Future Home Care Ltd

Future Home Care Leicester

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?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out our inspection on 14 and 18 December 2015. The inspection was announced on both days.

The service provides support to adults with a learning disability to live independently in the community. They were 11 people using the service at the time of our inspection. Most of the people who used the service had limited verbal communication.

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 2008 and associated Regulations about how the service is run.

People felt safe at Future Home Care. This was because staff understood their responsibilities to keep people safe and how to report any concerns about people's safety.

There were enough staff to meet people's assessed needs.

People received their medicines as prescribed by their doctor.

Summary of findings

People were not deprived of their liberty. Staff sought people consent before they provided care and treatment. Staff understood the relevance of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards to their work. They supported people in accordance to the MCA.

People were supported with their nutritional and health needs. They had access to a variety of healthy meals that they told us they enjoyed. They also had prompt access to healthcare services when they needed them.

We observed that staff supported people in a caring manner. Staff respected people's privacy and dignity, and were knowledgeable about ways to ensure that people's privacy and dignity were protected.

People did not all feel that they mattered because their support was not always centred on them. People did not always feel that staff acted on their views.

The provider had effective procedures for monitoring and assessing the quality of service that promoted people's safety and continuous improvement of the service.

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?
The service was safe.

Staff understood and practised their responsibilities of how to keep people safe and report concerns.

Staffing deployment was effective to meet people's needs.

People received their medicines as prescribed by their doctor.

Good

Is the service effective?
The service was effective.

People were supported to have a choice of food and drinks.

People's liberty was not deprived. Staff supported people in accordance to the Mental Capacity Act 2005.

People had prompt access to relevant healthcare services.

Good

Is the service caring?
The service was caring.

People were treated with compassion and kindness.

Staff were knowledgeable about the individual needs of people they cared for.

People's privacy and dignity was respected and promoted by staff.

Good

Is the service responsive?
The service was not consistently responsive.

People were supported to take part in a choice of activities.

Care was not always provided in a person centred manner.

People did not consistently feel that staff listened to them and responded to their concerns and complaints.

Requires improvement

Is the service well-led?
The service was well-led.

The service and project managers were easily accessible and approachable.

The managers used information from previous investigations to drive high quality in the service.

The provider had quality assurance systems in place to monitor the quality of the service being provided.

Good

Future Home Care Leicester

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 checked 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.

We inspected the service on 14 and 18 December 2015. The inspection was announced on both days. The provider was given 48 hours' notice because the location provides a supported living service for younger adults; we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

We visited the three supported living projects accompanied by a manager of Future Home Care. Due to the complex communication needs of most people using the service, we mainly spoke to two people using the service who we could verbally communicate with. We observed staff and people's interactions, and how the staff supported people. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions. This was so that we could understand people's experiences. We also spoke with two relatives, seven members of staff including the service manager. We looked at the care records of four people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse because staff understood their responsibilities to keep people using the service protected from avoidable harm. A person using the service answered "Yes" when we asked if they felt safe. They went on to say that they felt safe because staff secured their property.

Staff we spoke with were knowledgeable on how to recognise and report signs of abuse. The provider had policies and procedures in place to guide staff on their responsibilities to keep people safe. Staff told us that they would report any concerns to the respective project manager or another internal senior member of staff. They told us that the managers took any concerns raised seriously, and acted promptly when they raised concerns. Staff were aware of other agencies that they may contact if they had safeguarding concerns; these included the local authority adult safeguarding team and the Care Quality Commission. Staff had received up to date training on safeguarding people.

We found that people's care plans included information that identified areas of their support where they might be at risk of harm or abuse. Staff accessed and used this information when providing support to people using the service. This meant that staff had the information that they needed to keep people safe. Risk assessments also allowed people to remain safe without restricting their independence. A person using the service told us that staff supported them to be independent where possible by encouraging them to do things for themselves. They said activities included, "doing my own washing," "pick me money up," "buy magazines." A staff member told us that their motivation in the role was "enabling them [people using the service] to be independent." Records showed that where people were unable to be independent with a task, that they were encouraged to participate through other means.

There were enough staff to safely meet people's needs. The provider determined staffing levels based on people's assessed dependencies and needs. For example, at different times people required between one and three staff to support them, and those needs were met. This enabled people to participate in their chosen activities irrespective of their assessed level of need. Not all staff agreed that there was always enough staff on duty to meet people's needs. One member of staff said that there were enough staff and that staff sickness and holidays where covered by other staff members. Another staff said, "At times there is not enough staff. We are meant to have four but usually it is only three." They went on to say that although people still had access to their activities of choice, they did not always get to go out at the time that they wanted to.

We reviewed the provider's roster which showed that there were sufficient staff to support people using the service. The provider used a live rostering system to ensure that they allocated enough staff to support people to receive their assessed level of support including accessing their chosen activities.

The provider had recruitment procedures that ensured that as far as possible they employed staff with the right skills and experience to support the people using the service. Staff recruitment files showed that the provider had carried out the required pre-employment checks to ensure that staff were suitable to support people using the service. The service manager told us that the service did not use agency staff. They said that staff absences where covered from a pool of bank staff. The manager ensured that consistency of staff was maintained especially where people's assessed needs required this.

People's medicines were administered safely. We reviewed people's medication administration records (MAR) charts. We saw that staff followed current protocols for recording people medication. People's MAR chart contained a medication profile of each medicine the person required. This supported staff to administer people's medicines correctly. Where medicines were prescribed on an 'as required' basis there was a clear protocol to guide staff for administering that medicine.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and training to provide the care that met their needs. Due to the complex needs of most of the people using the service, we were unable to ask them directly about the staff who supported them. However, we observed that staff were aware of each person's needs and supported their individual needs. Staff told us that they had access to training that supported them to provide support to the people who use the service. A staff member told us, "I have completed lots of training including Buccal midazolam, health and safety, Studio III, medication, fire safety." Another staff member said, "I think I've had the right ones [training] to do my job." We reviewed records that showed that staff received regular support in the form of supervision meetings. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns.

Staff had the skills to communicate and provide support that met people's needs effectively including where people displayed behaviours that may challenge others. For example, staff communicated with people using gestures and Makaton. A staff member described how they supported a person using the service to manage their anxiety. They said, "When [person using service] is anxious, I take them out or sit quietly with him. He likes the attention. Sometimes it helps to have quite time or radio or relaxing bath." They then went on to say that only after they had tried this would they administer PRN medicines. Staff received specialist behaviour management training. People's records included a behaviour support plan which used positive behaviour to reassure, distract and respond appropriately when required. Records also included incident reports which showed that staff followed the behaviour support guidelines when they supported people using the service.

People's care and support were provided in line with legislation and guidance. 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 MCA 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. We checked whether the service was working within the principles of the MCA. We saw records that showed that the provider had assessed people's capacity to make a variety of decisions in accordance with the requirements of the MCA.

Staff told us that they had received training in MCA and Deprivation of Liberty Safeguards DoLS. We confirmed this when we reviewed the provider's training records. Staff we spoke with had a good awareness of MCA and DoLS and its relevance to their work. For example, a member of staff told us how they would support a person who wanted to an 'unwise decision'. They said that they would involve their manager and other professionals involved in supporting person using service and would offer alternatives or discuss risks associated with decision. We also observed that staff sought people's consent before they provided care and treatment. Where people had limited communication skills, their records showed how staff sought their consent in an accessible format that ensured that they were in agreement of the care they received.

The provider had made applications to the local authority for DoLS authorisation for people that required this. This meant that people's liberty was only deprived when it was in their best interest, and that it was done in a safe and correct way.

People were supported to have enough to eat and drink. People, who were able to, were supported to be involved in planning and preparing their own meals. People's records showed that where required the provider liaised with other professionals to meet people's nutritional needs. For example, dieticians. We observed that when staff supported people that they followed professional advice and supported people to do so where required.

People health needs where met because they had prompt access to health care services. This included professionals such as dentist, GP, chiropodist, and community nurses. A person using the service told us that when they needed the doctor that, "Staff sort that." A relative told us that staff were proactive in requesting medical support when required. We saw records that people were involved in their own health monitoring. For example, we saw records where staff had supported people to follow guidelines set out by health professionals.

Good

Is the service caring?

Our findings

People had positive caring relationships with staff. This was demonstrated through staff interaction with people. We observed that staff treated people with kindness and compassion. During our visit, we listened to friendly interactions between people who used the service and their support staff. Staff were cheerful, and reassuring in their interactions with people who use the service. We observed that there was a relaxed atmosphere in the service especially in the evening when people were in the lounge and a member of staff was playing games with them. People appeared to enjoy their interactions with staff. Staff we spoke with were knowledgeable about the people who used the service. A relative told us, "Staff treat [person using service] very well." Another relative said, "Care has improved recently. [Person using service] seems happier."

People using the service and their relatives were supported to be involved in making decisions about their care and support. Staff used their knowledge of people's individual needs and communication styles to involve them in decisions about the support. For example, a member of staff told us about the specific way a person who used the service communicated their wishes. They went on to say, "You need to give her time." Staff also used methods such as holding multi- professional meeting at places where people were most comfortable such as their flat in order to involve and engage them in decisions about their care and support. A person using the service told us how they had been involved in the recent redecoration of their flat. They said they had chosen the décor, and went on to say that "A man came with carpets for me to choose."

The provider had arrangements for people to access independent advocacy services when they needed them. At the time of our visit, one person who required this had access to an independent advocate. The manager told us that staff involved advocates when they reviewed people's care plans. Advocacy services support people to be involved in decisions about their lives and promote people's rights.

People were treated with dignity and respect. During our visit, we observed that staff spoke respectfully to people. Staff respected people's privacy. A member of staff told us how they ensured people's privacy was promoted which included closing doors when providing care. They also went on to give other examples. They said, "[Person using service] likes his own space, so we give it to him". Staff also respected people's dignity and privacy by encouraging them to complete tasks independently where possible.

We found that the provider stored people's information securely. Only people who had authority to access people's information had access to people's care plans and other relevant information.

Relatives told us that they were able to visit people using service without undue restrictions.

Staff provided care that supported people to have a dignified and comfortable end to their life. At the time of our visit, a person using the service was receiving palliative care. Person's records had comprehensive end of life assessments for aspects of their daily living tasks which was promoting of their wellbeing. Staff were knowledgeable about the support that they required to offer to person and involved health professionals promptly when this was required.

Requires improvement

Is the service responsive?

Our findings

People's care plans included information such as their communication needs and styles, their personal history where known and their interests. Staff applied this information to support people in a person centred way to help people to feel they mattered. For example, the manager told us how the provider had supported a person who wanted to explore their sexuality by providing support with attending clinic, support groups and counselling.

People were supported to engage in social activities and maintain relationships with other people so that they did not become socially isolated. A person using the service told us, "I like it here. Staff help me with budgeting and finding activities to do." Staff supported people to follow their interest and aspirations. A person using the service excitedly told us of a recent holiday they had been on, they said, "There was a swimming pool in the garden." The manager went on to explain that this was the person's first holiday since she was a child. People's records showed that they had access to daily social inclusion activities that support them to be part of the wider community. We saw the provider's bulletin which had pictures of people engaging in social activities which they appeared to enjoy. A relative told us, "Staff take [person using service] for walks, exercise and shopping. They went to Norfolk for a week."

Records we reviewed showed that the provider made reasonable adjustments such as increasing staff ratio to ensure that people with additional needs were supported to be as independent as possible and did not become isolated from the wider community.

People were not always at the centre of the care they received. We found that people who were more independent and had less complex needs were not always involved in developing their own care and support so that care was delivered at the times they needed it. A person who used the service told us, "I am worried about communication, updating me about any changes." They went on to say how they would like to be more involved in planning their staff support. They said, "I have been given rotas before. It very rarely happens now." We discussed this with the managers who agreed that there was scope to involve people more. They told us that they would commence work to involve people who were more independent in planning their own support and have as much control and independence as possible.

People received seamless and consistent support irrespective of which staff were supporting them. Staff used a communication book and handover sheet to pass and receive information about the care of people that they supported. A member of staff told us that staff read and signed the handover sheet at each shift relative "so that everything gets done".

We saw that people who used the service especially those who had complex needs had access to consistent support. The support they received met their assessed needs and was sympathetic to their need for consistency and minimum disruption. For example, the provider ensured that they were supported consistently by the same group of staff where possible. The provider had a good awareness of the potential difficulties people with complex needs face when moving between services and they supported them in such situations. For example, the manager told us that when people had overnight hospital stays that the provider made arrangements for staff to stay with the person at hospital to provide reassurance and consistency in the support that they received in hospital. This enabled the preferences of the person to be conveyed by staff who were knowledgeable of the person's needs.

People and their relatives were encouraged and supported to make their views and concerns known to the provider. However, they were not all confident that they were listened to. A person using the service said, "When I text on call, I never seem to get a reply. I'm never sure who the senior is." They went on to say, "[Project manager] is a busy person. There's been times when they said they'll do things and have not done it." We brought this to the attention of the service manager and project manager who told us some of the challenges they faced with communicating and engaging with some people using the service. They agreed to commence work in creatively engaging all people and harnessing their communication styles and preferences to ensure that they felt listened to. Where we were unable to ask other people directly due to their communication needs, their records showed that staff used their knowledge of people to convey their views and concerns. We saw that staff acted on their views. A relative told us, "My experience has been fine. I've not had any

Requires improvement

Is the service responsive?

concerns. We were worried about [person using service]'s weight. They [staff] took us seriously." Another relative told us that they didn't raise their concerns as they didn't feel that staff took them seriously. They went on to say that however their relative seemed settled at the service.

Good

Is the service well-led?

Our findings

The service manager and project managers supported staff to meet the standards they expected of them. A project manager was responsible for the overall care and support of people using the service at each project. They also provided support to the staff at the projects. The project managers were supported in their role by the service manager. The managers supported staff through training and supervision. Staff supervisions were held regularly. Staff felt empowered and confident to approach the manager to raise concerns or seek support. Some of the feedback staff gave us about the managers included, "Managers are really supportive." "If any problems we go to the managers – there's always someone to access." "Although [manager] is a very busy manager, she is always available, always at the end of a phone."

We observed that staff across all levels of the service had a shared passion to deliver a good service, A member of staff told us that their motivator was, "Making a difference, facing challenges and overcoming challenges."

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The service manager has applied to the Care Quality Commission to become the registered manager for the service. This was to allow the current registered manager to move on to other duties within the organisation. The registered manager was committed to provide support to the service manager until their application to become registered was complete. The service manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

Before our inspection, there was a safeguarding investigation at a project managed by the provider. Although this project is no longer managed by the provider, we saw that the provider had evaluated the incidents. They included the investigation outcomes in service planning to ensure that there are no future reoccurrence of similar incidents at projects they did manage and that quality of care achieved positive outcomes for people using the service. The service manager had developed an action plan which included increased regular spot checks and increased attendance of managers at the provider's current projects. This ensured that the managers remained visible and provided hands on support to drive delivery of a good quality service. A staff member told us, "Management are really good, they are always there."

The provider had effective procedures for monitoring and assessing the quality of the service. These included quality assurance audits of people's care and support. The project managers completed these audits monthly. These were then further reviewed by the service manager. Another way the provider assessed its quality was through surveys for residents, relatives and staff. We saw that the service manager had completed an action plan to make improvements based on the survey responses. We saw records that showed that senior staff completed competency checks and spot checks to observe staff care practice.

The provider used a web based rostering system to complete staff planning. The system supported them in identifying any issues with staff attendance.