

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

## Future Home Care Limited

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6DY

Tel: 01213868040

Date of Inspection: 28 November 2013

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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

**Safeguarding people who use services from abuse** ✓ 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	Future Home Care Limited
Registered Manager	Ms. Shirleyann Harris
Overview of the service	The service provides personal care and support to enable people to live in their own homes.
Type of service	Supported living service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We visited 15 people in their homes and spoke with nine people on the telephone. We spoke with ten staff. We looked at the care records of three people when we visited the office and met with three managers.

People were involved in planning their care and had some choice about who supported them. Two people we spoke with told us they had been involved in choosing the people they wanted to support them. One person told us, "I was involved in interviewing staff." Another person said, "Staff cook, they ask me what I want and I choose from the fridge."

Records showed and people told us they received the support they needed to enable them to live independently with support. We saw that the level of support varied depending on their needs. This meant that support was tailored to people's individual needs.

Most people told us that they were happy with the staff who supported them. We received some comments from people that they didn't like the way some staff spoke to them. Some people had raised this with managers which showed that they were able to raise the concerns. One person told us, "Some staff were over rigid with routines and I didn't like it. Have spoken to office, they have took on board. They do listen."

Staff received training, supervision and guidance so that they were supported to care for people safely.

Systems were in place to ensure that the quality of the service and people's views about the service provided were monitored and improvements made.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We saw that people had been provided with information about the support they were to receive. The information told them how many hours they were allocated and agreed what support they needed. Some people were supported to attend college, cook and manage budgets so that they had the opportunity to maintain their independent living skills

All the people we spoke with told us about the support they received and said that it was the support they wanted. One person told us, "Staff help with cleaning, going to the bank to withdraw money, do shopping and pay bills. They let me do it but help. We walk up to the high street."

We saw that people had been given a service user guide which told them about the services available, the complaints procedure and findings of surveys carried out about the service. The information was available in an easy read format so that people could understand the information. We saw that a new care plan system had been implemented. This enabled people to be involved in planning their care on the computer, pictures were used to help people understand their care plans

We saw that people's views were taken into consideration when plans about their lives were made. Where people had the ability to make decisions they were involved in planning their care. Some people told us that they had been involved in recruiting support staff so that they were sure they wanted to be supported by the individuals. Where people did not have capacity to make decisions advocates were involved in planning care so that decisions were made in people's best interests.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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Peoples' needs were assessed and care and support was planned and delivered in line with their individual care plan. All three care plans we looked at showed that staff had the information they needed to support people and keep them safe from harm. People's daily routines had been documented and the records included aspects of their individual needs. The records included risk assessments that had been carried out to ensure that people's care needs were met safely. These included risks around bathing, eating and using community facilities so that these needs were met safely. Records showed that where needed health care professionals, relatives, and advocates were involved to ensure people's health needs were met. One person told us, "Go to the doctor, sometimes go myself, X took me today." Staff spoken with were able to tell us how they supported people and their comments showed people were treated as individuals and ensured that their care and health needs were met.

Records showed that people were supported to carry out their shopping, prepare meals and clean their home. One person told us, "They help me buy what I like to eat. It's my business what I eat." In one house where four people lived together we saw one person using a computer. They told us they were writing their memoirs. Another person was preparing a sandwich, the third was in their bedroom tidying up and the fourth person was out at a day centre. This showed that people were supported with their individual lifestyles. The provider may find it useful to note that one person's records showed that they ate the same foods for two or three days at a time. Staff needed to ensure that they were encouraged to have a varied diet.

All the people we visited in their homes told us they were either happy with their accommodation or being supported to move to alternative accommodation. They told us that they had visited properties before deciding to move and were involved in choosing their furniture. We saw that one person had all the equipment they needed to live in the community with support. This included hoist, walk in bathing facilities and profile bed. This showed that people were supported to make choices about their lives and access equipment to live independently with support.

We saw that interactions between people we visited and staff were generally relaxed.

People told us that usually they were aware of which staff were coming on duty to support them. Occasionally, people said they did not know who was coming on duty. One person told us, "Different people, don't always find out who is coming." We saw that this issue had been raised in some surveys and the provider had responded by providing a rota of staff so that people would know who was going to support them. People told us and staff confirmed that there were teams of staff supporting people in their homes. Some staff supported the person over a 12 hour period over the day and then carried out a sleep in shift. This meant that there was continuity of care for people.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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The majority of people we spoke with were happy with the care they received and told us that staff were nice and listened to them and felt safe. Four people commented that they did not like the way some staff spoke with them. One of these was raised as a safeguarding at our request. Following our inspection we were told that it had been closed. We were told by managers that they were aware that two of the comments and told us they had looked into them and discussed it with the individuals. The managers said they would look into the other comments.

The provider had policies and procedure in place so staff had the information to ensure people were protected. We looked at the training records for staff and saw that the provider ensured staff had training so they had the skills and knowledge to protect people from harm. All staff spoken with knew the policy for safeguarding people and the types and signs of abuse. Staff gave a clear indication that they would have no hesitation in raising concerns with the managers. We saw that there were clear systems in place to record and report any issues that could be considered as abuse. This meant that staff should be confident in reporting concerns and the provider would take the appropriate action to protect people using the service.

Staff confirmed that the required checks were carried out and we saw that the recruitment procedures ensured that all the required checks had been undertaken to ensure that only people suitable to work with vulnerable adults were employed.

We saw that there were systems in place to ensure that people were protected from financial abuse. There were records of monies handed over at shift changes and evidence that project managers checked the records of monies spent with people. For example, one manager had identified that the food shopping bill appeared to be excessive and that staff needed to support people to get the best value.

The provider may find it useful to note that for one person staff had purchased wellington boots from an individual's monies to wear when they bathed the individual. This indicated that some staff did not understand fully that it was not appropriate to use people's monies

for equipment they needed to carry out their role and how the individual's dignity may be affected by the use of wellington boots.

Since our last inspection we had received some concerns. We had liaised with the local authority and the provider and the issues were looked into and addressed where required. This showed that the provider and registered manager worked with the authorities to investigate and resolve issues in order to ensure people were protected.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People spoken with were generally happy with the staff and the care they received. One person told us, "Always X. Like X. Nice to me. I would tell Future if not. Feel safe." Another person said, "Y is nice and kind."

Staff spoken with were generally happy with the support they received from managers. They told us they had regular supervision and meetings to discuss the people they supported. This was confirmed by the records we looked at. In addition staff told us and records showed that regular meetings were held so that staff had the opportunity to meet with managers to discuss the service provided. All staff spoken with told us they were well supported in their roles. This meant staff were supported to provide a good service to people.

Staff told us that they had the training they needed to be able to care for people safely. Staff confirmed that when they started work they spent some shifts where they shadowed other staff so that they had time to read the care documents and observe the way support was provided. This meant that when they started work with the individuals they knew how they liked to be supported.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the service were asked their views through surveys sent out by the provider. During our visit to the provider's offices we were provided with a report of the findings of the surveys carried out in 2013. The questionnaires showed that people were happy with the service they received. We saw that the provider had taken the comments made by people into account and made plans to address the issues. For example, people had raised that they wanted to know who was going to support them. The provider had decided that a staff rota would be provided so that people knew which staff were going to support them. The provider may find it useful to note that the report was for the organisation and did not identify what the issues were in a particular geographical area such as Birmingham. We were told that this information was available within the organisation but it meant that people using the service were not given this information.

We saw that there were systems in place to monitor the hours staff worked, care plans and financial records so that the quality of the service was maintained. Staff confirmed that spot checks were carried out to ensure that people received the support they needed. The provider took account of complaints and comments to improve the service.

Records showed and people confirmed that their views about the service were sought. We saw that there were focus meetings with people to get their views of the service. Reviews were carried out with people's relatives, healthcare professionals, social workers and other representatives. This ensured that people received support that ensured that their needs were being met and their views were gathered about the service provided.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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