented, "I have spoken to the manager about problems in the past and I felt very comfortable. Everything was sorted out." A complaints recording system and complaints policy were in place which showed that information could be recorded in detail and actions formulated. We saw that any complaints made were responded to promptly and actions for improvement were created.

At the time of our inspection there was no one receiving end of life care. The provider had an end of life

policy in place and the registered manager said they that when they did support someone at the end of their life they wanted to get it right. Therefore, they would ensure staff received end of life training and would work with other healthcare professionals such as doctors and district nurses.

Is the service well-led?

Our findings

Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff knew them well and understood their needs. One person said, "My carers look after me. I am happy with my carers. They know what to do, and help me do the things I want to do." A relative told us, "I have peace of mind knowing that [relative] gets the right care and it's what they need."

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