

Alternative Futures Group Limited

Lion Court

Inspection report

Unit 16, Lion Court, Kings Drive
Kings Business Park
Prescot
Merseyside
L34 1BN

Tel: 01514895501
Website: www.alternativefuturesgroup.org.uk

Date of inspection visit:
28 April 2021
10 May 2021
21 May 2021
24 May 2021

Date of publication:
06 September 2021

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

Lion Court provides care and support to people living in a number of 'supported living' settings, including houses and flats, so that they can live as independently as possible.

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. At the time of the inspection, the service was supporting 116 people with their personal care needs across St. Helens, Knowsley, Sefton, Liverpool and Warrington.

People's experience of using this service and what we found

People felt safe with the staff who supported them and knew who they could talk to if they had any concerns. Family members spoke positively about the service and the safety of their loved ones. Staff had received training in relation to safeguarding concerns and were confident they could identify and respond to any incidents of abuse.

Risks to people had been assessed and management plans were in place to support people to manage people's risks safely. Medicines were managed safely by staff who had received the correct training. Accidents and incidents were managed appropriately and created an opportunity for the service to learn and improve.

Infection control procedures were robust and staff had taken additional measures to protect people from infection control risks associated with COVID-19.

There were enough staff and they had they had the necessary skills, experience and support to do their job. Some staff felt that due to the impact of COVID-19, they did not always have adequate, protected time to complete necessary training. This was currently being reviewed by the registered manager and provider.

People's needs had been fully assessed and staff had access to relevant information and guidance to provide effective care and support for people to achieve good outcomes. People had access to health and social care professionals when needed and staff sought advice where people's needs changed.

People were treated with dignity and respect and offered choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and told us they had real affection for the people they support. This was echoed by feedback from people and family members and observed through their interactions with people. Promoting independence for people was important to staff and they told us ways they tried to do this.

People received care and support that was individual and personalised to their needs, preferences and desired outcomes. Access to activities had been affected by the coronavirus pandemic so staff had supported people as best as they could with alternatives within the restrictions.

The registered manager, management team and staff understood their responsibilities. Managers promoted a culture that was person-centred and the comments received from people, family members and support staff confirmed this.

Quality assurance systems operated effectively and were used to continually improve the service. The provider and registered manager, regularly engaged with people, family members and staff through a variety of forums to ensure their voice was heard and to praise and acknowledge hard work and achievements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were at the centre of their care and were supported to be as independent as possible. Managers and staff empowered people to their own decisions about their care and support.

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

Rating at last inspection

This service was registered with us on 30 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

Lion Court

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 was carried out by one inspector and an Expert by Experience who made telephone calls to families of the people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes and 'supported living' accommodation so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Due to the size of the service and the complexity of people's care and support needs, inspection activity started on 28 April and ended on 24 May 2021. We visited the office location on 28 April.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from a number of local authorities and professionals who work with the service. The provider was

not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We carried out video calls with six people living in three separate houses, we spoke with four people and six family members over the phone and received feedback from one person and one family member by e-mail. We sought feedback from 28 staff through phone calls and e-mails; this included support staff and team leaders. We also spoke with the registered manager, director of mental health and nominated individual, director of learning disabilities, safeguarding lead and head of quality. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 13 people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received training in relation to safeguarding and knew how to identify and respond to incidents of abuse.

- The registered manager kept a record of any safeguarding incidents. Records showed incidents had been dealt with appropriately and action taken to prevent incidents occurring in the future.

- People told us they felt safe with the staff who supported them and felt confident raising concerns.

Comments included; "Yes, I feel safe," "Safe. Yes" and "Feel safe."

- Family members were confident their loved ones were safe. One family member told us; "I am very happy with the care and support they [staff] give [relative name]. I know he is safe and happy which makes me very happy and content knowing he's in good hands."

- A record of any incidents or accidents was kept and reviewed regularly to identify any patterns or trends to prevent them from occurring in the future.

- Learning was taken from incidents at other houses and/or locations and shared across the organisation. For example; following a health and safety review at another property in relation to safe evacuation, a full review of all services where people require support with their mobility was completed to ensure safe staffing levels were available at all times.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were appropriately assessed and identified. Care plans provided staff with information and guidance around how to manage identified risks and keep people safe from harm.

- Staff developed risk assessments and strategies to reduce behaviours that may be harmful for an individual or others. One family member told us, "They [staff] have put in place a boxing bag and gloves. Previously [relative name] had caused a lot of damage. Boxing has really reduced his anxieties and there's less damage."

- Staff took extra measures to ensure people were kept safe, particularly in relation to risks associated with COVID-19. One family wrote; "To hear you put a shield around [name] and protected him by working non-stop, and taking over insulin injections was so incredible."

- Medicines were stored and managed safely by appropriately trained staff. Medication administration records were completed correctly, and staff had access to information and guidance about how to safely administer people's prescribed medicines.

- Staff had access to information and guidance about how to manage people's 'as required' [PRN] medicines to ensure they were only administered when necessary. One family member told us "[Relative name] was having PRN nearly every day, now it's about four times a month."

- People told us they were given their medicines at the times they were meant to. Comments included; "I

am on medicine for depression, it's helping. They [staff] give it me on time yeah" and "I always get my medication when I need it. No problems with that."

Staffing and recruitment□

- The service deployed enough staff to meet people's needs and cover their agreed hours of support. However, staff at times felt under pressure due to the increased risk associated with using agency staff during the COVID-19 pandemic to cover staff absences.
- People and family members told us there were enough staff available and that care and support was provided by a consistent team of core staff. Comments included; "There's always someone here for me to talk to. There is enough staff always" and "Yes, there's adequate staff, no problems. There's always someone here."
- Robust recruitment processes were in place to ensure newly recruited staff were safe to work with vulnerable people.
- Initial recruitment processes were managed by team leaders and area managers to ensure that newly recruited staff matched the needs and personalities of the people who used the service.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection, particularly in response to COVID-19.
- Staff had access to detailed and up-to-date guidance and information about infection prevention and control, including the use of PPE, through the provider's website and internal social media page.
- Staff took measures to prevent visitors from catching and spreading infections. This included some staff requesting additional training specific to people's needs in order to reduce the risks associated with visiting health professionals.
- People were supported and encouraged to maintain a clean environment. Staff provided people with information about IPC to ensure they had a thorough understanding of the risks associated with COVID-19.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received training appropriate to their role and specific to people's needs; this included additional training to administer specific medication to reduce the risks associated with COVID-19. One person told us "I am so happy with what staff have done to help me."
- Staff spoke positively about the quality of training they received and felt confident they had the skills and knowledge they needed to support people.
- Some staff told us they were not always given adequate, protected time to complete required training. This sometimes meant people could not access activities due to needing 2:1 support. This was discussed with the registered manager who offered assurances this would be addressed.
- Family members felt staff were well trained and knew people's needs well. Comments included; "I can't praise them enough, they are brilliant" and "Yes, they seem to have the right skills. This is the most relaxed I have seen [relative name] in a long time."
- Staff received regular supervision meetings with team leaders and managers to enable them to discuss any concerns or development needs.

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

- The service adopted a holistic approach to assessing, planning and delivering care and support to people.
- Staff worked closely with health and social care professionals to complete thorough assessments of people's needs before providing them with support.
- Family members spoke positively about the assessment process and the time taken for staff to get to know people's needs. One family member told us; "They [staff] are working so hard to make sure they know [name] well. They are trying to make sure she has the right staff. It's taking time but they want to make sure it's right."
- Assessments of people's care and support needs were completed in detail and included expected outcomes for people based on their needs and choices.

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

- People were supported and encouraged to participate in the preparation of meals in order to develop and maintain independence. One person told us; "Sometimes I make my own breakfast. I like porridge, but I don't mind staff helping."
- Staff had good knowledge of people's preferred food choices and dietary requirements and ensured these were provided.
- Risks associated with people's food and drink intake were clearly recorded and guidance in place for staff

to follow in order to prevent harm occurring.

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

- Staff worked closely with other health and social care professionals to promote good outcomes for people.
- People were supported and encouraged to live healthier lives and access the healthcare they needed.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent for care was obtained in line with the principles of the MCA. Where appropriate, people were asked to sign their consent to the care and support proposed, as well as for information sharing.
- People told us they were given choice and control over their day-to-day lives. Comments included; "We always get to choose what we do, they're great staff" and "Yes I choose, I am never forced to do anything I don't want to."
- The service ensured information was obtained to confirm if people may have a Lasting Power of Attorney in place to make certain decisions on behalf of the person.
- Staff showed a good level of knowledge and understanding regarding MCA and how this should be applied to people's care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 family members told us they were happy with the staff who supported them. Comments included; "They [staff] are lovely. They are always here for you," "They're [staff] are brilliant" and "They're [staff] polite and kind. My favourites are [name] and [name]."
- We saw that positive relationships had been developed between people who lived together and the staff who supported them. Two people told us "This is the best house ever. We are all like family. We all have such a laugh. We're a bit cheeky but it's good fun."
- Staff were kind and compassionate and supported people when they felt anxious or distressed. Comments included; "They [staff] are brilliant. They support me emotionally. [Staff name] is brilliant, she knows just what to say" and "If I get depressed I can talk to someone, there's always someone here for me to talk to."
- Staff took time to get to know people's methods of communication in order to provide them with the support they needed and wanted. In many cases this had led to positive outcomes for people's health and wellbeing.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and spoke of them with warmth and compassion. One staff member told us; "We love the people we support. We are here to support them, not take over. This is their home. We also respect that they are all so different but that's what makes them great."
- Staff understood the importance of people being independent and having control over aspects of their own lives and needs. For example, people were provided with assistive technology to remind them when to take prescribed medicines.
- Staff turned the COVID-19 restrictions into a positive by utilising the additional time to support people to learn new skills and increase independence. For example supporting people to develop daily living skills and improve communication. This had resulted in positive outcomes for people supported.

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

- Staff treated people with respect and spoke of them with warmth and compassion. One staff member told us; "We love the people we support. We are here to support them, not take over. This is their home. We also respect that they are all so different but that's what makes them great."
- Staff understood the importance of people being independent and having control over aspects of their own lives and needs. For example, people were provided with assistive technology to remind them when to take prescribed medicines.
- People and family members were given the opportunity to express their views and be involved in

decisions about the care and support people received. One person told us; "They [staff] always chat to us about how we are and if we're happy with things." One family member told us; "They [staff] always keep us informed and as our views about the support [name] needs."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 supported had varied lives and received care that was personalised to their wishes and aspirations. Staff were clear about how each person wanted to be supported and what they wanted to achieve.
- People, along with family members, were involved in decisions made about their care. One family member told us, "We are very protective over [relative name] care and know what she needs. They [staff] have definitely involved us in the process."
- Staff worked hard to help people transition into the service safely and ensure they received care in a person-centred way. One family member told us, "They [staff] are working hard to make sure the right staff are in place for [relative name]. She is very aware of her vulnerabilities and needs to feel confident with staff, they are taking their time and making sure everything is right."
- People were supported to achieve individual goals and aspirations which had resulted in many positive outcomes. These achievements (referred to as 'Butterfly Moments') were celebrated through the provider's information sharing platform.
- Assistive technology was used to help maintain people's health and well-being and encourage them to monitor aspects of their own health. For example, smart phone applications to help people monitor their mental health and robotic dogs to help soothe people who experienced high levels of anxiety or distress.

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 were given information about their care and support in a way they could understand. For example, easy read format, picture cards and Makaton.
- Staff had developed effective communication methods with the people they supported in order to understand their day-to-day needs and choices.
- Staff used the time during the COVID-19 restrictions to support people to develop and improve their communication skills; looking at better and more effective forms of communication to improve outcomes.

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

- People were supported to access activities that reflected their personal choices and preferences. Comments included; "I love going to [street name]. It was my favourite TV programme," "I'm making a rug."

Staff help me. I love it" and "I like bingo, going to discs and meals. Having my hair done today. I like a good pamper. I've made 240 blankets all for [hospital name]". One family member told us, "They [staff] have tapped into his interests like snooker."

- Staff described how COVID-19 had affected access to regular activities and the impact this had on people. They told us they how they had adapted to ensure people's well-being was maintained. For example, regular activities within the home and taking walks where possible.
- Activities were used to help encourage people to maintain a healthier lifestyle. For example, people were provided with electronic devices such as activity trackers to help them monitor their progress and encourage further activity.
- People were supported to maintain contact with family and people close to them. The restrictions due to COVID-19 had impacted the level of contact people were able to have but alternative methods of communication and contact had been adopted, such as skype calls and garden visits.

Improving care quality in response to complaints or concerns

- People and family members had information about how to raise concerns. One person told us, "If I was worried, I would talk to [staff name] she would fix it." One family member told us, "I can raise concerns if I need to, I generally talk to the staff but could contact [registered manager] if I needed to."
- The registered manager kept a record of complaints raised by people and family members. Action was taken to address each complaint and improve the care people received. Following a recent complaint by one person, they told us, "I feel safer. I feel happier. I have new staff now. They are nice."

End of life care and support

- There were no people receiving end-of-life care and support at the time of our inspection; this was not reviewed in detail.
- Staff had access to relevant information and guidance to ensure people received sensitive and person-centred 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Due to the size of the service, the registered manager was supported by three area managers. Each manager was responsible for their own locations. In addition, team leaders were responsible for the day-to-day running of individual houses/properties.
- Some team leaders expressed concerns about the volume of work they were required to complete and the impact this had on their ability to provide staff and people with support they needed. This was discussed with the registered manager who was aware of the concerns and was currently piloting an additional role of 'Operational Support Officer' to help address this.
- Team leaders and staff provided positive feedback about the managers and the support they received. Comments included; "Yes, I feel supported. I know I can go [manager name] if I need to," "We have a great team leader who is very supportive but I know I can go to [manager name] and [registered manager] if I need to" and "Even when things have been difficult because of COVID, there has always been someone to turn to for support."
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Audits and incidents had additional oversight by the provider which meant there was an additional level of scrutiny to support effectiveness and drive improvements.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding teams and CQC where required.

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

- The registered manager and management team supported and encouraged a culture that was person-centred and promoted good outcomes for people.
- People told us how happy they were with where they lived, the people they lived with and the staff who supported them. Comments included; "It's brilliant here, it's wonderful. It's marvellous and it's the truth" and "It's the best service I've ever had. I definitely get on with everyone here."
- Family members spoke positively about the service and the support their loved ones received. Comments included; "We're really happy. In his [relative] last place, we thought he'd end up in hospital. It's onwards and upwards" and "It's still early days but so far so good. The attitude of staff towards her and their ability has helped her [relative] to change and feel comfortable."
- Staff were proud to work for Alternative Futures Group and spoke with affection of the people they

supported and the changes they had to their lives. One staff member told us, "These people are like family and I love seeing how much improvement they have made with our support."

- The provider acknowledged and rewarded staff achievements and commitments through their 'Credit Where Credits Due' scheme. This platform allowed staff to nominate colleagues or teams who they felt were deserving of this recognition.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with staff, people and family members through various methods to provide updates about the service and recognise the achievements of staff and people.
- The service had implemented a 'People Supported Committee' to allow for people to share their views and ideas. As a result of this committee, the provider had introduced an awards night and themed people parties and events.
- The organisation's website contained various portals for staff to access that provided important information and guidance. The 'UMatter' page gave staff the opportunity to share their views, give feedback and access information about health and well-being support.
- Staff were given the opportunity to 'share their stories' with others across the organisation through a private social media page. One staff created a video urging others to access the COVID-19 vaccination and sharing their own experiences.
- Annual surveys, reviews and video chats were used to obtain the views of people using the service and their family members. Many positive comments were received about their experiences. One family member commented; "Our son has received outstanding care in the years he has been with AFG. Staff really care about his wellbeing and go the extra mile to make sure he is happy. As a parent I trust you with my most precious belonging and you have exceeded my hopes and expectations".

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 registered manager understood the requirements of the duty of candour, this is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.