

***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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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
Cooperating with other providers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Futures Care Homes Limited
Overview of the service	Futures Care Home Care Home provides accommodation and personal care for up to nine people who have a learning disability or autistic spectrum disorder. Two of the rooms are used to provide respite care for people on a short term basis.
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 28 November 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 staff.

What people told us and what we found

The people living at Futures Care Home had complex needs and were unable to discuss their care with us which meant they could not tell us their experiences. People communicated with gestures, facial expressions or signing and this showed us that they were happy.

Relatives who completed surveys as part of the home's quality monitoring process made positive comments about the care. They said: "Our young adult is very happy at the home and always comes home immaculately dressed and obviously well cared for." and "We are happy with the way things are going."

Staff knew people well and they understood specific needs. We saw that there were respectful and caring interactions between members of staff and people living in the home. Staff listened to people and provided care and support in ways that met their needs and took into account their individual preferences.

The service co-operated with other agencies, such as health services, to ensure people received the care and support that best met their needs.

There were systems in place to support staff and provide them with the training they needed to ensure they had the skills and knowledge to provide safe and effective care.

Futures Care Home Care Home was well run by a competent manager and there were effective processes to monitor the quality of the service. They consulted with people and took their views into account to make improvements.

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 and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We did not speak with people directly about dignity and respect but we saw that staff were polite and courteous. When people required support with personal care this was provided discreetly.

Some people who used the service had complex needs and were not always able to understand the care and treatment choices available to them. However, where possible they were involved in making decisions about their care and treatment. Care records confirmed that people were supported to make as many decisions about their lives as they were able. Sometimes these were simple decisions about what people preferred to eat or if they wanted to go out. For more complex decisions, if the person did not have the capacity to make an informed choice, appropriate processes were in place to support them. This included input from family and health or social care professionals. Records confirmed that assessments were carried out under the Mental Capacity Act 2005 to assess whether people had the capacity to make day-to-day decisions.

During the course of our inspection we saw that staff listened to people and took their views into account. We noted that staff knew people well and understood how they communicated so that support could be provided in the way the person preferred. Members of staff consulted with people about their wishes and preferences such as what they wanted to do. On the day of our inspection we saw that one person had been supported to sign up for some social and educational courses and they showed us the information they had brought back from the college.

It was evident that staff knew people well and understood their individual ways of communicating. This ensured that people were able to make their needs and wishes known so they received support in ways that they preferred.

These processes ensured that people were consulted and involved in making choices and

decisions to the best of their ability and 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that ensured people's safety and welfare.

We did not speak with people directly about their care and treatment but we saw that staff interacted well with them and responded appropriately to their needs.

We looked at three care plans and saw that they contained comprehensive information about people's needs and preferences. The information was clear and there was sufficient detail to ensure staff were able to provide care consistently.

We spoke with staff about people's care and support. All members of staff spoken with demonstrated an in-depth, detailed knowledge and understanding people's needs. They were able to tell us about people's preferences, risks and how they were managed, ways of communicating and specific health issues.

People had medical care plans that contained detailed information about the individual's specific health needs. We saw that people had input from a range of health professionals including occupational therapists, doctors, clinical nurse specialists, opticians, dentists and podiatrists. Where people needed specialist equipment to meet their health needs such as hoists or epilepsy monitors, the care plans contained pictures of the equipment and the correct way to use it so that staff had a visual guide to re-enforce their training. A good example of this was a photographic guide for the use of oxygen equipment.

The manager told us they were using a new format for risk assessments that went into greater detail. We saw that risk assessments had been updated. Records confirmed that care plans were reviewed and updated to reflect any change to individual needs.

We saw that people were able to take part in activities of their choice and during our inspection we saw that people were supported to access the local community. One person showed us information about the courses they had just enrolled on at a local college.

These processes showed us that people received care and support according to their

individual needs and preferences.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Due to the complex health needs of people living at Futures Care Home, input from health services was often necessary.

Records confirmed that people using the service were supported to obtain appropriate health support from relevant health professionals. For example, we saw from care plans that there was input from clinical nurse specialists, such as the epilepsy nurse, who supported the home in compiling effective care plans.

On occasions it was necessary for people to be admitted to hospital to receive treatment for health conditions. We saw from records that there was detailed and specific information that was taken to hospital with the person to ensure that all information relevant to the person's health needs was clearly recorded and passed to hospital staff.

The manager explained that staff who knew the person well always accompanied them to hospital. A meeting had been arranged with a representative from the hospital to put a protocol in place so that people from Futures Care Home who had complex communication needs were supported by staff who knew and understood the individual's needs and preferences.

These processes showed us that the provider worked in co-operation with others to ensure that appropriate care planning took place.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We discussed supervisions with the manager, who explained the new format for supervising staff. We saw that face-to-face supervisions took place on a monthly basis. In addition to formal supervisions, observations of care practices were carried out by the management team. This way of monitoring staff practices ensured that people received care safely.

We also saw that monthly team meetings took place so that staff could discuss issues and share information. Staff told us they felt they were well supported and we noted that staff communicated well with one another as well as with the manager.

Training records showed that staff received a range of training which included manual handling, health and safety, infection control, food hygiene, medication, awareness of the Mental Capacity Act 2005 and safeguarding of vulnerable adults. Futures Care Home was part of a small consortium of homes that collectively accessed additional training funded by the local authority. Additional training to meet specific needs of people using the service included training in the use of buccal or rectal midazolam. These are rescue medications which may be used in the management of epilepsy.

This showed us that people using the service could be confident that their health and welfare needs would be met by staff who received appropriate supervision and 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

We did not speak with people directly about how the quality of the service was managed. However, during our inspection we saw that staff asked people's opinions and listened to them.

People who used the service and relatives were asked for their views about the care and treatment and they were acted on. The management team explained that relatives were very involved in decision making and regular contact was maintained through visits, phone calls and email. Records confirmed that relatives views were taken into account when planning and making decisions about care.

As part of the quality monitoring process the provider sought the views of relatives by distributing surveys. We saw that relatives had made positive comments about the service, which included: "We have no concerns regarding confidentiality", "We are happy with the way things are going." And "Our young adult is happy at the home." In response to questions about what the home could improve, relatives were happy with how support was provided. They said: "Continue to support X in their activities and look for suitable alternatives if things are not working." and "Carry on supporting X to be as independent as possible."

As part of the quality monitoring process the provider carried out checks to assess standards in the service. In addition to internal checks and audits, a detailed quality audit was carried out by a consultant in November 2013. This examined areas such as the environment, food, support plans and other records, medication and social interaction. This was used to put an action plan in place to make further improvements.

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

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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