Voguefutureliving Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 29 and 30 May and 20 June 2018.

The service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Some people using the service lived in flats with their own kitchen and bathroom facilities but also had access to a communal lounge and kitchen-dining area. Other people lived in a single 'house in multi-occupation' that could be shared by four people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

At the time of our inspection, there were five people in receipt of personal care support. The service provides support to adults with learning disabilities.

Not everyone using Vogue Future Living Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on the 25 April 2016, we rated the service "Good." At this inspection we found that the service 'Required Improvement.'

The quality assurance processes in place to monitor the quality and safety of the service and drive improvement required strengthening. Audits had not identified errors in the information provided on medicines administration record charts (MARs) or gaps in the recording of medicines administered to people.

People's capacity to consent to their care and support was not always assessed. People supported by the service were not able to consent to some aspects of their care. However, written capacity assessments and best interest checklists were not in place. Staff did demonstrate that they understood the principles of the Mental Capacity Act 2005 and gained people's consent when supporting them.

People continued to receive safe care. Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety.

Risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff told us they had the appropriate personal protective equipment to perform their roles safely. Staff supported people in a way which prevented the spread of infection.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels ensured that people's care and support needs were safely met.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the registered manager and senior staff, and had regular supervision meetings.

Staff supported people to access support from healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People were involved in their own care planning as much as they were able and were able to contribute to the way in which they were supported.

The provider had a process in place which ensured people could raise any complaints or concerns.

At this inspection, we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Full details regarding the actions we have taken can be found at the end of the report.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not consistently follow the procedures in place to ensure the safe handling of medicines.

Staff understood their responsibility to safeguard people.

Risk assessments were in place and were reviewed to enable people to receive safe support.

There were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was assessed.

Staff received training to ensure they had the skills and knowledge to support people appropriately.

People's nutritional needs were met.

People were supported to have access to appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were insufficient systems and processes in place to monitor the quality of people's care.

A registered manager was in post and they were active and visible in the service. Staff were aware of the vision and values of the service and were committed to working to these.	

Vogue Future Living Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This comprehensive inspection took place on the 29 and 30 May and 20 June 2018 and was announced. We gave the service 48 hours' notice of the inspection as care is provided in the community and we needed to ensure that staff were available to support the inspection. We made telephone calls to relatives of people using the service on the 29 May. We visited the office location to meet the registered manager and staff and review records and visited one person in their supported living accommodation on 30 May. We visited two people in their supported living accommodation on the 20 June.

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care and support of people with a learning disability.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During this inspection, we spoke with three people who used the service and spoke with four people's relatives. We also observed interactions between people and staff in the supported living accommodation. We spoke with six members of staff, including the registered manager, a team leader and support staff. We looked at records relating to the personal care and support of three people using the service and two

people's medicines records. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staffing rotas and the arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Improvements were required to medicines record keeping. The medicines procedure directed staff to count all tablets at the time of administration and record this on the medication administration records (MAR). We saw that staff had not consistently recorded this count on one person's MAR. We checked the number of tablets remaining in stock for one medicine and found that three tablets were unaccounted for. This anomaly had not been identified by staff due to the countdown not being completed and there was no record to identify why the current number of medicines in stock was incorrect.

There were gaps on people's MAR charts where staff should have signed to indicate that the medicines had been administered. Staff assured us that people had received their medicines as prescribed and were able to show us where this had been recorded in the person's daily records. However, there was no way of determining if these medicines had been given as stock control procedures were ineffective.

Instructions on MAR charts that had been handwritten by staff were incorrect. One person's medicines were in liquid form which meant that the dosage should be recorded as a volume, however staff had recorded this as a weight (milligrams instead of millilitres). We checked with staff and the correct amount of the medicine was being administered, but the written instructions were misleading.

We discussed our concerns with the registered manager. They had already recognised that improvements were required to medicines record keeping. Staff were in the process of rolling out a new auditing process for medicines which was already in place at one of the supported living accommodations. They showed us a template of the audit procedure and we could see that it covered the areas of concern identified at this inspection. The registered manager assured us that the audit would be introduced for all people's medicines immediately. This audit and resulting actions need to be embedded so that the required improvements are made and sustained.

The people we spoke with indicated that they felt safe with the staff supporting them. People's relatives told us that they were confident their family members were supported safely. One person's relative said, "Yes, I feel [family member] is very safe." Another person's relative said, "I'm really happy and we have no worries about the staff." Staff understood their responsibilities in relation to keeping people safe from harm. The staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. One member of staff said, "Any concerns I would take up with the manager, if she didn't deal with it I would use the whistleblowing policy, we have the safeguarding contact numbers displayed in the office." Staff told us and records demonstrated that regular training was provided in safeguarding.

People and relatives said staff protected people from risk. One person's relative said their family member had previously fallen from bed, so staff regularly checked on their well-being, and had helped them to re-arrange their bedroom to reduce the risk of falls.

People had risk assessments in place so staff knew how to support them safely. These covered areas such as medicines, finances, safety in the community and social activities. Where risks were present appropriate

controls had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence. For example, staff were provided with clear guidance on how to support one person with their emotions and any associated behaviours they may display.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a criminal record check, and had provided references and identification before starting work.

People, their relatives and staff told us that there were enough staff to provide their care and support. One person's relative said, "The staff go above and beyond, they are available to help out with medical appointments, they also accompanied us on a trip to the theatre." A member of staff said, "People get their allocated hours, this is recorded in their folders, there's definitely enough staff." Rotas we looked at showed us that staffing was consistent, and people were given care and support by a dedicated staff team.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. One member of staff told us, "The manager or team leader go through things with us after any incident and we also talk about any incidents in staff meetings," We saw records of incidents that had occurred within the service, these had been reviewed by the registered manager and action taken as necessary. Through regular team meetings and staff supervision, any concerns were regularly shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People were protected by the prevention and control of infection. Staff told us that they washed their hands and wore disposable gloves and aprons when providing personal care. People's care plans emphasised the need to reduce the risk of people acquiring an infection. Staff were trained in infection control and followed the service's infection control policy and procedures.

Requires Improvement

Is the service effective?

Our findings

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In community care settings, this is under the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and they were able to demonstrate an understanding of the key principles of the act and described how these informed their practice. They told us how they supported people to make their own choices and asked for people's consent before providing their support. However, systems were not implemented to ensure that people's capacity to consent to their care and support was sought. We found that some people supported by the service were not able to consent to all aspects of their care. However, there was no record of mental capacity assessments being undertaken or best interest decisions being made on behalf of people. This was discussed with the registered manager during the inspection and they recognised the need to have a written record of these assessments and decisions.

People's needs and choices were assessed before they came to the service to help ensure it was suitable for them. One person's relative told us, "We wanted to do a slow transition, we were able to introduce [person's name] to the service at a pace they were comfortable with and the staff had time to get to know [person's name] well." The registered manager considered that the assessment process was central to understanding how the service could work with people to gain more independence. They said, "When I am carrying out an assessment I am focussed on how we can support someone to move forwards, how we can work with them." Records showed that peoples' needs were assessed, including their personal history and preferences, communication needs and health needs, so staff were aware of these as soon as they began using the service.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. One person's relative said, "Yes, I think they do [have the necessary skills], they have been very accommodating wanting to be able to cater for [person's name's] needs. They use their communication book with them." A member of staff said, "I had an induction when I started, we do quizzes after training and online training as well. I've done my NVQ 2 and I'm doing a health and nutrition course. If I say to [registered manager] I'm unsure about something they will sort it out." Records showed that all new staff undertook an induction programme and completed ongoing learning to ensure their knowledge and skills were up to date.

Staff said they were well supported and encouraged to develop in their job role. One member of staff said, "I feel well supported and listened to by the seniors and the manager. If I'm not sure about anything I ask and get an explanation." Staff received regular supervision, which gave them the opportunity to discuss their

performance and personal development.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had nutritional care plans in place setting out their likes and dislikes and whether any cultural or other factors affected what they ate. People who required a specific diet due to a health condition, were supported and encouraged to eat appropriate food. Staff described how they encouraged one person to avoid certain foods as these would affect their health and well-being. The person's relative confirmed that staff supported the person to make appropriate choices and we saw that the person's care plan reflected this. We observed staff supporting people with meal preparation. They asked people to choose the food that they would like to eat and provided appropriate support and encouragement as people prepared their meal.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including mental health support, learning disability services and reviewing officers. People's relatives told us that staff were available to support people to attend appointments when necessary. One person's relative told us that their family member found these appointments difficult and that staff were understanding and supported them in a sensitive manner.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

Good

Is the service caring?

Our findings

The service had a positive and caring culture. People and their relatives were happy with the care people received. One person's relative said, "They [staff] are aware that the clients all have different temperaments, they treat people equally with respect, they know people well and know when people are out of sorts."

People were involved as much as they were able to be in making decisions about their care. All the people using the service had relatives who supported them to ensure they received their support in the way that they chose and preferred. Relatives told us that people were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes. People attended these and contributed as much as they felt able.

Care plans identified what was important to people so staff could support them to make decisions about what they wanted to do. For example, one person's relative told us that their family member was involved, "As much as [they] can be [they are] able to use a picture board to communicate their likes and dislikes." We saw records that reflected people's involvement in deciding how their support would be provided. For example, one person's care plan review stated that they wanted support to increase their skills in relation to their personal care with the aim of showering independently.

The service was able to source information for people should they wish to use an advocate and advocacy information was available to people. Some people using the service had been supported to access financial advocacy.
An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were able to choose whether they wanted male or female staff to provide their personal care. One person was supported to attend a regular religious service.

Staff understood the importance of respecting people's privacy and dignity when providing people's support. One person's relative said, "[Family member] is able to have [their] own privacy when [they] want as when [they] have been out [they] like to come in and spend time on [their] own." We saw that staff interacted with people in a respectful manner and staff were able to describe how they upheld people's dignity when supporting them with personal care. Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff understood the importance of confidentiality, one member of staff said, "People's care plans are confidential. We [staff] don't talk to people outside of work about our work and we don't talk to service users about each other."

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Staff clearly felt a sense of pride about people's achievements. One member of staff said, "When [person's name] first came here, staff needed to do everything for them. Now with support they can make their own packed lunch." A community health

professional involved in one person's care told us, "They [staff] try to promote [person's name's] independence as much as possible and I have seen improvements in what [person's name] can do."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One member of staff said, "We support people to develop their skills, for example, shopping, cooking, cleaning, laundry and budgeting." They explained that different people were at varying levels of ability and that staff adjusted their support dependent on each person's support needs.

From people's pre-assessments, care plans were developed with people that set out how the service aimed to meet each person's physical, emotional and cultural needs. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received appropriate care and support.

We saw that staff supported people with a wide variety of social activities to further develop their skills. The service held regular parties for people from the different supported living accommodations to come together and socialise.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given . The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw a range of information in different formats; for example information in people's care plans was provided in a pictorial format. Staff also supported people to use their own bespoke communication aids to receive information.

People and their relatives were encouraged to raise any concerns or complaints. People's relatives said they knew who to speak to at the service if they had any complaints. One person's relative said, "I would just speak to [registered manager] they are always happy to hear any concerns and will always resolve them." Another person's relative told us, "I have no problems, if I have any concerns I will just contact [registered manager], they welcome constructive criticism." We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and the registered manager confirmed that support would be given to those who wished to make advance decisions about the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to the quality assurance systems in place to monitor the quality and safety of the service. Senior staff carried out audits to monitor quality and safety however, these were not always effective in identifying shortfalls and driving improvements. Medicines audits had not identified that improvements were required to medicines record keeping.

Although staff demonstrated their understanding of MCA and the need to ensure that people's care and support was provided in the least restrictive way, there was a lack of recorded MCA assessments and best interest decisions in place for people. The registered manager had not identified that the principles of the MCA had not been implemented appropriately; there was a risk that care would be provided to people that was not in their best interest. These concerns were discussed with the registered manager and they undertook to complete mental capacity assessments for people where required.

This constitutes a breach of regulation 17(1)(2)(c): Good governance of the HSCA 2008 (Regulated Activities) Regulations 2014.

Other arrangements in place to monitor the quality of the service that people received were effective, as regular audits had been carried out by senior staff. For example, regular checks were carried out of communication logs, people's support plans, incident records and staff working practice. Appropriate action had been taken in response to the findings of these audits. However, checks of documentation would benefit from more detail regarding any concerns identified and the action taken in response to enable staff to reflect for future learning.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a clear vision and values, that all staff were committed to working together to achieve. The registered manager said, "Our ethos is to support people who want to develop and move on in life, we work with people to support them to gain new skills and independence." This was reflected in what staff told us. One member of staff said, "This is a stepping stone to people hopefully living independently. We are here to provide reassurance, emotional support and encouragement to people to enable them to do more for themselves."

People were supported to be an active member of their local community. The service provided transport to enable people to access local shops, social activities and appointments. The provider also supported people to access local day services and had supported one person to move accommodation to enable them to more easily access a day service they enjoyed.

The service had an open culture where staff had opportunities to share information; this culture encouraged

good communication and learning. We saw that the atmosphere within the service was positive and friendly. People told us that the registered manager was approachable and supportive and had a good awareness of all aspects of the running of the service. One member of staff said, "[Registered manager] is very approachable, they're always in and out throughout the day." Another member of staff commented, "We often see [registered manager] they're in and out of the services daily."

Regular team meetings took place, which covered a range of subjects. One member of senior staff said, "We have regular senior meetings, where we can air any concerns. I feel listened to in meetings we highlight things and they are dealt with." We saw minutes of meetings held, and these reflected an open and transparent culture with discussions about staffing, the value of teamwork, people's feedback, medicines and staff training.

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires had been sent out to people and relatives and the registered manager was waiting for people's responses. This provided people with the opportunity to make their views known on the service they received.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

The registered manager had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law. They also shared information as appropriate with health and social care professionals; for example, social workers involved in commissioning care on behalf of people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have suitable processes in place to monitor the quality and safety of the service. Improvements were required to medicines record keeping. 17(1)(2)(c)