

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Futures Care Home

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CO7 0QU

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Date of Inspection: 25 January 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Futures Care Homes Limited
Registered Manager	Mr. Luke Durling
Overview of the service	Futures provides accommodation and personal care for up to nine people who have a learning disability and/or autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with stakeholders.

What people told us and what we found

People using the service had complex needs which meant that many were unable to tell us their experiences. We gathered evidence of people's experiences of the service by observing how people spent their time and noting how they interacted with other people living in the home and with staff. One person communicated with us using signs and we could see that they were happy.

Relatives who completed surveys as part of the home's quality monitoring process made positive comments about the home. One relative said "On the whole we are very pleased with [our relative's] placement." Positive comments were also made about the staff and management of the home. One relative said "[The management team] have been very supportive" and another said they were pleased "With the staff and management who work very hard to give the residents a comfortable home and a good life."

We saw that people smiled and were relaxed and comfortable with staff and others living in the home. We also saw friendly and patient exchanges between staff and people living in the home.

During our inspection we saw that people received good care and that staff treated them with respect.

The management team and staff were able to demonstrate a good understanding of people's needs, likes, dislikes and preferences. People had a variety of ways of communicating their needs and we saw that staff understood people's individual ways to communicate.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with people using the service but their feedback did not relate to this standard. During our inspection we saw that staff talked with people, asked them what they wanted to do and treated them with courtesy and respect.

People expressed their views and were involved in making decisions about their care and treatment where they were able to do so. We saw from the care records that many of the people living in the home were unable to make informed decisions in the planning of their care. Where people were unable to take an active part in care planning relatives or others acting on their behalf were consulted. This meant that people's views were taken into account in the way care and support was provided.

Assessments of people's capacity to make day-to-day decisions were carried out under the Mental Capacity Act 2005. If people were unable to make decisions then family, advocates or social care professionals made decisions on the person's behalf.

During our inspection we saw that staff treated people with respect. We noted that personal care was carried out in ways that maintained the person's dignity. It was evident that staff understood people's individual ways of communicating and consulted with them about their preferences.

These processes ensured that people were consulted and involved in making choices and decisions to the best of their ability and they were treated with respect.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

A relative who completed a survey as part of the home's quality monitoring process said that they were very pleased with their relative's placement at the home and with "The staff and management who work very hard to give the residents a comfortable life."

We examined the care records for two people and found them to be well organised and focussed on the needs and preferences of the individual. There was sufficient detail in the care plans to ensure staff had the information necessary to provide care consistently in ways that the person preferred. The person's strengths were also identified which ensured people were encouraged to be independent where possible.

We saw evidence in the care and support records that people's healthcare needs were identified and these were met with input from relevant medical and healthcare professionals. There were comprehensive seizure management plans relating to epilepsy and we saw that community epilepsy nurse specialists were involved in the planning and management of this aspect of people's care. There was also information that confirmed people had consultations other healthcare professionals including doctors and opticians. Each person had a 'grab sheet' in their care records with essential information to be taken with the person in the event of an urgent situation such as an emergency hospital admission.

This showed us that people's health needs were met with appropriate professional and expert support to ensure the welfare and safety of the individual.

There were risk assessments in place that described areas of risk for the individual and documented what measures were in place to reduce the risk. We saw risk assessments relating to seizures, behaviour, medication and falls. The risk assessments ensured that risk was managed appropriately so that people were not unduly restricted and could continue doing things they enjoyed more safely.

We saw that people were supported and encouraged to take part in a range of activities both in the home and in the wider community. Records confirmed that people enjoyed spa

days, horse riding and activities at a local day centre which included arts and crafts, cookery and pottery. The manager and deputy manager explained that people also liked to go to the pub or restaurant for a meal.

During our inspection we saw good interactions between people living in the home and members of staff who spent time with people on a one-to-one basis and encouraged social interactions.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people using the services but their feedback did not relate to this standard.

The provider had policies and procedures in place to guide staff on adult protection and their responsibilities around keeping people safe, including policies about complaints and whistle blowing.

Staff had a good awareness of what constituted abuse or poor practice and demonstrated that they knew what to do if they saw or suspected abuse. Staff knew the processes for making safeguarding referrals to the local authority.

The manager and deputy manager took any suspicions or allegations of abuse or poor practice very seriously and had in the past worked with the local authority when concerns were raised.

These processes ensured that staff had the skills and knowledge to support people safely.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the arrangements in place for managing medicines. We found that medicines were handled safely and given to people appropriately.

The manager explained the home's processes for obtaining, storing, administering and recording medication and we saw that they were robust.

The home had a process in place by which two members of staff signed medication records so that there was always a check on what was given and whether it had been taken. Medicine administration record (MAR) sheets were completed appropriately.

When people were prescribed medication to be taken on an 'as required' basis there were guidelines in place to ensure this was administered appropriately.

Records relating to medication were in order and there were audits to check that procedures around ordering, storing and administering medication were carried out safely.

These processes helped reduce the risk of mistakes so that people living in Futures could be confident they were being supported to take their medication safely.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We did not speak with people directly about requirements relating to workers.

Personnel records confirmed that there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed, including Criminal Record Bureau checks to confirm that newly recruited staff were suitable to work with vulnerable people. This showed us that people using the service had their health and welfare needs met by staff who were appropriately recruited.

We saw that there were good interactions between staff and people living in the home and people appeared relaxed with staff. This showed us that staff had the skills to communicate well with people who had complex needs.

We saw from training records that staff received a range of training to provide them with the knowledge and skills needed to do their job. This included basic or core training including health and safety, infection control, food hygiene, safeguarding adults, first aid, fire safety, medication training, record keeping and manual handling.

In addition staff received training relating to the specific needs of people living in the home. We saw that this specific training included epilepsy awareness, challenging behaviour and breakaway techniques and the administration of Buccal Midazolam, an emergency rescue medication used to control epileptic seizures.

Staff were able to demonstrate a good awareness of the needs of the people they supported. This showed us that people using the service had their health and welfare needs met by staff who received appropriate training to enable them to do their job.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People using the service, their representatives and staff were asked for their views about the care and treatment and they were acted on. During our inspection we saw that staff listened to people.

As part of the quality monitoring process the provider distributed surveys to seek people's opinions. When surveys were returned the manager evaluated the information and identified areas for improvement. A relative who completed a survey as part of the home's quality monitoring processes said "It would be useful if the home could provide some means of communicating what the home has been doing in the form of a newsletter."

Actions taken as a result of feedback from surveys included the purchase of new vehicles and communication books for relatives of people who came in for respite care. The manager explained that they were improving general communication with relatives by using emails to send news about what people are doing and they plan to develop this further.

We also saw that health and safety audits were carried out. These included servicing of fire alarms, the assisted bath and hoists. Weekly checks were carried out on emergency lighting and fire alarms. The manager explained that they did a monthly visual check on the environment to identify any areas where repairs or improvements were needed. We saw that there were up to date certificates in place for the maintenance of the boiler and fire fighting equipment.

We saw there was a process in place for dealing with concerns and complaints and any concerns that people raised were recorded including what action was taken and issues were dealt with promptly.

These checks enabled the manager to identify any areas for improvement and put measures in place to improve the quality of the service.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We spoke with people using the services but their feedback did not relate to this standard.

During our inspection we saw that records were kept securely and could be located promptly when needed.

The manager and deputy manager were able to demonstrate their processes to ensure people's care records were evaluated and we saw evidence that records were up to date and were subject to regular review.

We saw that people's personal records including medical records were accurate and that staff records and other records relevant to the management of the service were accurate and fit for purpose.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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