Mrs Tracey Jayne Mitchell

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Inspection report

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Tel: 07557953396

Date of inspection visit:
18 December 2015

Date of publication:
27 January 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an announced inspection of the personal care service known as Mrs Tracey Mitchell on 18 December 2015. We told the provider two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. Mrs Tracey Mitchell is registered to provide personal care and support for people who have learning disabilities who live in their own home. This type of service is often referred to as supported accommodation.

The service has not been inspected previously. The service was registered on 12 May 2015. The service is also known as Future Living. The service is run by Mrs Tracey Mitchell as a sole provider. As a sole provider she is not required to employ a registered manager. Instead she has opted to manage the service herself. 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.

On the day of this inspection there were three people receiving supported accommodation. Each person had a tenancy agreement for their bedroom and use of shared communal areas in the bungalow they rented. Staff were allocated 24 hours a day to support each person on a shared basis. In addition staff were available to provide support on an individual basis according to each person's needs. We met each of the people living there. They had little or no ability to communicate verbally, although we saw from their responses they were able to understand what people were saying. They were relaxed and happy. Two people we spoke with responded positively when we asked them about the support they received, either by smiling or by giving a 'thumbs up' sign.

People led a good quality of life. They had their own transport, (either individual or shared) and they were able to go out regularly and enjoyed an active social life. Staff were attentive, caring, and knew each person well and understood their needs. Staff we spoke with were positive and enthusiastic about their jobs.

The provider had some monitoring processes in place, although these were not fully effective. We were assured in our discussions with staff, and from daily reports, that staff recognised the risks to each person's health and well-being, but this was not fully supported by the care records. Risks such as pressure sores or weight loss were not assessed using nationally recognised screening tools, or reviewed regularly.

Staff assured us their recruitment procedures had been thorough. However, the recruitment records were either missing or incomplete. This meant we were unable to see proof that satisfactory checks and references had been taken up before new staff were appointed. We saw some records of staff training, and received verbal assurances that staff had received a range of training since they began their employment. However, this could not be fully evidenced in the staff employment files and we were unable to see how the provider planned future training needs for each member of staff. There were inadequate records in place to show how the individual staff training, learning and development needs were planned and met.

Each person had been involved as far as they were able in drawing up and agreeing a plan of their care and support needs. Their care plans were well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were not dated and therefore it was not possible to see how often they were updated, although we were satisfied the information was up-to-date.

People were protected from the risk of abuse and avoidable harm because staff had received training and information on how to recognise abuse. Staff knew who to contact if they had any concerns.

Where people required equipment to enable them to move safely this had been provided following assessment by relevant professionals. This included hoisting equipment with overhead tracking, a bath hoist, wheelchairs and hoist tracking.

Medicines were securely stored and administered safely by staff who had been trained and assessed as competent. People were supported to maintain good health. Staff told us they received good support from GP's and health professionals such as physiotherapists.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).You can see what action we told the provider to take at the back of the full version of the report. We have also made one recommendations. This relates to the processes followed when assessing the risks to people's health and welfare.

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 fully safe.

People were not fully protected from abuse and avoidable harm because recruitment records did not provide evidence to show that safe recruitment procedures had been followed.

Risks to people's health and safety had been identified. However, health risks were not always monitored regularly to identify changes that may affect people's well-being.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

Is the service effective?

Good

The service was effective.

Staff told us they had received a range of training to meet people's complex needs.

People with learning and physical disabilities were supported to live their lives in ways that enabled them to have an improved quality of life.

People were supported to access specialist healthcare professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect. The staff and management were caring and considerate.

Staff understood each person's non-verbal means of communicating their choices and preferences.

People were supported to maintain family relationships and to avoid social isolation.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the assessment and planning of their care as far as they were able to do so.

Staff understood each person's needs fully and supported people to gain independence and lead fulfilling lives.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The provider did not have fully effective quality assurance systems in place to monitor the service and ensure policies and procedures were followed.

Some records were missing or were incomplete.

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and dedicated team of management and staff.

Mrs Tracey Jayne Mitchell

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 18 December 2015 and was announced. We told the provider two days before our visit that we would be coming. This was because we wanted to make sure the information we needed would be available. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the provider and two staff who were on duty at the time of our visit. We looked at the care records and spoke with or observed three people who were supported by the service. After the inspection we spoke with five staff and one health professional on the telephone.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, records of money held by the service on behalf of people they supported, and risk assessments.

Requires Improvement

Is the service safe?

Our findings

Each of the three people we met had a number of health needs and associated risks. Their care plans contained information and instructions to staff on most risks relating to health, safety and personal care needs. However one person was at risk of pressure sores but the risk was not monitored regularly using nationally recognised monitoring tools, for example Waterlow. This meant they did not have a formal method of identifying any changes in the risk that might prompt them to seek medical advice on the care or treatment needed. Pressure relieving equipment was in place and staff told us they were aware of the need to check the person's skin regularly for signs of damage.

The three people we met were at risk of weight loss or weight gain, although they were not weighed regularly and staff had not used nationally recognised tools such as MUST to help them monitor the risk of weight loss. Staff assured us they knew each person well and they were confident each person's weight was stable. However, risks to each person's health may be further reduced by the use of monitoring tools to help them identify any changes in risks.

Staff also described how to recognised signs of constipation for one person through their knowledge of the person's normal behaviour and routines. They explained the medications the person was prescribed for constipation, and how they offered laxatives and pain relief prescribed on an 'as required' basis. They had sought medical advice appropriately when they had been concerned. However, they had not used monitoring tools to record bowel movements or to consider other possible causes of constipation such as dehydration.

The people who used the service had little or no verbal communication skills and therefore we were unable to ask them if they felt safe. Instead we observed their interactions with staff and we saw they were generally happy and relaxed. One person showed signs of pain at one point during our visit. A member of staff described how they supported the person by offering pain relief, and by offering to take the person out to a café as this usually helped to calm the person. When the person returned home after an outing we saw they were relaxed and happy again. The staff also explained how they had liaised with the person's GP to ensure they received appropriate medical checks and treatment.

The provider told us they always made sure prospective new staff were thoroughly checked before they began working with people who used the service. Their recruitment procedure included completion of checks with the Disclosure and Barring Service (DBS) to ensure applicants had not been barred from working with vulnerable adults. However, some records had gone missing or were not dated so they were unable to provide sufficient records to evidence this. The staff we spoke with assured us their recruitment had been carried out thoroughly and they had not begun working with people who used the service until references and checks had been carried out.

Staff told us they had received information and training on how to recognise and report abuse. They knew where to find the provider's policies and procedures on prevention of abuse, and who to contact if they suspected people were at risk of abuse. They were confident any suspicion of abuse or harm would be

reported promptly and to the correct agencies. The risk of financial abuse was minimised by safe procedures. Each person's finances were protected through the Court of Protection. They received sufficient money each week to pay for personal needs such as food, clothing, transport and outings. They each paid a sum of money towards the weekly food and household budgets shared between the three people.

Records of cash transactions were well maintained and showed that each person was supported by staff to manage their money safely. All purchases were recorded, receipts were retained, and running balances maintained. The cash was double checked regularly by the provider to ensure the balances were correct.

The three people who used the service were supported by sufficient numbers of staff to meet their needs. They were each funded on a 'shared care' basis. The agency had organised the staff hours to ensure there were enough staff to support people to assist each person with their personal care needs. There were also sufficient staff to support people to go out either as a group, in pairs or individually. Routines were carried out in a timely way to suit each person. Different agency staff were used on the rare occasions when they were unable to fill vacant shifts with the existing agency staff team. The provider told us they took care to make sure the same agency staff visited people to ensure consistency.

Medicines were stored and administered safely. Each person had a secure locked cabinet in their bedroom which held all their prescribed medicines. Most tablets were supplied in four weekly monitored dosage packs supplied by a pharmacy along with printed medicine administration records. There was good information for staff on each medication, such as risks and side effects, how and when to administer, and safe storage. Staff understood the illnesses medicines were prescribed for. The records had been accurately completed to show when medicines were administered. Medicines not supplied in monitored dosage packs were checked regularly to ensure the balances were correct.

We recommend that the service consider using nationally recognised assessment tools to help staff assess the risks to people's health of such risks as pressure sores, weight loss, malnutrition and dehydration.

Good

Is the service effective?

Our findings

Staff told us they had received training in the last year on topics including first aid, food hygiene, epilepsy, moving and handling and prevention of choking, although this could not be fully evidenced as many of the records had gone missing. Comments from staff about the training they had received included "Yes, the training is very good" and "The training was excellent." Some staff held relevant qualifications, and they told us they had opportunity to gain further relevant qualifications in the near future.

All of the staff had previous relevant experience and had received training from former employers. The provider told us they planned to provide future new staff with training to meet the nationally recognised Care Certificate qualification. They also planned to ask staff to produce copies of training certificates for the records, and this would help them plan future training needs. Staff told us they received formal one-to-one supervision from the provider approximately every three months. They could request additional supervision sessions whenever they wanted.

People's care plans contained information about their medical history and illnesses. Where people had been diagnosed with illnesses such as epilepsy and diabetes the records contained evidence of regular appointments with health specialists, and advice they had received on how to support the person with their illness. One person had recently spent some time in hospital and staff were closely monitoring the person by checking their temperature. The records also showed they had contacted the person's GP promptly if they were concerned about the person's health.

Staff described how they had sought medical checks and treatment from health professionals when they identified signs of ill health. They told us they had received excellent support and input from a range of professionals such as GP's and physiotherapists. Each person regularly attended hydrotherapy sessions to improve their mobility. Annual health checks were carried out by GP's. Each person's care plan file contained a 'hospital passport' setting out important information for hospital staff if a person was admitted in an emergency. A health professional told us people regularly attended therapy sessions booked and told us "Staff are pro-active in asking for help."

People had been assessed by professionals such as physiotherapists and occupational therapists to ensure they had the equipment they needed to move safely. This included hoisting equipment with overhead tracking, a bath hoist, wheelchairs and hoist tracking. Staff told us the bath had recently been changed because they had found the people had experienced difficulty getting in and out of the previous bath. A new bed with pressure relieving mattress had been ordered for one person. Staff were confident that if a need for equipment was identified it would be provided promptly to ensure people were safe.

A health professional we spoke with confirmed their advice had been sought appropriately. They also told us staff had supported people to follow regular exercise programmes and this had resulted in significant improvements in their mobility. They told us "In the last six months they have come on tremendously." They also told us people had been referred to a speech therapist and as a result they had seen a significant improvement in people's communication skills.

Care plans explained each person's nutritional needs, likes and dislikes. Staff made sure people received a diet in line with their needs and wishes. Staff explained how they encouraged each person to choose their own meals by taking them into the kitchen and showing them the foods available. They told us they encouraged each person to help with shopping, planning and preparation of meals of their own choice as far as they were able. People were able to choose to share a meal cooked for the three people living in the bungalow, or they were able to choose a meal individually prepared for them. During our visit we saw staff offered a person a range of foods and drinks and we saw the person's choices were met by staff. We asked one person if they enjoyed the meals they were offered and they responded with a 'thumbs up' sign.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant

Staff understood each person's capacity to make decisions about both important matters in their lives, and about day-to-day matters such as what they wanted to wear, or what they wanted to do. Staff understood and respected people's right to make decisions where possible. Throughout our visit staff offered people choices, for example, "Shall I do…for you?" "Do you want …?" or "Would you like to see…?" They waited for responses before carrying out tasks. Mental capacity tests had been carried out by relevant professionals to establish their capacity to make some important decisions for themselves. Copies of the assessments were held in their care plan files.

Good

Is the service caring?

Our findings

During our visit we saw people being supported by staff who were cheerful, friendly and caring in their approach. People responded to staff with smiles. Staff took care to make sure people wore attractive clothing of their choice, and took a pride in their appearance. They also made sure each person's hair was attractively styled. Staff told us how they supported people to go shopping to buy clothing and personal effects of their own choice. Staff had also supported people to furnish and decorate their home according to individual tastes and preferences.

We also saw staff had considered each person's communication needs, and ways of helping people gain greater independence by using signs around their accommodation. For example, signs were used to help people find their clothing, or to find books and magazines. Bedroom doors had personalised signs. People made choices about where they wished to spend their time. For example, one person chose to sit in their bedroom during the morning where they were able to listen to music.

People's privacy was respected and all personal care was provided in private. For example, when we arrived staff were supporting one person to get out of bed and get dressed. Staff made sure the person's bedroom door was closed to protect their dignity. We also saw staff supported people to use the toilet discretely, and privately. When staff discussed people's care needs with us they did so in a respectful and compassionate way, including the person in the conversation where appropriate.

Staff helped people to keep in touch with families and friends. One person's family lived many miles away and were unable to visit often. They had visited a few days before our inspection, and we heard how the provider and staff supported the person to spend as much time as possible with their family during their visit. At other times they had helped the person keep in touch with their family by phone calls.

We asked one person if staff were always kind and they responded by smiling. We asked another person if they liked the staff and they responded with a 'thumbs up' sign.

Healthcare professionals told us they found staff to be caring. A healthcare professional told us staff were "really positive – everyone is really happy". They also told us people had a "really good rapport with staff".

Staff were enthusiastic about their jobs and spoke compassionately about each person. They described how they constantly discussed how they could improve people's lives. One member of staff told us "I think the quality of life for the people here is absolutely fantastic. Professional feedback is positive. It's a lovely atmosphere here. I love my job."

The provider told us their emphasis was very firmly on putting the people who used the service first. They expected a high standard of caring from the staff team and constantly monitored the staff to make sure they treated people with respect and dignity at all times.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person had a plan that clearly explained all aspects of their health and personal care needs and how they wanted to be supported by staff. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. People held their own care plans in their rooms. The folders had been attractively decorated to help people gain a sense of 'ownership' of their care plan.

The care plans set out each person's usual daily routine, including the times they usually liked to get up and go to bed, their likes and dislikes, people and things that were important to them. The plans contained good detail about how they wanted staff to support them with their routines each day, and the things they could do for themselves. The care plans and daily reports were usually written in the first person. Daily reports told the person's story and showed that staff had considered what the person had experienced and felt about their day. The reports showed people had led active and fulfilling lives.

Staff explained how they supported people to gain greater independence by working alongside people in all daily tasks such as cooking and cleaning. They gave an example of how one person had learnt to clean the bath, and now enjoyed helping with this task. They also encouraged people to dress themselves as far as possible, while at the same time being on hand to assist with tasks the person could not manage.

The three people we met were unable to communicate verbally. One person was able to communicate using signs such as 'thumbs up' and 'thumbs down'. Their care plan contained photographs of the person using a range of signs and we saw staff communicating with the person using these signs. The person was smiling and we saw from their responses the staff had interpreted their signs correctly. We also saw staff communicating with the other two people by asking questions, offering support, and waiting for a response. Staff understood each person's non-verbal responses, such as a smile or an action. Each care plan contained good information about people's communication methods. This meant any new staff or agency staff had information to help them communicate with each person effectively.

Each person had a notice board in their bedroom which staff had written on, setting out the things the person wanted to do that day. For example, one notice board explained the person was looking forward to a pub meal at lunchtime, and during our visit we saw this happened. The staff explained that the pub they planned to go to had menus with a picture of each meal. This meant people were able to look at the menu and choose what they wanted to eat.

Staff responded to each person's individual wishes and choices. For example, while they were helping the three people to get ready to go out for their meal one person used body language and sign language to indicate they wanted to stay at home. The staff checked on several occasions that this was what the person definitely wished. The person stayed at home with the provider while two people went out with two staff. The provider told us they were flexible and able to respond to each person's wishes. If this meant they needed an additional member of staff at short notice they were usually able to accommodate this.

People were able to take part in a range of activities according to their interests. Weekly activities included attending a local art club, a weekly social club, aromatherapy and hydrotherapy sessions, visits to family and friends, discos, drama and music sessions, outings and shopping trips. We also saw many colourful and attractive examples of art and craftwork people had created displayed around the bungalow. In the conservatory there was a good selection of art and craft supplies and staff described how people enjoyed making things using these supplies.

The provider had asked professionals, advocates, friends and families to give feedback on behalf of the people who used the service. The provider explained how they encouraged families to give their opinion, or to raise concerns and complaints. They had received no formal complaints in the last year.

Requires Improvement

Is the service well-led?

Our findings

The service is run by Mrs Tracey Mitchell as a sole provider. As a sole provider she is not required to employ a registered manager. Instead she has chosen to manage the service herself. The provider told us they usually spent approximately 15 hours per week working with the people who used the service and with staff, and also carried out additional spot checks and monitoring visits. There was a staffing structure which provided clear lines of accountability and responsibility. One member of staff had recently been promoted on a trial basis as supervisor, and there was also one team leader and six support staff. Staff were confident the management structure was effective

Quality assurance systems were not fully effective and had failed to identify areas where improvements could be made. For example, the provider did not have a system in place to record when staff had completed essential training topics, or to help them plan future training needs. The employment files we were shown contained some training records, but the provider told us these were incomplete. There was no record of staff qualifications such as National Vocational Qualifications, although the provider thought some staff had gained these in their previous employment. This meant the provider did could not demonstrate how they assessed the training needs of each member of staff.

Although there was evidence to show some records were effective, we also found some records were incomplete. Care plans contained good information on each person's daily routines, likes and dislikes. However, the records did not show how they had monitored the risks to each person's health, or the actions they had taken to reduce the risk of harm or illness where possible.

Recruitment and training records for five staff had gone missing. This meant there was no recorded evidence to show their recruitment process had been carried out effectively and safely. One member of staff had been recruited in recent months. We were shown one undated reference for this person but no recorded evidence of a second reference. We were also shown recorded evidence that checks had been made for each member of staff to ensure they had not been placed on a national register known as the Disclosure and Barring Service (DBS), but there were no dates to show when these had been completed. This meant we were unable to see if these checks were completed before a staff worked with people in the service. The provider's quality assurance systems had identified this problem. However, they had not attempted to replace missing documents where possible.

The people who used the service were unable to communicate verbally or respond to written questionnaires. The provider had asked relatives to complete a questionnaire to give their views on the service and we saw one response which was positive. The provider had also asked each member of staff to complete a questionnaire to help them consider ways of improving the service. They had also received positive verbal feedback from professionals who supported the people who used the service, although this had not been backed up with written evidence. The provider told us they plan to seek written feedback from professionals in the near future.

This is a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staff supervision sessions had been recorded, although the records did not show how supervision frequency was monitored or planned. Staff told us they received individual supervision approximately every three months. They also attended staff meetings approximately every two months. They told us they felt well supported and could seek advice or support from the provider at any time. They also told us they could speak out and raise concerns or suggestions and they were confident these would be listened to and acted upon.

They also told us staff meetings were held approximately every two months. They told us the staff meetings were a good opportunity for staff to raise any concerns or suggestions. They also discussed the needs of the people they supported and considered ways of improving the support they offered

There were some quality assurance systems in place to monitor care and plan ongoing improvements. For example, medicines administration procedures were checked to ensure they were administered safely. Cash held on behalf of each person was checked regularly to ensure balances were correct.

Two professionals we spoke with after the inspection told us they were confident the service was well-run. One professional said the quality of life for the three people had increased significantly since they began using the service in 2014. They described the staff as positive and told us they had found people were really happy with the service. Another professional told us the provider maintained good contact with them and provided information when requested.

Staff told us the service was well-run. Their comments included "(The provider) is a good manager. She will listen. It is a lovely environment. I love working here," "I think the quality of (people's) life here is absolutely fantastic. Professional feedback is positive. I love my job," "(The provider) manages the service very, very well. She is a very caring person – there is no doubt about it", and "(The provider) is a very good manager. She is always available."

The provider told us "We at Future Living have a passion for our customers to live a fulfilled life". This was confirmed by the staff we spoke with who told us they took a pride in making sure people received the best quality of life possible. The provider communicated their values to staff through staff meetings and formal one to one supervisions.

The service has not notified the Care Quality Commission of any significant events in the last year. We were assured that no significant events had occurred.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risks of harm or abuse because records relating to staff recruitment, training and supervision had not been maintained or retained securely.