

Voguefutureliving Limited

Vogue Future Living Limited

Inspection report

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23 July 2019

24 July 2019

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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

Vogue Future Living Limited is a domiciliary care service providing personal care to younger adults with a learning disability or autism, a physical disability or sensory impairment. People were supported in their own homes. Eight people received personal care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This 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 and what we found

Quality assurance systems and processes were being improved to enable the provider to more efficiently identify areas for improvement. The management team were passionate about providing person-centred care and people knew the management team by name. The service sought feedback from people about their care experience to ensure any issues were promptly addressed.

People received care from staff that were kind, caring and compassionate. Staff ensured people's health, emotional and social wellbeing needs were met. They enjoyed their work and treated people as if they were a family member. People and staff had built positive relationships together and enjoyed spending time in each other's company. People's diversity was respected and embraced. Staff were open to people of all faiths and beliefs and people's privacy and dignity was respected.

People were supported by staff that took time to find out about their hobbies and interests and supported them to engage in these, while promoting people's independence. The service was flexible and responsive to people's individual needs and preferences. People knew how to raise a concern or make a complaint and felt confident this would be addressed.

People were supported by staff that kept them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care, including infection control. Staff received training relevant to people's individual needs such as, 'Understanding autism'.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and to attend healthcare appointments as needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (01 August 2018). The provider completed an

action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 ●

Vogue Future Living Limited

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 team consisted of 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We wanted to ensure people receiving care could consent to a home visit from an inspector.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke to relatives on 22 July 2019. We visited the office location and spoke to people on 23 July 2019. We visited people in their own homes and spoke to relatives on 24 July 2019.

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, service manager and care staff.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and quality assurance documents were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested training data and sought feedback from professionals who visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

- At our last inspection Improvements were required to medicines record keeping. Staff had not always signed people's medicines records and handwritten instructions on medicines records were incorrect. The service had implemented new medicines records and audits which had addressed these concerns.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe and family members told us their relatives received safe care. One person said, "Staff make me feel safe... If I was scared or frightened I would tell them." A relative told us, "[name] is definitely safe, without a doubt." A staff member said, "We make sure people are safe, that's what we are here for."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. One staff member said, "We've had safeguarding training... I've had lots of safeguarding training. If I saw abuse I would report it immediately to the manager who would take it further." The registered manager was aware of their responsibilities for reporting concerns to the CQC.

Assessing risk, safety monitoring and management

- Risk assessments were incorporated into people's care plans and were updated as and when people's needs changed. One person told us, "It's a little bit dangerous in the kitchen for me. I do the safe bits and staff help me."
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. These were up to date and reflective of people's current needs. People were supported to practice leaving the building safely in the event of an emergency to minimise anxiety and distress should a real-life situation occur.

Staffing and recruitment

- People told us there were enough staff available to meet their needs. Staff provided support to people at the time they needed it and people were supported by consistent staff that knew them well.
- Staff did not start work with Vogue Future Living Limited until safe recruitment checks had been undertaken. This was to ensure staff were suitable to work with people receiving care.

Using medicines safely

- Improvements had been made to medicines systems and processes. Audits had been implemented and medicines records reviewed. Medicines systems were organised, and people received their medicines on time and as prescribed. One person told us, "They [staff] give me my medicine... they are good at it."
- Staff had received training to administer medicines and their competency had been assessed. Records showed people that needed medicines 30 minutes before food, were given these at the right time.

- Medicines Administration Records (MAR) audits had been implemented. Staff checked medicines in people's home to ensure people had not already taken their medicine or missed a dose. If there was a discrepancy, this was recorded. For example, one person had accidentally dropped their medicine in water, it was therefore discarded, and a new medicine was administered. The audit recorded this clearly.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons and had a good knowledge of infection control procedures. They had received infection control training. A staff member told us, "We wear gloves and aprons for personal care."

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed very few accidents had occurred. Where they had, action was taken to reduce the risk of a reoccurrence.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

- At our last inspection there was no record of mental capacity assessments being undertaken or best interest decisions being made on behalf of people. The service had undertaken further training on the Mental Capacity Act and undertaken mental capacity assessments and best interest decisions.

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

- People's physical, social and wellbeing needs were holistically assessed before they received care from the service. This assessment informed the development of people's care plans which reflected their support needs in relation to their culture, religion, likes, dislikes and preferences.
- Care, treatment and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. An induction process was in place for new staff, this was being restructured in line with the Care Certificate. The Care Certificate is an agreed set of standards of knowledge and skills for staff working in health and social care settings. The registered manager told us, where staff were due to undertake refresher training, this had been booked.
- Staff were supported to attend additional training relevant to the needs of people they were supporting. One staff member told us, "We have learnt a lot here. The training is really good." Another staff member said, "I am doing the 'understanding autism' training. It has been really helpful. There are a lot of examples in the course to help you understand what it's like to have autism." Staff had accessed additional training on subjects such as alcohol misuse, eating disorders and wound care.
- Staff told us they felt supported by the management team and could approach them at any time should they need support. A staff member told us, "I have supervision with a team leader, but if I ever have any issues I speak to [registered manager]."

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

- People's care plans reflected the support they needed to eat and drink enough and people were supported with preparing their meals as needed. One person told us, "I go shopping and make lasagne with staff, it's my favourite, staff help me cook it." Another person told us, "They [staff] make my breakfast. It is how I like it."
- Staff encouraged people to make healthy choices but respected their decision if they chose to eat unhealthily. A relative told us, "They help [name] choose healthy options and to eat a balanced diet. They encourage [name] to have a variety."

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

- The service worked alongside local community and health services to support people to maintain their physical and emotional health and wellbeing. Where necessary, staff raised concerns about people's wellbeing with the appropriate healthcare professionals, such as the community learning disability team, GP and specialist epilepsy nurse. People were supported to attend medical appointments as needed. A relative told us, "Staff are good at helping with appointments, they put them on the calendar and I know they will get [name] there... They co-ordinated a chiropody appointment that was needed."
- Staff had recently delivered a workshop on promoting sexual health, leaflets were available to people to advise them where to go if they needed advice about their sexual health.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments and best interest decisions had been undertaken. Where people lacked capacity to make specific decisions about their care, best interest decisions took into consideration their preferences and wishes to ensure care was delivered in their best interests.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. This was embedded in practice. People's care plans instructed staff to offer people choices. Staff had a comprehensive knowledge of the MCA and told us, "We offer people choice all day, every day." We saw staff supporting people to make choices about their care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and staff had developed caring relationships together and enjoyed spending time in each other's company. One person said, "They [staff] cheer me up and make me laugh." A relative told us, "Staff are energetic, bubbly, kind and caring. When [name] was unwell they sat next to their bed with them and were really looking after them." Staff told us they loved their work and treated people as if they were a member of their family. A relative told us, "It's very much like an extended family, staff are all friendly."
- Staff often went the 'extra mile' to support people. One staff member took people that enjoyed fishing on a fishing trip in their own time. A relative told us, "Staff, noticed [name] had hole in their pocket and offered to sew it up." The registered manager told us staff often volunteered to work additional hours to ensure people were able to visit their families and access activities outside of their usual support hours.
- People's diversity was respected, embraced and embedded in practice. Staff were respectful to people of all faiths and beliefs. One person was supported by staff to attend church every week and to attend events at the church. People were supported to express their sexuality. The registered manager told us they planned to hold a workshop to develop awareness of Lesbian, Gay, Bisexual, and Trans (LGBT) issues.

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

- People were involved in the development of their care plans, these instructed staff to ensure people were involved in decisions about their care.
- People were encouraged to speak up for themselves. The service had recognised when advocacy support was needed and made referrals to a local advocacy service. An advocate is someone that can help a person speak up to ensure their voice is heard on issues important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care plans instructed staff to knock on people's doors and seek permission to enter their homes. Records confirmed staff did this. Staff respected people's wishes if they asked for support to be provided at a different time.
- Staff were passionate about promoting people's independence and enhancing their skills. A relative told us, "[Name] is more independent than they have ever been." A staff member told us, "We encourage people's independence as much as we can, and only help when people ask for it or need it." The registered manager told us, "We want to develop people's independence and reduce dependence on staff support."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were reviewed regularly and as people's needs changed. Staff knew people well and told us this was because care plans contained more than enough information. One staff member told us, "I follow the care plan, there is lots of information in there." Care plans reflected people's likes, dislikes, hobbies and interests and people were involved in developing a 'pen portrait'. This summarised everything that was important to them. One staff member said, "Writing their pen portrait with them and their relative was good fun." People made choices about how their care was delivered.
- People's care was person-centred and delivered in line with people's preferences and wishes. A relative told us, "The staff are spot on with [names] care. They have gone above and beyond to sit and listen. If they don't get it right, they will keep trying until they get it right." People and staff had built positive relationships together and enjoyed spending time together. A person told us, "We have fun." A staff member said, "We like to have a laugh and joke with people, but always remain professional."
- Staff knew people's hobbies and interests and made the time to share these with people. A relative told us, "Last week when we went shopping, [name] was talking about wrestling. The staff immediately got their mobile phone to look at the internet and told them the date of the next wrestling match. We put it straight on the calendar. I know staff will make sure they go to the match." A staff member told us, "I'm really passionate about what I do. I want people to have the best care and am really particular about getting everything right."

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 needs were detailed in their care plans, and staff knew how to communicate effectively with people. People used a variety of communication aids including pictures, gestures and electronic devices. A staff member told us, "One person has a communication book, we show them pictures of meals to make their meal planner for the week." Another person had a 'mood board' outside their flat. Staff said, "They put a picture up to tell staff how they are feeling each day. This helps us to know how to support them."
- Staff had got to know people well and supported them to communicate to the best of their abilities. A relative told us, "[Name's] communication has come on leaps and bounds, I can have a proper conversation with them on the phone now." A staff member told us about the same person, "They are now speaking more and telling us what they want which they didn't do when they first started receiving care."

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

- Relationships with people's families were maintained and fostered. The service provided transport for people, so they could visit their relatives and arranged for people and their relatives to meet. People's care plans included their preferences for family contact. One person's care plan advised, '[Name's] family and friends are particularly important. They enjoy meeting up with them throughout the week.'
- People accessed a variety of activities provided by the service, such as cooking lessons, fitness sessions, movie nights and a pamper night. People could also access sessions to develop their maths and English skills to support them to gain employment. People had busy social lives and enjoyed, for example, going to a day centre, church, the cinema, and the pub for karaoke. A relative told us, "Today [name] is going strawberry picking. Staff prepare them for things in advance, so they don't worry."
- Autism training had enhanced staff's skills and knowledge, to support people to access activities and reduce social isolation. One staff member said, "[Name] kept saying things were too loud. Now I understand why. They now wear headphones to manage in noisy situations. We plan activities with people's autism in mind, so places we go to are not too busy or noisy."

Improving care quality in response to complaints or concerns

- People and their relatives were encouraged to raise concerns with the home and told us these were addressed promptly to their satisfaction. There had been no complaints since the last inspection. One relative told us, "There has never been an issue. I have a good relationship with the staff and the manager, so I wouldn't hesitate to complain. If I have any issues they sort it."
- People had a copy of the complaints policy and process. Whilst the language had been simplified, it was not available in an easy read format. The registered manager told us they would implement a new easy read complaints process following our inspection and circulate this to people receiving care.

End of life care and support

- The service provided care to young people living in their own homes, people did not need end of life care.
- Care plans did not reflect people's preferences and wishes should a sudden death occur. We discussed this with the registered manager who told us following the inspection, they would introduce end of life care plans. They told us they would support people to remain in their own homes and work alongside the relevant healthcare professionals should people need end of life care.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection quality assurance systems and processes were ineffective as they did not identify improvements needed to medicine record keeping, or that the principles of the MCA had not been implemented appropriately. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The management team had undertaken training regarding MCA assessments and best interest decisions. Following the training mental capacity assessments and best interest decisions were completed. Regular medicines audits were implemented, and medicines records reviewed.

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

- Weekly audits of people's care records were undertaken to review medicines records, communication logs, accident and incident forms and behaviour charts. Quality assurance systems and processes were being further developed. The management team showed us an additional quality monitoring audit they planned to implement, this would enable the registered manager to have a better oversight of care delivery and to collate data to identify areas for improvement.
- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications to CQC. Legal notifications had been submitted and appropriate actions had been taken to safeguard people.
- People knew who the manager was. We observed people visiting the office throughout our inspection to see the registered manager. They were consistently warmly greeted and asked how their day was going. It was evident from the registered managers interactions with people that they knew them well.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager. One staff member said, "The manager is approachable for support when needed. I have supervision but can speak to the manager whenever." Staff were valued by the management team. The registered manager told us, "Staff are amazing, they are so committed."

Continuous learning and improving care

- The management team had identified the induction process for new staff needed to be enhanced for them to complete essential training earlier on in their induction and had reviewed the induction programme

to ensure this was in place. They had also identified improvements were required to ensure staff refresher training was completed within the required timescales. A new process was being implemented. Refresher training had been scheduled.

- The provider was committed to supporting staff to develop in their roles. Staff had completed courses in health and nutrition, medicines and understanding autism. Other staff were being supported to undertake a level 3 National Vocational Qualification in care.
- The service had identified areas for improvement and were transferring to an electronic record keeping system for rota management, quality monitoring, care records and medicines records. The management team told us, this would support staff to be more efficient and maximise their time with people. Staff told us they were looking forward to the new system being implemented. One staff member said, "The new electronic system will improve what we do."

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

- The management team were passionate about providing person-centred care and empowering people to be independent and in control of their care. People achieved positive outcomes and were supported to reach their goals.
- People, relatives and staff provided positive feedback on the service. One person said, "I am really happy, I like it." A relative told us, "The standard of care is excellent and they [staff] seem to be on the ball for most things." Another relative said, "It's like an extended family on a professional level. It couldn't be any better."

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

- The provider was open and honest with people when things went wrong and ensured open communication with people, their relatives, staff and outside agencies. The provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- A survey had been undertaken to seek people's feedback of the care received. The results for this were being collated. The registered manager told us an action plan would be developed to ensure any identified improvements would be put in place. They told us more evening activities had been introduced because of people's feedback.
- Staff feedback was collated during supervisions, team meetings and from surveys. Records showed the service was responsive to staff feedback. For example, staff requested autism training, and this had been provided.

Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe. Staff worked closely with health professionals such as speech and language therapists, community nurses and GPs to ensure people's healthcare needs were met.
- The management team had developed close links with a local day service. Staff supported people to attend trips organised by the day centre. Links had been made with local charity shops to co-ordinate work placements for people. The provider sponsored a local sports team. This meant people could watch

matches and attend events at the club. One relative told us how one person had really enjoyed attending a match and sports dinner.