

Voguefutureliving Limited

# Vogue Future Living Limited

## Inspection report

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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

This inspection took place on 25 April 2016 and was announced.

Vogue future living provides personal care and support to 25 people with learning disabilities and autism in a supported living setting.

The service did not have a registered manager, but a manager was in place who was going through the registration process. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

People told us that their medicines were administered safely and on time.

Staff members had induction training when joining the service, as well as regular ongoing training. Staff were well supported by the manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify

where action was needed

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Is the service well-led?**

**Good** ●

The service was well led.

People knew the manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

# 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 inspection took place on 25 April 2016 and was announced. The manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

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 also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service

We spoke with six people who used the service, five support workers, a senior support worker and the manager of the service.

We reviewed six people's care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe within the service. One person said, "Yes its safe here, I don't ever feel like I'm not safe." Another person told us, "Yes, it's a secure building and I feel safe." All of the people we spoke with made similarly positive comments.

We spoke with staff members about safeguarding and they all had a good understanding about the procedures to follow to keep people safe. One staff member told us, "If I thought there was a problem, I would firstly make sure the person's current environment was as safe as possible. Then I would make sure everything was reported to management or the Care Quality Commission (CQC)." All the staff we spoke with made similar comments and were also aware of whistleblowing procedures and how to use them. We saw that staff had received safeguarding training. The manager of the service was aware of the requirement to notify CQC about incidents as required and we saw evidence that they had notified us when needed.

People had risk assessments in place to help manage various risks that were present within their lives such as medication, emotional and behavioural, health, diet, and environmental risks. The staff we spoke with told us that the risk assessments were written well and helped them to do their job safely, whilst also recognising the need to support people in positive risk taking. We saw that where a care plan had identified a risk, an assessment was then created which documented the specific area of risk with appropriate actions and outcomes.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. The staff confirmed that they were not able to start work until these security checks were completed. We saw that the service maintained a record of all staff member's DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

The service had enough staff to cover the shifts required. People we spoke with told us that they felt there was enough staff around to support them. One person said, "There is always someone around if I need anything at all. It's very good." During our inspection we visited one of the supported living facilities and saw that there were an adequate amount of staff around to meet people's needs. We saw that there was a busy communal area that people were using and a number of staff were able to be around interacting and communicating with everyone present. We looked at staff rotas and saw that the staffing levels were consistent and matched the assessed needs of the individuals being supported.

Medication was administered safely. One person said, "I am happy with the support I get with medication." We saw that people kept their medication within their own flats securely. Some people we spoke with only needed a reminder from staff, whereas others required full support with administration of medication. We saw Medication administration records (MAR) which were accurately filled out and audited by the manager. We also saw that people had received training in medication administration.

## Is the service effective?

### Our findings

Staff had been provided with training to carry out their roles and responsibilities. The people we spoke with told us that the staff knew how to support them. One person told us, "I am very independent, and the staff know how when I need help and when I don't."

All the staff we spoke with told us they received induction training when starting work with the service which included mandatory courses such as safeguarding, health and safety and medication awareness. They also had time to read through care plans and risk assessments and shadow more experienced staff in order to get to know the people they were supporting. The training records made available to us during the inspection demonstrated that staff had been provided with an induction when starting work. The manager told us that staff were completing the Care Certificate as well as refresher training that was relevant to their roles and included training on safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw evidence within people's files that showed us this training was taking place.

We checked whether the service was working within the principles of the MCA. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had policies and procedures in relation to the MCA and DoLS. Staff demonstrated a good understanding of how they worked in practice in line with the MCA and their responsibilities. The service did not support anyone with a DoLS in place.

Staff members received effective supervision from senior staff. The staff we spoke with told us that their supervisions were regular and worthwhile. They were able to discuss their role within the team and set objectives for progress. We saw records of supervisions within the staff files we looked at.

Staff gained consent from people before delivering any care and support. One person told us, "Yes the staff ask me first. Everyone is quite independent here so staff always talk to people to see if they want support first." Everyone we spoke with made similar positive comments. We saw that people had signed consent forms within their files to show that they agreed with the care that was planned and recorded for them.

People were supported and encouraged to maintain a healthy and balanced diet. People told us that they were mostly able to prepare food themselves, but staff helped out. Staff confirmed that they would help some people prepare food, but would always promote healthy choices to people. We saw that one person had a pictorial meal plan within their file to support their healthy eating and remind them what was for dinner that day. We saw that information about people's likes, dislikes and requirements around food was displayed within their files. We saw that people had the option of eating within their own flats, but also

eating within a communal area within the building.

People could have support to access healthcare services. Some of the people we spoke with told us that they were independent enough to go by themselves or have a family member support them to health appointments, but the staff could help them if they needed to. The staff we spoke with confirmed that they supported people in different ways according to their needs and preferences. We saw that people had information within their files that detailed their medical needs and a record of support they had been given.

## Is the service caring?

### Our findings

People told us they had developed positive and caring relationships with the staff. One person said, "I really like the staff. They help me with my hair." Another person told us, "The staff are caring towards me. I like them." During our inspection we saw that staff interacted with people in a warm and caring manner.

People had care plans that reflected their likes, dislikes and preferences. We saw that people had a section within their files named 'Things you need to know about me'. This contained information about personal history, communication preferences, anxieties, food likes and dislikes and day to day preferences. This information enabled staff to be well informed about the people they were supporting and develop positive relationships. During our inspection we saw that staff knew the people within the service well, and had developed positive relationships.

People were involved in their own care planning. One person told us, "I get to control my own life. Me and my mum are happy with what's in my care plan." The staff we spoke with told us they thought that care plans were individualised and expressed who each person was because they were involved in their own care. One staff member told us, "People control what is in their care plan, if they want something changed or added then we try and do it." We saw that people had formal reviews of their care as well as informal regular checks on care plans and risk assessments that had taken place. During our inspection we saw that people were offered choice and control over their care.

People's privacy and dignity was respected by staff. One person told us, "This is my flat, it is my own home and private space and staff respect that. We all have our own flats here that do not belong to the service. The staff are around though to support us as needed. They respect everyone's private space." A staff member told us, "Most of the people we support are very independent. It is important that we respect people's privacy because it helps people maintain that independence." Another staff member told us, "There are large communal spaces here that get used a lot. If we need to speak to someone about something personal, we always ask to speak to them in a private space and not in front of others."

People were supported to be as independent as possible. One person told us, "I go out and use the buses by myself. The staff can help me if I'm not sure about something." All the staff we spoke with were positive about encouraging and improving people's independence. We saw that people had aims and goals documented within care plans. We saw that computers had been made available for people to use in communal areas, and that people were encouraged to use them to further their independence and learning.

The manager told us that advocacy services would be available should people require the support of an independent advocate. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). At the time of our inspection, no one was using the services of an advocate.

## Is the service responsive?

### Our findings

People's needs were assessed before being receiving care from the service. The manager confirmed that people received assessments to ensure that the service could cater for their needs. We saw paperwork within people's files that confirmed thorough assessments had taken place.

People received personalised care for their needs. Everyone we spoke with told us that the staff understood how they liked to be supported and knew them well. One person told us, "The staff know that everyone is different. I don't need as much help as some of the other people that live here and the staff know that." A staff member said, "Everyone is on a different journey. We understand everyone is different." We looked at people's care plans and saw information that was specific to them, their needs, their individual goals and preferences.

People's needs were reviewed and updated as required. We saw that some people had social work reviews as well as regular updates to care plans and risk assessments. All the staff we spoke with felt that if they gave feedback to senior staff that information needed changing or updating, that it would be listened to and actioned.

The service encouraged people to follow their interests and take part in social activities. There were several communal areas and gardens where people were encouraged to take part in activities and develop relationships with others. For example, we saw that a pool table had been provided and people were being supported to have a game with each other.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One person told us, "My mum is very happy that I live here. We still see each other lots and she likes my staff." The staff we spoke with explained the value of positive relationships with family members when supporting people to gain independence.

We saw that people were given the time they required to receive care so that it was delivered in a person centred way. One person told us, "There is always someone around to help me. I have one to one time with staff but I can call for help if I need something as well." During our inspection we saw that some individuals were using their one to one time with staff to complete tasks as they required. Everyone we spoke with told us that they did not ever feel rushed when receiving care from staff.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure. One person said, "I have made a complaint before and it was followed up to my satisfaction." Another person told us, "I know that if I really wanted to, I could stay living here and use another care company. I don't want to but the options have been explained to me." The manager of the service showed us the complaints log which contained a detailed account of any complaints made as well as responses, actions and any necessary improvements to be made.

## Is the service well-led?

### Our findings

People told us that the manager and other senior staff members were helpful and approachable. All the people we spoke with knew who the senior staff and manager was. A staff member told us, "I feel very supported, the management listen to what I have to say." Another staff member said, "It's a good job, we are treated well." Everyone we spoke with made similarly positive comments.

We saw that the service had a staff structure that included the provider, manager, senior carers and carers, and that people were well aware of their responsibilities. The staff we spoke with were aware of the visions and values of the service and felt positive working within the service.

Systems were in place to monitor people's care including accidents and incidents. We saw that appropriate actions had been taken to identify and minimise the risks of repeat accidents and incidents.

Staff meetings were held for staff to share information and discuss the service. One staff member said, "Yes we have meetings to discuss any issues and events going on here." We saw minutes from these meetings that confirmed they were taking place and that a range of topics had been discussed such as people's specific issues, staffing levels, environmental issues and general service updates.

The provider had informed the Care Quality Commission (CQC) of notifiable events such as, serious injuries, deaths and other events as required by law.

The service did not have a registered manager in place, but did have a manager that was going through the registration process. The manager was aware of the needs of people and the staff team and was able to speak in detail about visions and values of the service. We found that the manager had good knowledge of the service in general and had highlighted some areas within the service that they were working on changing and improving.

We saw that quality assurance management audits were carried out by the manager and senior staff. They included reviewing care and staff records and health and safety checks, medication records and more were regularly checked and updated as required.

The service had gathered feedback about the service from people and monitored satisfaction with the service they were receiving. We saw that feedback had been recorded and actions had been created where necessary.