Mrs Tracey Jayne Mitchell

Future Living

Inspection report

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Tel: 07557953396

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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

The inspection took place on 8 May 2018 and was announced. We gave the provider four days' notice (this was over a bank holiday weekend) because we wanted to make sure the provider was available on the day of the inspection. We also wanted to visit people who used the service and wanted to be certain they were willing to meet us.

When the service was last inspected in January 2017 one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified At that inspection we found that safe recruitment procedures had not always been followed and there was a lack of recording of monitoring checks by the provider.

During this inspection, we checked that the provider was meeting the legal requirements of the regulations they had breached. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Mrs Tracey Jayne Mitchell, on our website at www.cqc.org.uk.

The service is also known as Future Living and provides a supported living service to people living in their own home. People who live in the supported living property have individual tenancy agreements. At the time of the inspection, the provider was providing personal care and support to three people who shared a bungalow. Mrs Tracey Jayne Mitchell as a sole provider runs the service. As a sole provider, she is not required to employ a registered manager. Instead, they had opted to manage the service themselves.

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 the last inspection, we rated the service as Requires Improvement. At this inspection, we found that the provider had made the required improvements within the service.

People received a safe service. The registered manager understood their responsibilities to raise concerns and record safety incidents, concerns and near misses and report these internally and externally as necessary. The provider embedded a proactive approach to managing risks to people who used the service. The provider made sure there was enough staff on duty.

At the last inspection in January 2017, safe recruitment processes were not completed. At this inspection, this had improved. Records showed the provider had safe recruitment procedures in place.

The provider was clear about its responsibilities and role in relation to medicines. The provider managed the control and prevention of infection well. Staff understood their responsibilities to raise concerns and report incidents and accidents. Where incidents had occurred, the provider had used these to make improvements

and shared and lessons learned with staff.

People received effective care and support from competent and well-trained staff. Staff received a thorough induction at the start of their employment. New staff completed a qualification known as the Care Certificate at the start of their employment if they do not already hold a relevant qualification. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to. All staff received regular supervision and annual appraisals.

Care plans were clear, detailed, and easy to read. Staff regularly reviewed care plans. The provider offered a healthy and balanced range of meals to suit each person's dietary needs and preferences. Feedback from relatives was very positive.

Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. The provider and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff.

People gave their consent before accepting care or support. Staff treated people with dignity, respect, and kindness and understood how to communicate with people. Staff supported people to maintain and develop their relationships with those close to them, their social networks, and community.

People knew how to give feedback about their experiences of care and support, and could do so in a range of accessible ways, including how to raise any concerns or issues. Staff told us the provider was a good manager. The provider was passionate and dedicated to providing an excellent service to people. There was a positive culture in the service, the provider led by example.".

At the last inspection in January 2017, the provider did not carry out regular monitoring checks. At this inspection, we found this had improved. The provider had engaged an external contractor to support them. There were effective quality assurance arrangements at the service in order to raise standards and drive improvements.

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

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?

Good

The service was safe

There were procedures in place to keep people safe, which staff understood.

Safe recruitment procedures were in place. There was enough staff to support people safely.

People's risks were assessed and risk management guidance was completed.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective

People's relatives felt they received care from competent staff.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff received training, supervision, and appraisal.

People had access to healthcare professionals.

Is the service caring?

Good

The service was caring

People were observed as being relaxed and happy in the service

People's relatives spoke positively of the staff at the service.

Staff respected people's choices and decision-making.

People and their relatives were involved in their care and support planning.

Is the service responsive?

Good

The service was responsive

People's care records were detailed and easy to read.

People's relatives felt staff were responsive.

Complaints had been acted upon when received.

Staff supported people to undertake activities of their choice.

There were links with the local community.

Is the service well-led?

Good

The service was well led

Staff received regular supervision and appraisals

The provider had identified developments required to improve the service

Everyone we spoke with knew who the provider was.

Future Living

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.

The inspection took place on 8 May 2018 and was announced.

One adult social care inspector, one medicines inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service. At our last inspection of the service in January 2017, we identified concerns with the care provided to people. At this inspection, we found the provider had improved.

During the inspection, we met the provider, four members of staff and three people who used the service. The people who used the service were unable to communicate verbally and therefore we observed their interaction with staff and spoke with two family members who were closely involved in peoples care and support.

We also looked at records relating to their care. This included three care plans, people's daily diaries, four staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

People received a safe service. Although people were unable to tell us they felt safe, they appeared relaxed, happy, and responded positively when staff spoke with them. We asked a relative if they felt the service was safe and they told us, "(Persons name) is very well looked after; I couldn't be happier with their care." Another person said, "Yes, she's too far away for us to be able to visit, but I speak to her regularly and see her on Face Time."

The registered manager understood their responsibilities to raise concerns and record safety incidents, concerns and near misses and report these internally and externally as necessary. Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access.

Staff received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. There was an open and transparent culture. The provider encouraged staff to report any concerns. One staff member said, "We always make sure we assess things before we do them. We would report to the provider, they would go to the safeguard team."

The risk of financial abuse was minimised. The provider had safe systems in place to ensure staff recorded and checked people's money. We looked at the financial records for one person. Staff had completed records accurately. Staff had supported people to budget their money safely. Appointees (either relatives or the Local Authority) managed people's income and arranged for each person to have sufficient money each week to pay for bills and living expenses.

The provider managed risks to people who used the service. Staff understood the potential risks to each person's health and safety. Staff assessed and monitored risks. Some people had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. For example, one person hit out at people when they became anxious. Staff told us they avoided busy places or came home if they could not reduce the person's anxiety.

Care plans contained actions necessary to reduce any risks to people's health. For example, one person was at risk of choking. A speech and language therapist (SALT) had assessed the person and the care plans contained actions for staff that reduced the risk of choking. Staff told us this person had a soft food diet to minimise the risk of choking.

The provider had assessed equipment people used to help them move around safely. Overhead tracking was in place for one person who needed a hoist to help them move. The person also used a wheelchair to move around and a specialist bed to help them change position. Staff had received training to ensure people were supported to use the equipment safely.

People received a consistent and reliable service. The provider made sure there were enough staff on duty. Many of the staff worked shifts from 8 am to 9 pm, and 12 hour waking shifts overnight. These shift patterns

meant people were able to go out for the whole day rather than needing to return home early due to shift changeovers. On the day of our inspection, three staff members were on duty as the people were all going out for lunch. We looked at the staff rotas and these confirmed satisfactory staffing levels were available at all times. Relatives told us, "They get extra staff so they can bring (person's name) home to visit."

At the last inspection in January 2017, safe recruitment processes were not completed. At this inspection, this had improved. Records showed the provider had obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

There were systems in place to safeguard and protect people when staff worked alone with them. There was a lone working policy, which staff knew about and staff said they could contact the provider at any time and they would respond. One staff member said, "The provider is here most days, if she's not and we contact them, they will soon be here."

The provider was clear about its responsibilities and role in relation to medicines. A medicines policy was available for staff to guide them on how to manage medicines safely. Trained staff administered medicines and recorded this on Medication Administration Records (MARs). The MARs showed that staff gave people medicines as prescribed. Medicines that were prescribed to be given as a variable dose such as 'one or two tablets' were recorded to show the actual quantity administered. When staff opened creams, eye drops, and liquid medicines, they recorded the dates to ensure staff discarded them within the required time range.

Patient information leaflets were available for each medicine and stored with each person's MAR. Staff completed monthly audits on the MARs for each person. We saw that the provider had made improvements following issues that the audits had identified. Staff used separate charts to record the administration of non-medicated creams and emollients and we saw that they staff applied them as directed. Staff followed additional guidance for medicines that were prescribed to be taken 'when required' staff knew when medicines could be given.

There were suitable arrangements to order peoples medicines and staff kept appropriate records for medicines that required disposal. Each person had individual locked cupboards in their rooms to store their medicines and access was restricted to appropriate staff. There was a system in place to record medicines incidents and errors. One relative told us, "They sometimes change her prescription, but they seem on top of it."

The provider managed the control and prevention of infection well. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance. The cleaning rota included daily tasks such as clean the bath, hoover, and clean mattresses. Staff carried out audits to make sure the cleaning was kept to a high standard. Staff received food hygiene training and understood the importance of food safety, including hygiene, when preparing or handling food. One relative told us, "They're fussy about medication and hygiene."

Staff understood their responsibilities to raise concerns and report incidents and accidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the provider had used these to make improvements and shared and lessons learned with staff through team meetings and supervision. Staff told us, "There was a sliding door to the conservatory and a small step on the door, one person fell over, so we had the step and door removed and replaced with push open doors that were safer for people to use."

Good

Is the service effective?

Our findings

The provider had suitable processes to assess people's needs and choices. The provider had known the people before they came to Futures Living and was previously involved in their care and support. When the people moved to Future Living, the provider had a good understanding of their needs and created the service to meet all of the three people's specific needs. This knowledge meant staff developed a care plan for people and delivered care in line with current legislation, standards, and guidance. A relative told us staff really knew the people, adding, "The staff have big hearts, they really take an interest."

People received effective care and support from competent and well-trained staff. New staff received a thorough induction at the start of their employment to ensure they had the basic knowledge and skills necessary to keep people safe. New staff completed a qualification known as the Care Certificate at the start of their employment if they do not already hold a relevant qualification. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to. Relatives told us "Oh yes, I'm quite happy and have no qualms about their experience at all."

Training records showed that staff had received a wide range of training relevant to the needs of the people. Staff had received training on manual handling, infection control, fire safety, safeguarding, mental capacity act, first aid, food hygiene, and end of life. A training record helped the provider check the training each member of staff had received and helped them plan the staff team's future training needs. One staff member said, "The training is good, we have just done a load of on line learning." Another staff member said, we get specialist training as well, such as specialist learning disabilities training, dementia, and epilepsy training."

All staff received regular supervision and annual appraisals. Supervision and appraisal are used to develop and motivate staff, review their practice or behaviours, and focus on professional development. Staff told us they see the provider most days and are always discussing people's care and support. One staff member said, "(provider's name) is fully involved and we talk regularly, they are always available if we don't understand something."

The provider carried out regular monitoring and reviews with people using the service and relevant professionals to ensure people's needs continue to be met. Staff ensured they received advice and treatment from relevant health professionals when necessary. The provider had effective arrangements in place to make sure people attended appointments and check-ups for all health needs including doctors, dentist, optician, and hospital appointments. A relative told us, "They seem to take (person's name) to the doctors regularly." Another relative said, "They dealt with (person's name) breathing problems and seizures, I'm quite happy with the care in that respect." In addition, one relative told us, "They're very efficient with doctors and hospital appointments."

Care plans contained a document called a 'hospital passport'. This document provided essential information about the person including next of kin, professionals involved in their care, and information about their health and communication needs. This document was for the person to take with them if they were admitted to hospital in an emergency.

The provider offered a healthy and balanced range of meals to suit each person's dietary needs and preferences. Care records informed staff that one person had type two diabetes, which could make them unwell. Instructions were clear that staff should assist the person with a healthy balanced diet and avoid sugary foods. Staff told us they encouraged the person to avoid sugary foods as much as possible, whilst recognising that they also had the right to eat what they wanted. Records also highlighted how staff should ensure the person had regular meals throughout the day to support them.

Feedback from relatives was very positive. One relative said, "Yes, they prepare it so she is able to eat it." They also said staff had sent them photos of the food provided by Future Living for a birthday party they arranged for (person's name). Another relative said, "(Persons name) can help themselves, but they stop (person's name) from over eating." In addition, "They chopped (person's name) food very finely after they had their teeth out."

Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005.

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.

The provider and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff we spoke with knew how the Act applied to their role. Some people who used the service lacked capacity to manage their finances and we saw that appointees had been set up for these people. Staff knew what this meant for the people they supported. Staff had attended best interest meetings where professionals and family members made decisions on behalf of people who lacked capacity.

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. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, no one receiving personal care from the service currently required this level of protection.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. Care records showed that people signed a contract of care where they gave their consent to the care and support provided.

Good

Is the service caring?

Our findings

People received care from staff that were kind, compassionate and respected people's personal likes and dislikes. Although none of the people who used the service were able to express their views verbally we observed people smiling and relaxed when staff were with them. The staff were friendly, cheerful, and encouraging at all times. Staff chatted with people about the things they had done, places they had been, and items that people had purchased, and people responded positively. Relatives we spoke with told us, "I really can't thank them enough" And, "Oh yes, very happy people, very caring." One relative told us how staff provided tea and sandwiches when they visited so that the family can eat together, they said, "Staff are absolutely wonderful".

Staff treated people with dignity, respect, and kindness during all interactions. On arrival, we observed staff helping one person with their personal care needs. Staff were kind and carried out each task in the person's own time and in the privacy of their own room. Staff spoke to the person when they were completing a task and made sure the person was involved as far as they could be. Relatives told us, "If (person's name) had a bath staff always make sure it is private and that (person's name) is covered up while being transferred from their chair. They are very aware of her dignity." Staff had a clear understanding of the boundaries of confidentiality and worked within these. Staff told us they did not discuss peoples need in front of other people. Care reviews were carried out in the privacy of peoples rooms and care records were stored in people own rooms.

Staff supported people to direct their own health and care whenever they could. Staff encouraged people to maintain and develop their independence. For example, one person liked to go swimming, one person liked to go out with a flask of tea and one person liked to go shopping. We observed staff making a flask of tea for one person prior to them going out and people enjoyed showing the inspection team the jewellery they had bought recently.

Staff supported people to maintain and develop their relationships with those close to them, their social networks, and community. For example, one relative was unable to visit the person regularly, and instead staff supported the person to keep in touch by phone calls and face time which is a video computer technology.

Records showed that each person had particular individual signs they understood for example one person would make letters with their hands or use their thumbs to tell staff what they wanted. We observed staff using these signs when addressing people. One relative told us, "Oh yes, they understand her well." Another relative explained that (person's name) used Makaton to communicate, (Makaton uses signs and symbols to help people communicate. It is designed to support spoken language) but that they did not always use the proper signs." They said, "staff instinctively seem to know what (person's name) wants." In addition, they said that they felt it was because the staff stay there a long time and so they get to know people very well. The provider also helped people to contact potential sources of support and advice, For example, one person had access to an advocate who was involved in their care and support.

Good

Is the service responsive?

Our findings

The provider was responsive to people's needs. Staff supported people, and involved them where possible to write and agree their own support plan. Where appropriate, the provider consulted with other people involved in people's care. This included close family members. One relative told us they are unable to travel due to illness. They said, "Staff send me a copy of (person's name) care plan to make any comments on." Another relative told us, "I am Involved in everything." They also said, "I know that (person's name) is having a new wheelchair as we mentioned the other one wasn't comfortable."

People's support plans were clearly set out and easy to read and staff regularly reviewed them. They provided a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them.

The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. On the day of the inspection, staff were supporting people to get ready to go out at lunch time. We asked where they were going, staff said one person had an appointment, and one person was going for a drive with their flask of tea, as this was something they liked to do. One relative told us, "They (staff), adapt to any situation." They added, "They, (staff) really put themselves out to bring (person's name) home to visit." Staff told us, "We come in on our days off just to take (person's name swimming)." One person showed us their shopping, when we ask if they went shopping regularly, they put their thumbs up and smiled.

Staff described each person's individual favourite things they like to do at home. Paintings people had created were displayed on the walls of the bungalow. They also enjoyed 'pampering' sessions. On the day of the inspection, we observed one person having a foot spa and relaxing in their chair. Staff understood the things that people enjoyed doing, and knew the places people enjoyed going.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All those currently receiving support at the service had a learning disability and varying communication abilities.

Staff were able to communicate with, and understand each person's request and changing mood as they were aware of people's known communication preferences. Care records contained communication plans. This included information about hand signals; gestures and key words people used to express them self. We observe staff communicating well with people.. One staff member told us, "If (person's name) wanted to get up they will cough to let staff know." Another staff member said, "We use actions, (person's name) will flush toilet when they want staff to help them use the toilet." One person made the letter C with their hands when they wanted a coffee and a letter T when they wanted a cup of tea. A relative told us, "Staff phone us if (person's name) is unwell, they use face time so I can see (person's name).

Staff explained each person's communication methods in their care plans. For example, one care plan said, "I am usually awake by 9 am." It went on to explain how people let staff know when they wanted to get out of bed. One person's way was to 'flip back their bedclothes'. We asked staff how they knew when people wanted to get up in the morning, and when they wanted to go to bed. Staff described people's individual routines. For example, a member of staff said. "When we know people are fully awake we ask them if they want to get up. They said. "(Person's name) will usually get up straight away and (person's name) will put their 'thumbs up' when they are ready." They added, "We don't make people do anything they don't want to."

The provider had not received any complaints in the last year. People who used the service were unable to make verbal complaints. The provider and staff told us they were aware of each person's body language and considered the possibility that their body language may indicate they were upset or unhappy. For example, staff told us if one person became upset, they would hit out at anyone that was close to them. Staff responded to this by distracting the person or avoiding busy place when they went out. Relatives told us they had a copy of the complaints procedure. One relative explained they would feel comfortable contacting the provider if they had a concern, they told us, "But they would be ringing you before you had the chance."

At the time of the inspection, no one was receiving end of life care. Staff were aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care. One person had a funeral plan in place, which staff knew about.

Good

Is the service well-led?

Our findings

At the last inspection in January 2017 the service was not well led. At this inspection, the provider had made improvements.

All of the feedback we received throughout the inspection was positive. People and their relatives consistently told us they were satisfied with the care and support provided. We observed a mutual respect between people and staff. Staff told us the provider was a good manager. The provider told us they had been working with a company to establish a new vision and values statement. Staff and relatives did not know about this which meant the provider had not involved them in the development of the service. We raised this with the provider who said they planned to raise it in the next staff meeting in May 2018.

The Provider worked closely and on a daily basis with people. The provider was passionate and dedicated to providing an excellent service to people. This meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes for people.

The provider encouraged the staff team to continuously improve the lifestyle and wellbeing of the people they cared for. The provider told us how they had negotiated the cost of redecorating the bungalow with the landlord, this meant people could re decorate their own rooms the way they wanted them

A team leader supported the provider. There was a positive culture in the service, the provider led by example. There was a culture of support and cohesiveness amongst the provider and staff. There were regular staff meetings. Relatives spoke highly of the staff. One relative said, "I have a lot of confidence in them and that counts for a lot."

We observed the provider interacting with people. People were laughing and joking with them and looked very relaxed in their presence. Relatives we spoke with knew the provider and were very complimentary about them. One relative said, "I can phone at any time; it doesn't matter." Adding, "I know exactly what's going on with (person's name), I see (person's name) often and know all the staff. I feel very comfortable, they really put themselves out." Both said they get regular communication from the service, one said "They phone if they have any concerns or issues".

At the last inspection in January 2017, the provider did not carry out regular monitoring checks. At this inspection, we found this had improved. The provider had engaged an external contractor to support them.

There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of regular audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included checking medicine records were accurately completed, monitoring care plans were to a good standard and regularly reviewed and monitoring infection control.

People knew how to give feedback about their experiences of care and support, and could do so in a range

of accessible ways, including how to raise any concerns or issues. The provider told us one person's relative was unwell and not able to complete a provider survey by them self. The provider contacted the relative by phone and supported them to feedback their views on the service. We reviewed positive comments that included, "We are happy that staff support (person's name) with their care, you can feel they are happy." The provider told us the last employee survey was carried out in 2016 they said staff did engage with the form well and would not complete it. Staff told us they chatted to the provider every day and would discuss issues as they came up. The provider planned to discuss how they formerly gather feedback at the next staff meeting.

The provider had notified CQC of significant events in line with current legislation. This meant external agencies were able to monitor the care and safety of people using the service.