

Future Living Care Ltd

# Future Living Care

## Inspection report

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20 September 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Future Living Care is a domiciliary care agency providing personal care to children, younger adults and older people in their own homes. The service was supporting five people at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. Personal Care is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service

People's level of care and areas of risk were safely and effectively assessed. People received support that was tailored around their individual needs. Care records contained up to date, and relevant information although we did find some areas where risk management measures needed to be more detailed. This was immediately addressed by the registered manager.

Safe staffing levels were in place; we received positive feedback to suggest that a good, consistent level of care was being delivered. Effective pre-employment recruitment checks were carried out and the necessary disclosure and barring service (DBS) checks were conducted. Some aspects of 'safer recruitment' needed strengthening. The registered manager had already identified these improvements were needed.

Infection prevention and control (IPC) arrangements were in place. IPC and COVID-19 training was provided, PPE was in plentiful supply, and staff continued to engage in twice weekly COVID-19 testing.

The provider had embedded safe and effective medication administration procedures. Staff were trained to administer medicines, they had access to an up to date medication administration policy and there was an effective level of oversight in relation to medicine management and compliance.

Staff were familiar with safeguarding and incident reporting procedures. Staff knew how to escalate any safeguarding concerns, the importance of protecting people from harm and completing the necessary safeguarding training..

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Person-centred, dignified and respectful level of care was provided to people. One relative told us, "Carers are very friendly, and I know [relative] is safe."

Staff were familiar with people they supported and provided a tailored level of care. We did note that some care records needed to contain a greater level of personalised information as a measure of ensuring that

people's needs, likes and preferences were captured. Communication support needs were established and supported accordingly. The provider was developing their approach to ensuring the accessible information standard was continuously improving and the correct support measures could be implemented as and when needed.

The provider ensured that effective quality assurance measures and systems had been embedded. Such systems helped to monitor, review and improve the quality and safety of care people received. Staff and management were aware their roles, as well as regulatory and legal responsibilities that needed to be complied with.

#### Rating at last inspection

This service was registered with us on 13 July 2020 and this was their first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to our inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Future Living Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We provided a short notice period of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 September 2022 and ended on 20 September 2022. We visited the office location on 15 September 2022.

#### What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information to plan our inspection.

During the inspection

We spoke with three relatives who were involved in their loved one's provision of care, the registered manager, one director and three members of care staff. We reviewed a range of records, including three people's care records, medication administration records, as well as a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Areas of risk was clearly established, and safety monitoring measures and management systems were in place.
- People were protected from harm and were not exposed to any unnecessary risks.
- People had individualised risk assessments in place. We did note that some assessments needed to have additional risk management information added. This was immediately responded to.
- Environmental and fire risk assessments of people's homes were completed as a measure of keeping people and staff safe.

### Using medicines safely

- Safe medication administration procedures and protocols were in place.
- Staff received medication administration training and regularly had their competency levels checked.
- There was an up to date medication policy was in place. This contained information about administration procedures, supply and ordering, disposal and recording.
- Robust auditing measures and oversight had been implemented. Weekly and monthly medication audits ensured that compliance was effectively monitored.

### Preventing and controlling infection

- Safe IPC procedures and arrangement were in place.
- IPC and COVID-19 training was provided; PPE was supplied as a measure of reducing any infection transmission risks.
- Staff continued to conduct routine twice weekly COVID-19 lateral flow testing as a measure of keeping other safe.

### Staffing and recruitment

- Staffing levels were monitored, and safe recruitment procedures were safely managed.
- We received positive feedback which indicated that staff always provided care and support as agreed. Relatives told us, "They [carers] are reliable, they turn up when they should" and "They are very good, they come on time and it's a consistent team [of carers]."
- Safe pre-employment checks were in place. Some areas needed to be strengthened such as interview record notes and references that were requested. However, this had already been identified as an area of development by the registered manager.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes to safeguard people from abuse were embedded and lessons were learnt when things went wrong.
- Staff were familiar with safeguarding reporting procedures; they understood the importance of keeping people safe and escalated any concerns.
- Staff received the necessary safeguarding training.
- Accident and incident reporting procedures were complied with. There was an auditing system in place and lessons were learnt when needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood and complied with principles of the MCA.
- People were not unlawfully restricted or deprived of their liberty.
- Care records contained the relevant level of information in relation to people's capacity; consent to care and treatment was clearly documented.
- Staff received the necessary MCA training as a measure of developing their knowledge and understanding of the legal framework and principles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed, and they received support that was in line with standards, guidance and law.
- People were involved in any decisions that needed to be made about the level of care they required and encouraged to make decisions.
- Regular care reviews took place; this provided people with the opportunity to discuss what was working well and if any changes needed to be implemented.

Staff support: induction, training, skills and experience

- Staff received day to day support; they were provided with learning and development opportunities as a measure of enhancing their skills and experience.
- Staff were thoroughly inducted into their roles, received regular supervisions and appraisals.
- Relatives told us that staff were 'well trained' and knew how to deliver the level of care people needed.

One relative said, "They [carers] support [relative] well and know their risks, they know what they're doing, they're well trained."

- Staff told us they felt supported and valued in their roles. One staff member told us, "Training is all completed, they [management] let us know when training is due, we get a timeframe for when this needs to be completed."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration support needs were established and the relevant support measures were implemented.

- Nutrition and hydration care plans were in place and contained the relevant information staff needed to be familiar with.

- Dietary support needs were regularly reviewed, and care records contained any advice and guidance that had been provided by external professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured that people received consistent, effective and timely care.

- People's health and well-being was routinely reviewed; staff were responsive to any change in need and escalated any concerns as they presented.

- People had access to other healthcare services such as speech and language therapists, local GP's and district nurses.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People received a good level of care that was centred around their equality and diversity support needs.
- Staff provided respectful and dignified care. One relative told us, "Definitely a good level of care, [relative] looks forward to them [carers] coming."
- Staff received person-centred care training; they understood the importance of providing tailored care that was centred around the people they were supporting and their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff ensured that people were provided with choice, were empowered to remain independent and treated with compassion.
- Care records contained specific information about the dependency needs of the people they supported. For instance, one care record stated, 'Allow me some privacy to use the toilet, I will then call the care worker when I am ready.'

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in decisions about their care.
- People were involved in their packages of care from the outset. They were involved in the pre-assessment process, helped to devise their own care plans and were involved in regular reviews.
- People were supported to complete quality surveys, were routinely asked about the care they received and encouraged to provide feedback and suggestions to help drive the service forward.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were fully assessed and measures were put in place to ensure people received the level of support they needed.
- Communication care plans detailed the level of support staff needed to provide and people's communication preferences. One care plan highlighted, 'I am hard of hearing at times so would like care workers to speak loudly and clearly.'
- The provider was in the process of developing the support they were providing people with. Their focus was to make sure people were always provided with information in a way they could understand.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control over their package of care; personalised care was planned and tailored around their needs and preferences.
- Staff were familiar with people's individual support needs and provided care that was specific to them.
- Not all care records contained the same level of consistent information. Additional information needed to be added in some people's care records we reviewed. One care record that contained a good level of detail indicated 'I would like care workers to ask me what I would like to wear and give me a choice of different options.'

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, remain independent and engaged in activities and interests that were important to them.
- Where and when possible, the provider encouraged people to engage in interests and hobbies that were important to them. Staff supported people with baking, watching their favourite TV programme and accessing local hairdressers.
- Staff developed positive relationships with people they supported. They not only helped with personal care but also provided companionship. One relative told us, "I am very happy with the care, we see the same people [carers], [relative] has built up good relationships."

#### Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy in place.
- The 'service user' guide contained complaint process information; this provided information to people and their relatives about how to make a complaint or raise a concern.
- Relatives told us, "I would be confident raising any concerns", "I would raise any concerns with [registered manager], she is very friendly and keeps in touch" and "Any concerns would be listened and responded to."

#### End of life care and support

- End of life care was not being provided at the time of the inspection.
- Staff received end of life training, there was appropriate advanced care planning documentation in place and the provider worked in collaboration with a local hospice and district nurses.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Managers and staff were clear about their roles and the importance of monitoring quality performance and risk.
- Effective quality monitoring systems helped to maintain a good quality provision of care as well as identifying where improvements were needed.
- People were protected from harm; areas of risk were routinely assessed, and risk management measures were implemented.
- The provider understood their regulatory and legal responsibilities; Fundamental standards were delivered and complied with.

Continuous learning and improving care

- Auditing and quality assurance systems ensured lessons were learnt and improvements were made to help drive service delivery.
- Internal auditing systems such care log audits, medication administration audits and business improvement plans helped to establish performance compliance and key areas of development.
- Action plans were devised in a timely manner; these helped to identify actions that needed to be completed and priority tasks for the next 12 months. Such processes provided assurances that people received person-centred, high-quality and compassionate care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was centred around the delivery of high-quality, person-centred care.
- The provider had recently received an award for their dedication and commitment to care.
- Care records indicated that people were involved in their packages of care from the outset; they were empowered to make decisions and encouraged to be involved in the provision of care as much as possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider engaged and involved people, relatives and public about the quality and safety of care being provided.
- Quality surveys were circulated; surveys helped to review and analyse areas of strength but also areas of

improvement.

- Staff told us they felt valued and supported in their roles. One staff member told us, "I feel appreciated and valued, I am always praised."
- Staff and relatives provided us with positive feedback about their experiences of care. Comments we received included, "The level of care is very good, it's reliable and communication is very good" and "There was a review at the house to see how care was being provided."

Working in partnership with others

- There was a good level of partnership between the provider and other services, organisations and external agencies.
- The provider ensured they used referral pathways and liaised with other services as a measure of supporting people's overall health and well-being.
- Partnership work meant that effective person-centred care was being delivered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour responsibilities were understood and complied with; open and honest lines of communication had developed and were maintained.
- The registered manager received positive feedback from an external professional they were working alongside. Feedback included, 'You have great communication skills and kept me informed with any issues/updates. Working with you has always been a positive experience.'