

# Review of compliance

<p>Futures Care Homes Limited Futures Care Home</p>	
<p><b>Region:</b></p>	<p>East</p>
<p><b>Location address:</b></p>	<p>162 Church Road Brightlingsea Colchester Essex CO7 0QU</p>
<p><b>Type of service:</b></p>	<p>Care home service without nursing</p>
<p><b>Date of Publication:</b></p>	<p>February 2012</p>
<p><b>Overview of the service:</b></p>	<p>Futures is a care home without nursing, providing accommodation for up to nine persons who require personal care. Futures provides a service for people who have a learning disability and/or autistic spectrum disorder who may also have physical disabilities.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Futures Care Home was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 January 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We saw people were relaxed and comfortable with staff and other people using the service.

Relatives who completed surveys as part of the home's own quality assurance process made positive comments about staff and the service provided at Futures. One person said, "I'm impressed by the enthusiasm and energy of the staff. They seem keen to take on board suggestions, indicating reflective practice which is always good to see" and another stated, "I'm very happy with the present arrangements."

When asked in surveys what improvements the home could make one person said, "None that I can think of" and another said, "Can't think of any."

### What we found about the standards we reviewed and how well Futures Care Home was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider is compliant with this outcome. People's views are taken into account and they are supported to make decisions about their care.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider is compliant with this outcome. People who use the service receive safe and appropriate care, treatment and support.

**Outcome 05: Food and drink should meet people's individual dietary needs**

The provider is compliant with this outcome. People who use the service can be confident that they will have their nutritional needs met.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider is compliant with this outcome. People using the service can be confident that staff working in the home receive the information they need to understand how to keep people safe.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The provider is compliant with this outcome. People's medication is managed effectively.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider is compliant with this outcome. People living in Futures benefit from living in a safe, clean and well-maintained environment.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider is compliant with this outcome. People using the service are cared for by a staff team that has been safely recruited and who are skilled and competent.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider is compliant with this outcome. People's opinions are sought and are taken into consideration to ensure they receive a safe and good quality service.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We were unable with speak directly with people about how they were respected and involved in making decisions about their care.

#### Other evidence

During our visit we saw that staff consulted with people and asked their opinions or wishes before they provided support.

Where people had difficulties with good verbal communication the home had developed information to help staff understand the person's individual ways of communicating.

The manager had introduced 'individual records of choice'. Throughout the day staff routinely used these documents to record what was the choice that the person had made, how this was indicated, the response of the member of staff to support the person and what the outcome was. Members of staff spoken with were able to tell us how they understood the gestures and body language that people used to

communicate their needs or wishes.

The manager told us that some people had relatives or an independent advocate involved in their care planning and decision making. We saw evidence in the support plans of how the individual or someone acting on their behalf was involved in planning the plan of care and support.

The manager was able to demonstrate a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (often referred to as MCA and DoLS). People living in the home were unable to make their own decisions about many aspects of their care because they lacked the mental capacity to do so. In these instances understanding MCA DoLS and carrying out assessments was necessary to ensure decisions were made in an appropriate way, in the best interests of the vulnerable person and to protect them.

We saw that MCA assessments were completed for all day-to-day decisions and then these were linked to the individual's care plans to record how decision making was managed for the person.

When we visited we saw staff on duty speaking with people who used the service in a polite and respectful manner; this showed us that people who lived in the home were treated properly by the staff.

#### **Our judgement**

The provider is compliant with this outcome. People's views are taken into account and they are supported to make decisions about their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We were unable to speak directly with people about their care and welfare.

##### Other evidence

When we looked at people's care plans we found they contained ample information to guide staff so that people received the support they needed in ways that they wished. We saw that care plans contained information about the way people preferred to have personal care provided. There was full and detailed information for routines such as having a shower or bath so that staff had the correct information to ensure they provided care consistently.

People's care records showed that the staff made good use of pictures and photographs to help improve people's understanding.

Care plans were written in a way that concentrated on the individuality of the person and used positive language. Each care plan clearly identified what the person could do themselves as well as areas where they needed support and things that they liked and disliked.

Records clearly showed that people's physical health needs were met as well as needs

around their behaviours and emotional well being. There was evidence that people had appointments with healthcare professionals including doctors, clinical nurse specialists and consultants.

People also saw the community nurse specialist for assessments around epilepsy, which ensured that care plans were put together with the support of expert advice and tailored to meet the person's individual needs.

There was a 'grab sheet' in each person's care plan that recorded essential details about the person including their medication and any specific health needs. This was designed to be used in the event that someone needed to be admitted to hospital in an emergency, so that all relevant information was available.

Due to their complex needs, people needed high levels of support both inside the home and when they went out. We saw that staffing levels were good and people were supported to lead a very active lifestyle. The types of activities that people took part in included hydrotherapy, trips out and college courses. On the day of our visit a reflexologist visited the home; the manager told us that people enjoyed their reflexology sessions.

Care plans contained risk assessments to identify any issue that may pose a risk to the individual, such as choking or risks of burns and scalds. Each risk assessment identified the risk or hazard and set out the measures in place to reduce the risk. It was evident that risk assessments were in place to enable people to have an active life and not to restrict them.

We saw from personnel records that staff received training to give them the skills and knowledge to meet the needs of people living in the home and to care for people safely. It was evident from our observations of care that staff were skilled and knowledgeable and we saw good communication and good practices from the staff team.

We saw a positive relationship between staff and people who lived in the home and a person led, rather than task orientated, approach. We saw that staff supported people who used the service to lead as full a life as possible. Staff showed that they were aware of the needs of the people they were supporting and of their individual personalities and preferences.

### **Our judgement**

The provider is compliant with this outcome. People who use the service receive safe and appropriate care, treatment and support.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We were unable to speak directly with people about their diet and nutritional needs.

##### Other evidence

We saw that people's nutritional needs were well met and people enjoyed their food. Staff spoken with knew a lot about people's individual likes, wishes, needs and preferences around food.

The home provided a varied menu that was well balanced and offered two hot choices and a cold option on a daily basis for the main meal. We saw that there were ample stocks of good quality food including a wide range of fresh fruit and vegetables. The manager told us that they had decided to buy a 'smoothie' maker to make fresh fruit smoothies so that they could support people to have the recommended 'five-a-day' portions of fruit and vegetables in a way that they would enjoy.

The manager and staff displayed a good knowledge of the things they needed to do to support people to maintain a healthy weight by providing nutritious foods that were appropriate for their individual needs.

The home had a 'Food First' pack developed by dieticians from the NHS Nutrition & Dietetic Department. The manager told us that much of the guidance in the Food First

pack was already standard practice in the home and they had always consulted relevant healthcare professionals such as dieticians and speech and language therapists when planning care for people with specific needs around swallowing, diet and nutrition. This professional input meant that staff had developed an understanding of good practices so that people living in the home were able to enjoy a healthy, nutritious diet.

The manager said that they were also able to support people who had been fitted with a percutaneous endoscopic gastrostomy tube (usually referred to as a peg). People who are unable to swallow or who may not be able to receive adequate nutrition from eating solid food can receive the nutrients they need from liquid food through the peg tube. All staff at Futures had received training on how to administer liquid food through a peg tube.

We saw that records were kept of how much individuals had to drink and there were full records of what people ate and how much they had at each meal. This ensured that people were supported to have sufficient food and drink to meet the needs as set out in their care plans. It also made sure that any problems were identified promptly and the advice of relevant health care professionals was sought.

**Our judgement**

The provider is compliant with this outcome. People who use the service can be confident that they will have their nutritional needs met.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We were unable to speak directly with people living in the home about safeguarding.

##### Other evidence

We saw that the home had a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included criminal record bureau (CRB) checks to confirm that newly recruited staff were safe to work with vulnerable people.

Personnel records also showed that people working at Futures received a range of training to ensure they had the skills and knowledge to care for people safely. This included safeguarding of vulnerable adults training (also known as SOVA).

Futures had policies and procedures in place that gave guidance to staff about their responsibilities around keeping people safe. Staff spoken with on the day of our visit were able to show us that they had a good understanding of their responsibilities around keeping people safe.

#### Our judgement

The provider is compliant with this outcome. People using the service can be confident

that staff working in the home receive the information they need to understand how to keep people safe.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We were unable to speak directly with people about how their medication was managed.

##### Other evidence

The home used a monitored dose system for the storage, administration and recording of medication. We saw from the records we examined that there was a robust audit process in place to check that all medication was administered correctly. We saw that medicines were stored securely in a drug cupboard that was clean, tidy and well organised. The drug cupboard was in a room that was kept locked.

Staff spoken with were able to demonstrate a good knowledge of people's medication and what it had been prescribed for. We saw that the medicines administration record (MAR) sheets were completed accurately.

Personnel records examined contained evidence that the manager carried out observations of staff administering medication to check that correct procedures were followed and that staff were competent to support people with their medication safely.

Some people had medication that was prescribed on an 'as required' basis (sometimes

referred to as PRN medication). This type of medication may have been prescribed for conditions such as epilepsy or pain. For anyone who was prescribed PRN medication there was a protocol in place for when it was to be used, which clearly set out the signs that staff should be aware of and at what stage the use of the PRN medication should be considered.

The robust system around medication ensured that people's medicines were dealt with safely.

**Our judgement**

The provider is compliant with this outcome. People's medication is managed effectively.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

Some of the people living at Futures were not able to communicate with us verbally and some chose not to talk with us. They shared their views through gestures, facial expressions and body language wherever possible. We saw people were relaxed and comfortable with staff and other people using the service.

We were unable to speak directly with people about the safety and suitability of the premises.

##### Other evidence

On our visit we saw that Futures was a spacious house with ample room to accommodate the people who lived there. The premises were designed and furnished to a very high standard. The large lounge diner contained good quality leather sofas and a large flat screen television. There was ample room for people using wheelchairs to be able to move around.

The modern kitchen was designed to enable people living in the home to get involved in cooking and preparing food. There was a 'high-low' worktop that could be lowered to a level that was suitable for people in wheelchairs to use. The worktop had an inbuilt hob and there was a combination microwave/oven which was also at a suitable level for people to use. The hobs were designed to cool down instantly when switched off to minimise the risk of burns.

Bathrooms and shower rooms had fixtures and fittings that were of high quality and all contained specialist equipment to support people with mobility difficulties. These

included a modern assisted bath and overhead tracking for use with electronic hoists for people who needed assistance when transferring from wheelchairs.

People's bedrooms were all different and reflected the individual's taste, preferences and personality. We saw ample evidence of people's personal possessions including items for sensory stimulation. A great deal of thought had gone into making people's personal space attractive as well as being able to meet their individual special needs. An example of this was the use of padded headboards in the form of a modern sculpture that not only looked artistic but was also functional for anyone who had seizures. This ensured that the risk of being hurt or bruised during a seizure was minimised.

We saw that people were comfortable and relaxed in the environment at Futures.

**Our judgement**

The provider is compliant with this outcome. People living in Futures benefit from living in a safe, clean and well-maintained environment.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We were unable to speak directly with people about staff.

A relative who completed a survey as part of the home's own quality assurance process said, "I'm impressed by the enthusiasm and energy of the staff. They seem keen to take on board suggestions, indicating reflective practice which is always good to see."

##### Other evidence

We saw that the home had a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. Personnel records contained all the information required to confirm that these checks had taken place, including appropriate written references, proofs of identity and Criminal Record Bureau (CRB) checks to ensure people were safe to work with vulnerable people.

Records showed there were good training opportunities available for staff. These covered areas that all staff routinely attended such as moving and handling, infection control and health and safety.

In addition staff were able to attend training associated with the specialist needs of people living in the home, including person centred care planning, nutrition, behaviour

that challenges, supervision skills, death, dying and bereavement, palliative care, autism and diabetes. Staff also received training around epilepsy awareness and the administration of buccal midazolam, which is medication that is used in an emergency for seizures.

We saw from personnel records that staff had regular reviews of their performance and individual one-to-one supervisions. Staff spoken with told us that they felt well supported.

**Our judgement**

The provider is compliant with this outcome. People using the service are cared for by a staff team that has been safely recruited and who are skilled and competent.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

Most of the people living at Futures were unable to communicate with us verbally. However, they shared their views through gestures, facial expressions and body language wherever possible.

We were unable to speak directly with people about the systems in place to assess and monitor the quality of the service.

A relative who completed a survey as part of the home's own quality assurance process said, "I'm very happy with the present arrangements." When asked what improvements the home could make one person said, "None that I can think of" and another said, "Can't think of any."

##### Other evidence

There was a robust process in place to monitor the quality of the service they provided. This included seeking the opinions of people using the service by sending out surveys. The manager also carried out a comprehensive set of audits or checks that included medication processes and maintenance of the home.

We saw that when surveys were returned, the information was evaluated and any comments were taken into account. An example of this was a suggestion in relatives surveys that they put communication diaries in place that were useful for when people went on visits to families.

An action plan was developed from the result of information received, which showed that people's views and opinions were sought, taken seriously and used to bring about improvements in the quality of the service provided.

The management team were enthusiastic about providing a good service. An important part of this was valuing staff, providing good training to give them the skills and knowledge necessary to be able to support people well and having a robust system of supervision.

We saw that all staff had a personal development plan. The manager and senior staff carried out reviews of how staff provided care and support. These included observations of how personal care was provided, how staff followed good practices around infection control, attitude towards work, administration of medication, knowledge of individuals' health needs and privacy, dignity and respect.

**Our judgement**

The provider is compliant with this outcome. People's opinions are sought and are taken into consideration to ensure they receive a safe and good quality service.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA