

## Alternative Futures Group Limited

# Lancashire Branch Office

### Inspection report

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Date of inspection visit:  
28 March 2017  
29 March 2017  
30 March 2017  
03 April 2017

Date of publication:  
17 May 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 28, 29, 30 March and 3 April 2017. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available throughout the inspection.

Lancashire Branch Office is registered to provide supported living for older people and younger adults living with a learning disability, dementia, mental health, physical disability and sensory impairments across Lancashire. The main office is based in Burnley which provided facilities for staff training, meetings and engagement with people who used the service. At the time of our inspection the service supported people in 119 addresses and 285 people were receiving care from the service.

The service had registered manager in post. 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.

This inspection was the first inspection since the service was registered with the Commission on 10 June 2016. During this inspection we found the service was meeting the requirements of the current legislation. However we made a recommendation in relation to peoples care records.

All staff we spoke with aware of the signs of abuse and the actions to take if they suspected abuse. Staff received training to ensure they had the knowledge of protecting people for the risks of abuse. There was a detailed and comprehensive medicines policy in place. The registered manager confirmed actions they were taking to ensure polices included up to date information on the management of "as required" medicines and medicated creams.

Recruitment and selection procedures were robust and records confirmed applications, references and proof of identity checks had been completed. Staff had received the relevant training to enable them to meet people's needs safely.

Staff spoken with had an understanding of the principles of the MCA 2005. The registered manager told us referrals to the local authority was made for Deprivation of Liberty Assessments. This protected people who used the service from the risk of unsafe restrictions.

Staff we spoke with understood people's individual needs, choice, likes and wishes and how to deliver good care. People who used the service and relatives were positive about the care they received and told us people's individual care needs was discussed with them.

People were treated with dignity and respect. When people received support with their care needs this was done in the privacy of their bedrooms or bathroom.

People who used the service and relatives told us they had been involved in the development and reviews of their care files. Care records reflected people's, needs, choices, likes and preferences and how to support them. However we saw care files lacked consistency in their content in a number of the services we visited. The registered manager gave us assurances this issue would be addressed.

People who used the service we spoke with told us they undertook a variety of activities of their choice.

People knew how to raise a complaint. Records we looked at confirmed an effective system in place for dealing with complaints. We received positive feedback about the service.

The feedback from people who used the service, relatives and staff was positive about the management and leadership of the service. People were complimentary about the registered manager as well as senior staff responsible in the services we visited.

Effective systems were in place to monitor the quality of the service provided. There was evidence of completed audits which included notes of findings and actions taken.

There was evidence that team meetings took place regularly. The registered manager told us they had introduced a meeting with senior management and staff to share information, good practice and ideas on how to improve the service.

Regular meetings were held to obtain feedback from staff, management and people who used the service.

## 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.

People were cared for by staff that had been recruited safely. Duty rotas were completed for each individual address and appropriate arrangements were in place to cover any staff absence.

People were cared for in a safe environment. There was a comprehensive procedure for staff to follow when dealing with any allegations of abuse.

Medicines were managed safely in people's homes. Policies and procedures were in place and accessible for all staff to provide guidance on the management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had received the required training to meet people's needs.

Records confirmed assessments of people's dietary needs were recorded and support was provided with meals when required.

People had access to healthcare services as appropriate.

### Is the service caring?

Good ●

The service was caring.

We received positive feedback about the care people received. It was clear staff understood people's individual needs, likes and choices.

We observed people being treated with dignity and respect during our observations in people's houses

### Is the service responsive?

Good ●

The service was responsive.

Care records reflected people's, care needs and preferences. However some care plans lacked consistency across the organisation and had not been regularly reviewed. We recommend that the provider seek nationally recognised guidance in relation to peoples care records.

People participated in a variety of activities of their choice.

People knew how to complain. There was an effective system in place for dealing with complaints.

### **Is the service well-led?**

The service was well-led.

The feedback from people who used the service, relatives and staff was positive about the management and leadership of the service.

Effective systems were in place to monitor the quality of the service provided.

Regular meetings were held to obtain feedback from staff, management and people who used the service.

**Good** ●

# Lancashire Branch Office

## 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 28, 29, 30 March and 3 April 2017. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available throughout the inspection. The inspection was carried out by five adult social care inspectors, one specialist pharmacist advisor and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we checked the information we held about the service. This included information about how the service was run, any information received about concerns relating to the care and welfare of people who used the service and statutory notifications we received from the provider. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete 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.

During our inspection we undertook a number of different methods to assess the experiences of people who used the service. We spent some time in the office looking at documentation relating to the operation and management of the service. These included staff recruitment and training, audits and quality monitoring, feedback about the service and policies and procedures. We checked records in people's homes these included, duty rotas, safety files and 21 care records for people who used the service.

With permission from people who used the service we visited 14 people's homes. This was to understand the experiences of the care and support they received. We spoke with 32 people who used the service and eight family members. We received feedback from four professionals. We spoke with the registered manager who was in day to day charge of the service, seven members of staff from different departments, the regional

director of the service eight team leaders and 27 support staff.

## Is the service safe?

### Our findings

We asked people who used the service whether they felt safe receiving care from the service. All people we spoke with told us they felt safe. Examples of comments included, "I feel very safe with the two people who support me", and "I am very happy here I feel safe, I have no concerns." Similarly, relatives we spoke with told us, "I think my [family member] is very safe. I wouldn't want her to move anywhere else", "Yes and my [relative] seems to fit in well with the three other residents [people who used the service]. He is always very happy to go back to the house when we have been out", "I feel safe because the carers are excellent" and, "[My relative] is safe he is well looked after we have no problems." However one relative told us about a concern relating to their family member. We discussed this with the registered manager who confirmed the actions they had taken to ensure people were cared for safely.

Staff we spoke with were aware of the signs of abuse and discussed the appropriate actions they would take if abuse was suspected. They said, "Any concerns I would inform my line manager, complete a safeguarding report, inform social services, investigate it and inform the family." Staff told us they had no concerns about the care people received and were aware of the whistleblowing policy (Reporting bad practice). They told us they would feel confident reporting any concerns to the registered manager. Comments included, "I have no concerns about the care or the service" and, "I trust that anything I raise with managers would be kept confidential."

The provider had comprehensive policies in place for staff to follow in relation to safeguarding and whistleblowing. These were updated regularly and made available to all staff on the provider's computer internet page. Procedures guided staff on how to report any concerns and enabled them to protect people who used the service from the risks of abuse. All of the staff we spoke with and records we looked confirmed staff had received safeguarding training. This helped to ensure they had the knowledge and skills to protect people.

Records we looked at identified the types of abuse along with the actions taken by staff to ensure people who used the service were safe. We discussed one ongoing investigation with senior staff who confirmed the actions they had taken as a response to this allegation. We saw records relating to the investigation along with the actions taken by staff. However records noted a concern identified previously in relation to this allegation that had not been acted upon appropriately. We discussed this with the registered manager who gave us assurance that they would commence an investigation immediately.

We looked at records relating to investigations of allegations of abuse. Staff told us all allegations were recorded on a computer system, shared with senior management and the safeguarding lead for the organisation. The PIR (Provider Information Return) submitted to the Commission discussed measures the provider had taken to ensure people who used the service were safe. This included robust policies and procedures, regular training and updates, sharing organisational and national learning and actions taken when dealing with allegations of abuse.

We spoke with people who used the service and relatives about the support they received with their

medicines. People said they received their medicines when they needed them with the correct amount of support. Comments included, "I am now self-medicating. Staff check I have taken the right amount", "I take my own tablets but the staff check that I have" and, a family member stated "My [family member] is diabetic. They are trying to adjust with medication and have discussed this with me."

Staff told us and records confirmed they had undertaken the required training in the safe administration of medicines. We saw evidence of competency checks taking place. This helped to ensure staff had the required knowledge and skills to support people with their medicines safely.

We saw the provider had an up to date and robust policy and procedure to guide staff on the safe administration of medicines. However, the procedure in place for dealing with "as required" medicines and external preparations required review. The registered manager confirmed during our inspection that a review of the medication policy would be undertaken immediately to ensure relevant policy and guidance was in place to support staff in the administration of external preparations and as required medicines. We saw all staff had access to this policy on the provider's website and staff we spoke with confirmed they were able to access the policies and procedure easily.

During our observations in people's homes, we saw people were supported to take their medicines safely. Medication Administration Records (MAR's) confirmed medicines had been administered as prescribed and signed by staff. However we saw a code that was not listed was being used on one MAR sheet and some records we checked had no notes section to record gaps or refusal of medicines on. We also saw a number of people were prescribed topical creams, these had been signed on the MAR sheet, however, there was no clear guidance on the administration and there was no body map to identify where the cream was required to be administered. We discussed this with the registered manager who confirmed they would take immediate action to ensure medicine records included the required documentation to ensure people who used the service received their medicines safely and as directed.

We saw that team leaders undertook a regular audit of completed MAR sheets. This helped to ensure people's medication administration was monitored and checked for any gaps. The registered manager told us all MAR sheets were returned to the office and safely stored.

During our visits to people homes, we saw medicines were stored safely to protect people from the risk of misadministration. Where concerns had previously been identified in one service in relation to the administration of medicines, we saw actions had been taken by the provider to ensure any future risks of medication errors was reduced.

We looked at how the provider dealt with any concerns relating to the administration of medicines. We found there was a system in place that recorded all medicines errors, this helped to ensure any concerns were dealt with appropriately and actions were taken to prevent any future risks. However we saw one record had been completed incorrectly and there was evidence that some records had not been reviewed in a timely manner by senior staff. This meant that the required actions to be taken had not been followed appropriately. We discussed this with the registered manager and senior management who immediately took action to ensure records reflected the required information. Senior management confirmed a review of the system for medicines reporting was to take place to prevent any future occurrence.

We looked at how the provider dealt with environmental risks in people's homes. Staff spoken with confirmed essential maintenance was undertaken by the owners of each property and staff were aware of the procedure to take if any concerns relating to the maintenance of the building was identified. The registered manager told us they had recently introduced an updated home safety file for staff to follow in

people's homes. Staff responsible for the introduction of the home safety files told us following staff training these were being introduced into individual homes. They said where required, bespoke risk assessments were completed to ensure risks to people were safely managed. We checked a number of these during our visits to people's homes. Whilst all had safety files in place and contained the essential information in them, not all had up to date information on the checks undertaken by staff. We spoke with the registered manager about this who told us a review of all safety files would be completed to ensure they reflected up to date information. This would ensure people were supported in a safe and monitored environment. Completed checks included, fire exits, fire alarm, vehicle and hot water.

Evidence of completed risk assessments were seen in the properties we visited. These included fire, lone workers, Control of Substances Hazardous to Health (COSHH) and personal evacuation plans. There were also records to advise staff on the procedure for dealing with emergencies. This helped to ensure people were protected from the risks of an unsafe environment. Information we received in the PIR confirmed relevant risk assessments were in place to protect staff and people who used the service, these included service risk assessments and individual risk management plans that promoted a positive risk based approach.

Staff we spoke with were aware of people's individual needs and any potential risks. People who used the service told us they were able to make decisions about their care and were supported by staff where it was required. We saw people made decisions about, days out, public transport, holidays and meals. Some care records we looked at confirmed detailed risk assessments had been completed. We saw these reflected people's individual needs and how to reduce any potential risks. Risk identified included specific behaviours, personal finances, transport and travelling, eating and drinking, falls and bed rails. However, we saw not all of records were detailed in their content on people's individual needs. We spoke with the registered manager who confirmed an urgent review of all people's care files had been commenced to ensure they reflected individual needs, risks and how to support them. One person who used the service told us there was a system in place where shops in a local town were identified as a place of safety for people to access help or support if required. Another person said, "I can do what I want when I want. I have a phone number to call if I need it." This helped to ensure people were protected from unnecessary risks.

We saw a clear audit trail of all incidents and accidents had been completed. These included; records held in people's individual files as well as copies of information submitted into the provider's computer system. We saw analysis of accident and trends took place to identify any theme or trends to reduce any future risk. Records confirmed that measures had been taken to protect people and reduce any future risks. Staff we spoke with were aware of their responsibility for dealing with any incidents or accidents and how to report them. Staff had access to detailed policies and procedure to guide them on the procedure for dealing with incidents and accidents. Where referrals were required to other services we saw that these had been completed in a timely manner.

We spoke with people who used the service and relatives about the staff that supported them with their needs. We received positive feedback. Comments included, "The staff are good here", "I am happy with the staff. They are thorough", "It's important that I get the same staff. They are working with me to get this. Most of the staff are brilliant. They know when I am overwhelmed and need support", and "We have never had any issues with staff and feel we can always talk to them." We received mixed feedback about whether there was sufficient numbers of staff in place to meet people's needs. People told us, "There is enough staff and always someone you can talk to", "I have had no indication of there not being enough staff. They do have replacements if staff are off sick or on holiday" and "Yes I do think I have enough staff. I have two staff looking after me, one regular and one casual and I get on well with both." However other people said, "The only problem is the turnover of staff", "98% of the time staff turn up. There have only been one or two

occasions when staff haven't turned up. I think it was because of sickness", "Sometimes we have to have agency workers, which I don't like", "There is a constant changing of staff there is no continuity" and, "There aren't enough staff, if staff get called away there is no-one here."

We also received mixed feedback from the staff we spoke with about the staffing numbers. They said, "Staff sickness is minimal, there has been only one day lost to sickness in 12 months. We have a consistent team", "There are enough staff to keep the house going but could always do with more" and "We have been short recently; there doesn't feel enough staff at the moment. I know they are recruiting but it's not easy." Senior staff we spoke with told us there was an ongoing recruitment programme; new staff had been recruited and were awaiting start dates with the company. Where the use of agency staff was required we saw the provider sought the same staff to maintain consistency of the care they delivered. In one of the addresses we visited we spoke with an agency member of staff who told us, "I have been before and I know the routines and the people living here. I enjoy it. It's a good place to work." This helped to ensure people received care from a consistent staff team.

Duty rotas were completed in each service and records we looked at confirmed appropriate allocation of staff to cover shifts. This ensured the relevant staffing numbers and skill mix were available to care for people safely. Records confirmed where changes were required to cover sickness or staff holidays. Senior staff told us an out of hour's senior duty rota was in place to ensure all staff had access to senior support and advice when required. People who used the service and staff told us they undertook skills matching for staff and people's needs. For example one service we visited told us one person's support was provided by a staff member with similar interests in computer gaming. During the inspection, we found there were sufficient staff deployed to meet people's needs.

There was a detailed and comprehensive recruitment system in place. All staff had access to an up to date policy and procedure to support them with the procedures for recruitment. Staff recruitment records were stored centrally on the provider's computer system. Records confirmed prospective staff completed an application form as well as an online test during the interview process. Staff responsible for the management of recruitment confirmed all senior staff undertook recruitment training to support them to ensure appropriate staff were recruited to the organisation. As part of this training all staff were provided with documentation to support safer recruitment decisions. This included questions for prospective staff around the values of the service.

We saw staff files provided evidence that appropriate checks had taken place. These included references, proof of identity and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where checks had required further investigation we saw evidence of the procedures that the provider had taken to ensure safe recruitment decisions were made.

## Is the service effective?

### Our findings

People who used the service and relatives we spoke with told us they were confident that staff had the knowledge and skills to meet their needs. One person said, "[Staff member] goes above and beyond", "I really don't know of anything they could do differently", "The staff are good and do ask what I want to do", "They are well trained, the staff are brilliant, I can't fault them", "I think they do a very good job in many ways" and, "Yes I feel the staff are able to care for [family member]. I can't find a fault on how they care for her or how they keep in touch with me." However some feedback we received was mixed. One person told us, "Some staff are very good" and, "We feel [staff member] is incompetent. There is a distinct lack of common sense."

Visiting professionals raised no concerns about the knowledge and skills of the staff. They said, "The staff that I have encountered have all been very skilled and experienced in dealing with people with challenging behaviour, severe learning disability and with fluctuating mental health."

All staff we spoke with confirmed they had undertaken regular training to enable them to provide effective support to people who used the service. Comments included, "Our staff are well trained", "We have done updates and refresher training for mental health, cognitive therapy, learning disability, medicines, first aid, fire and moving and handling", "Safeguarding and Mental Capacity Act (MCA) (2005) training is provided for all staff" and, "There is a specific training and development person based at the office. Care certificates are in place as well as NVQ's (nationally recognised training) for staff."

Records confirmed staff had undertaken the relevant training to enable them to meet the requirements of their role. Staff responsible for monitoring the training of staff told us a training matrix had been developed and indicated when individual staff training was required. Topics covered included; medicines, health and safety, manual handling, fire, person centred practices and food hygiene. Where specific training was required for staff, we saw staff had attended these, examples of topics covered included; epilepsy, emergency medicines, autism and dementia. The registered manager told us they organised training from external professionals. This included; physical health interventions, disability hate crime, Y-Be positive about sexual health, motor neurone disease and alcohol and drug awareness. We were told there were also plans to implement an intensive training course for understanding learning disabilities and mental health. Staff told us this was to improve people's lives based on an understanding and knowledge gained from the course.

New staff to the service received a comprehensive induction. This would ensure they received the necessary training to effectively meet people's individual needs. This included policies and procedures, the organisation's vision and values, workplace orientation, shadowing established staff as well as an introduction to people who used the service. This would ensure new staff were aware of what was expected of them in their role.

Staff we spoke with and records we looked at confirmed regular supervision was undertaken along with annual appraisals with all staff members. Records confirmed the dates undertaken along with topics

discussed as part of the supervision. These included; people who were supported by the staff member, the team, personal welfare and training needs. We saw records were up loaded into the computer system and held centrally in each staff member's file.

People we spoke with raised no concerns about the support they received with their meals. One person said, "I cook my own meals. I have a menu and staff help me cook." However one relative discussed that their family member had received the same menu choice for a number of days running. We discussed this with the registered manager who conducted an investigation and confirmed menus provided were varied in their content and met their individual needs.

Staff told us menus were discussed and agreed with people who used the service or their relatives when people were unable to discuss specific choices of meals. One staff member told us of their plans in place to support one person with special dietary needs. Where people who used the service were able they assisted in the shopping, preparation and cooking of their meals. This would promote and maintain people's independence where possible. Staff told us their service had introduced a cooking group where people took turns to cook meals for each other.

It was clear from the friendly banter during mealtimes that staff understood people's needs in relation to food and drink. Where people required support to eat their meals, we saw staff supported them appropriately and in a timely manner. Drinks of people's choice were readily available for people in the addresses we visited.

Care files we looked at demonstrated that referrals to appropriate professionals had taken place. These included the speech and language therapist and General Practitioner. This would ensure any concerns with swallowing was identified and acted upon. Staff we spoke with told us, "We have good access to other agencies and health professionals. They know that when we ring we need something. They respect that." Where nutritional assessments had been completed we saw reviews of peoples care had taken place to ensure records reflected peoples individual needs.

Records confirmed weights were recorded in some of the files we looked at where required. Where weight gains had been identified staff told us this was as a result of a nutritious and balanced diet. This was confirmed in records we looked at completed by visiting health professionals. Staff told us as a result of the increase in weight one person's physical ability had increased considerably. However, in one care file we saw the weights had not consistently been recorded. We discussed this with the registered manager who gave assurance that where people's weights were required these would be obtained and recorded appropriately.

People who used the service and staff told us they had access to a range of health professionals where required and we saw visiting professionals attending to people's health needs during our visits to people's homes. One person told us, "Every year I go for a health check at the surgery. If I am unwell the doctor will come here to see me." Another said, "I couldn't do it without staff; they have helped me sort it out. Staff take notes at my health appointments for me" and, "All my health needs are cared for they tell us everything." Professionals confirmed staff contacted them for reviews of people's needs appropriately and in a timely manner. We saw staff supporting one person to attend an appointment at the local hospital. Records we looked at confirmed the involvement of health professionals in reviews and monitoring of peoples health care needs. These included; Speech and Language Therapy (SALT) team, podiatrist, district nurses and General Practitioners. This demonstrated that the service responded to peoples individual and changing health needs when required.

The registered manager told us they had developed a ZEST group where staff looked at ways to support and manage health issues. These included keeping warm in winter, cool in summer as well as pictorial guidance on healthy eating. A staff member told us, "We have ZEST group, look at health awareness and hospital passports. We're looking at developing links with the hospital to promote continuity of care when people go into hospital." We also saw that a team of staff had been trained as cancer champions to deliver training and awareness to staff and people who used the service. We saw photographs of the training event where staff had access to prosthetic body parts to support awareness and learning with people who used the service.

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. Staff could explain to us what was meant by a Best Interest decision and demonstrated this knowledge by sharing examples. We saw that where appropriate people who required checks on their capacity to make some decisions received these.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff completed MCA training as part of the services on-going training programme and staff confirmed they had undertaken training to ensure they had the knowledge and understanding to protect people who used the service. Staff we spoke with demonstrated a general understanding of the principles of the MCA and DoLS and the procedure to take to ensure people were not being deprived of their liberty unlawfully. The registered manager told us there was a system in place to ensure where concerns were raised about DoLS referrals were sent to the local authority for an assessment and applications to be completed for the Court of Protection. We saw records to confirm staff had monitored the progress of these referrals to ensure people were assessed appropriately.

Some records we looked at had details relating to restrictive practice assessments of people's capacity and how to support them to make decisions. However not all records we looked at contained them. We spoke with the registered manager about this, who confirmed relevant documentation in people's care files was a priority and an action plan had been developed to ensure the records for all people who used the service contained up to date and relevant and up to date information about them. This would ensure people were protected from unlawful restrictions.

People we spoke with confirmed staff involved them in decisions about all aspects of their care. Staff we spoke with understood the importance of ensuring people had been involved in and agreed to their care.

Where people required alternative measures to communicate with them we saw staff using methods to meet their needs. We saw evidence of staff promoting communication through the usage of Makaton. We also saw staff effective use of non-verbal communication. Staff were able to understand people's needs, routines, and preferences. Where staff were discussing individual needs with people and seeking consent before undertaking any activity with them.

Where people who used the service did not use words to communicate there was guidance for staff on how

best to communicate with the person. Care records we looked at included very detailed information about how people communicated. This included communication passports which identified support individuals required. Records also included decision making agreements and how to support people in decisions and agreeing to care.

# Is the service caring?

## Our findings

People who used the service and relatives we spoke with were positive about the care and support they received. One person said, "I get my freedom living here", "The staff are crazy, we spend the day laughing", "The staff look after me" and, "I like it here it's very nice. The staff are lovely." The relatives of people we spoke with told us they were happy with the care and support their relative received. They said, "I cannot find fault in the way they keep me up to date on my [family members] care and health", "They care for him exceptionally well", "It's fabulous here. He has his own space. I feel comfortable here too. I'm delighted with it" and, "The staff are marvellous. I have experience of other homes but none are as good as [address of service]. They have done wonders with [family members]. It takes a lot of pressure off me. They give 105% all the time. I have never known a place like it. Every time I come they make me so welcome. I can't say a bad thing about it. They tell me everything that is going on. I visit weekly. They are lovely people." However we also received mixed feedback about an incident that had taken place. We discussed this with the registered manager who told us about the actions they had taken going forward to ensure people who used the service continued to receive safe care.

Professionals also told us they were happy with the care people received from the service. They said, "The care is good quality and person centred. The staff attitude is very committed to the individual", "They are very good with the service users (People who used the service), they seem to be well looked after" and, "The staff encourage her to do other things and encourage her independence."

Staff were able to discuss the importance of providing a good caring service and were aware of individuals likes and dislikes and how best to support people's individual needs. They said, "There is enough going on and we promote independence", "We are very respectful of people's privacy and when they need to be on their own" and, "We have a reference file for new staff or agency staff which provides people with a summary of care needs and how to support the people who live here."

During our observations we saw staff had a good understanding of people's needs as well as the management of complex behaviours. It was clear from our observations that staff understood people's needs well and had developed positive meaningful relationships with them. Where people required encouragement and support this was delivered in a timely manner with respect and dignity. Positive encouragement to assist people to maintain some independence was noted and people who used the service were seen engaging in supported activities with staff. For example, we saw staff supporting one person to prepare for a trip out to their place of work. People told us staff supported them with a variety of different activities dependant on people's individual needs, likes and choices in the local community. These included; trips out to the shops, local allotments, work experience and holidays. One person said they had contact details to call staff if they had any concerns when they were out.

There was evidence in people's records of person centred support which detailed people's personal goals and plans to ensure people received appropriate and timely care. Care files we looked at made reference to people's needs and how to care for them. There were also decision making agreements in place to manage people's decisions about their care. This would help to promote people's independence in their day to day

life with support when it was required.

People who used the service and relatives told us staff had discussed their needs with them as well as any changes to their care. One person said, "Yes they do discuss changes with us even the little things. New staff are always introduced to us", "We are a family here, we all have our own flats but we are like a family, we like to spend time with each other. Staff have been really patient with me", "We still want to be a key part in their lives, we are absolutely involved in care and they [staff] tell us if there any changes" and, "She doesn't want for anything, she is very well looked after."

The PIR submitted prior to our inspection demonstrated a commitment to ensure people received good care. It stated; "Effective relationships have been developed by involving people supported, their significant others and professionals in all areas of support planning and review, in a way which suits them." The PIR also stated an active carers' group had been developed where feedback was provided on the service delivery. Staff told us at the self advocacy group that they were planning to make short films with people who used the service to be used in staff training on what mattered to people; good and poor support. This would help to ensure people who used the service were able to make decisions about the care they received.

Prior to our inspection the registered manager sought consent for the team to visit a number of people's homes. This was to ensure people were happy for us to visit. During our observations in people's homes we saw staff treating people who used the service with dignity and respect. It was clear from the interactions that where people made choices; staff understood these and supported people safely with their decisions and choice. Where people were supported with personal care we saw this was done in the privacy of their bedrooms or bathrooms. Staff responded appropriately in one of the addresses we visited where one person requested to have quiet time in their bedroom whilst we were there.

People were supported to meet their spiritual needs and access to religious denominations of their choice. One relative told us, "We are a family who always go to church. Our [family member] goes to a different church from ourselves some weeks and goes to ours other weeks, that way my [family member] has different friends at each church" and, "My [family member] attends church on a Sunday." It was clear from the feedback from people who used the service and relatives that people were encouraged to maintain relationships with their family and friends. Relatives told us they visited people who used the service regularly and were encouraged to take an active role in their lives. We spoke with the families who told us, "We always make a point of talking to the staff. [Family member] comes home every five weeks", "We go out quite a lot to see him or he comes to our house", "Yes I visit them on weekends."

## Is the service responsive?

### Our findings

People we spoke with told us staff discussed their needs with them and they had agreed to the care they received. During feedback from the self advocacy group, people told us staff always discussed their care with them and this was documented in their file. One person said, "I usually go through my file with staff." Others told us, "Yes I am involved in my care planning", "They do talk to me about what I want doing" and, "I had a meeting to discuss what was going well, my mum was involved. I feel listened to."

Where people who used the service were unable to make decision about the care they received relatives told us they had been involved in the development and reviews of people's care needs. They said, "I'm fully involved in all assessments meeting and reviews", "The staff at [address of family member] are outstanding. I'm involved in everything reviews, assessments, care plans", "I am involved in the decisions about any changes or issues relating to my daughter. I have a good rapport with all the staff and I can approach anyone of them and ask questions or for clarity", "We are involved in reviews. There is an annual review of his care where we all have a say how the last year has gone" and, "I can request a meeting if I want to discuss anything. They have six monthly reviews. They fit in with my needs." Staff we spoke with told us, "Records get updated regularly. It's important they are up to date."

Care files we looked at identified inconsistencies in their content and details about people who used the service. Whilst all care files had the information to safely support people who used the service, we saw some of the care files contained only basic information in them. For example, one of the care files we looked at had information about safety and equipment, decision making agreement, care plans relating to individual needs, weekly timetable planner, matching profile and review of the person's home. Another record had a communication passport in place for staff to be responsive to body language and support positive interaction, behavioural chart in situ, identified triggers, behaviours and how to manage them. However we noted the content and detail was not reflected in all of the care files we looked at. We saw records to confirm reviews of people's care had taken place in some of the care files, however not all that we looked at had been reviewed in the last year. We discussed this with the registered manager who told us they were aware of this and an urgent review of all people's care files had been commenced to ensure consistency of care files across the organisation.

We recommend the provider seeks nationally recognised guidance to ensure care files contained up to date and relevant information in them.

We saw all contained risk assessments and detailed information about how to support people's individual needs. Records included how to support with personal care, medicines, shopping, work, leisure, meals, behaviours and what was important to them. These provided staff with sufficient detail to guide them on how best to support people. There was information to guide staff on people's health including any reviews as well as personal information such as date of birth, General Practitioner, next of kin and allergies. Records included a one page profile which detailed individual support needs including, 'What is important, how best to support me and what people like about me'. There was also a health passport which detailed information about individuals if a review by a health professional was required. Daily records confirmed the care that

had been delivered to people on a daily basis and included personal care, diet intake, activities and any appointment attended. This would ensure staff had access to information about people's daily activity and routines.

People we spoke with told us they undertook a variety of activities that enriched their lives. Activities undertaken included attending church, meals out and trips on the bus. Comments included, "I go on the bus, and I have a bus pass. I'm going to a concert. I go to the pub", "On Wednesdays we go to the pub and on Thursdays we go with staff other residents and friends to a centre where we have a drink of coffee or fizzy drink, we do Karaoke, dance, talk and have a laugh and a joke. If there is football on a Friday I go if not I go to the gym. For the last two years, I have been going to a shop as a volunteer." One person used alternative measures of communication to inform us about a trip to the hairdresser.

Relatives of people told us, "They have done a marvellous job for her, they helped her understand the value of money. Go on aeroplanes, buses, even been on a holiday to Spain, the States, Disney Land and other places", "He goes out three to four nights a week to the local social club. They are looking at going to Benidorm they all go on holiday together there. They've cared for him for 9 years", "My brother is involved in lots of activities. Once a week he is involved in making meals and eating socially. Thursdays he goes to another centre for disabled people and there are a lot of activities there. He goes shopping, dancing, out for meals, to operatic shows and church. We as a family take him out and he comes to us. In the summer we take him to a local cricket club weather permitting" and, "They take her shopping on the bus, out for meals, also she likes walking for miles if you can keep up with her, she loves reading and music and they take her out in the car. She has been on holiday twice in a caravan at a holiday centre." However we also received mixed feedback about the activities on offer for people. One relative said, "We have asked about [my relative] going out in the evening. We shouldn't have to remind staff to take him out."

We observed people who used the service undertaking a variety of different activities during our inspection. This included, lunch out at a local restaurant and a trip to the coast. We saw a number of people attending the self advocacy group in the office on the first day of our inspection. People who used the service told us the group met regularly and discussed how to improve the service for people who received care.

Some of the care records we looked at identified information about people's interests and hobbies and records in people homes identified weekly planners for the planned activities for people. Records included staff allocation to support people with their chosen activities.

People who used the service we spoke with told us they had no concerns about the care they received and knew how complain if they had concerns. Comments include, "I have no complaints, happy with the service", "I am happy here. I don't want to complain about anything", "I like living here. I would go to [staff member] if I had to complain. I have never made any complaints. I am happy with everything", "I don't like to complain but sometimes you have to. It is usually about agency staff. I have been telling them for years that I can't stand having Agency Staff. I don't like change. I am capable of making a complaint myself" and, "I would talk to a certain member of staff if I was worried but not had to make a complaint."

Most of the comments from relatives were positive and raised no concerns. For example one relative said, "We have never had to make a complaint as my brother is well looked after and is always happy to return to the house" and "If I feel there are any issues I take it up with the manager." One person we spoke with told us about a concern that had been raised with the service. We spoke with the registered manager about this who was aware of these concerns and an investigation was ongoing.

We saw very positive feedback about the service and the care people received. Comments included, "I just

wanted to say how much I appreciate all the hard work that [staff names] since I moved to this home. I am looking forward to a wonderful future supported by these people", "I know the support from AFG (Lancashire Branch ) has made a big difference to his life" and, "Well done to you, all of your team and [staff] as well. AFG should be really proud of a good outcome from a complete piece of work."

We found effective systems in place for managing complaints in the service. This helped to demonstrate any issues were taken seriously and people were listened to by the service. Records included investigatory notes as well as recommendations and actions taken as a result of the complaint. There was a policy and procedure in place which was available in people's homes. This would ensure staff and people who used the service had access to guidance to support them in dealing with a complaint. Any complaints received by the service was recorded onto the computer system and included records of the actions taken to deal with complaints as well as any learning to prevent any future concerns. Staff told us an audit of complaints was undertaken to ensure any patterns or trends were identified and recommendation made to prevent any future complaints.

## Is the service well-led?

### Our findings

We received positive feedback about the management and leadership of the service. People told us, "I always speak to the manager or a member of staff, they are all approachable so I would have no problem with that", "The manager is usually around when we have been there." Relatives we spoke with told us, "When we are there the manager is often there and we have meetings with him along with my [relative]", "I am regular contact with the manager and I cannot find fault on how she keeps in touch with me about my [relative's care]" and, "I can speak to the manager at any time we have some really good staff." However we received mixed feedback from others. They said, "AFG make promises they don't keep. I wouldn't have ever employed [staff] they change their mind and don't do things." A professional told us, "I have found the managers to be knowledgeable and very committed to the individuals they support and also very supportive of their staff."

Staff were complimentary about the registered manager and the management team for individual services. They told us, "[Name] is great as a manager", "The support from management is great. [Team leader] has been there for us. He is supportive of us all" and, "I feel supported. [Team leader] we see every day. I am able to go to her with any concerns." However one staff member told us, "I've only seen the area manager once in all the time I've been here." Senior staff in addresses we visited told us, "I have no concerns about how the service is managed. I feel adequately supported", "I am proud of the staff and what they have achieved. The area manager visits regularly every four to six weeks", "[Registered manager] is really supportive, I don't see her all of the time as she is not my direct line manager, but she offers support with complex issues", "[Registered manager] is very supportive I have no concerns" and, "I like AFG and the support network in the company."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service. There was a clear leadership structure in place within the organisation. All staff we spoke with were aware of their roles and responsibilities as well as the lines of accountability and who to contact in the event of any emergency or concern. We spoke with the registered manager about the daily operation of the service. It was clear she understood her role and responsibilities and had a detailed understanding of the operation of the service. This included what was working well, areas for improvement and plans for the future.

Staff told us and records confirmed how they monitored the quality of service. These included audits of medicines, monthly checks in services, observation audits and safety files. A staff member told us the service also undertook random audits for example risk assessments or as a response to any themes or trends identified. There was evidence of the measures taken by the provider as a result of the findings from the audits.

We saw a completed quality improvement plan that had been produced to identify plans for the provider to improve the support in the service. Records identified areas for improvement along with timelines for completion, actions to be taken and the progress of these actions. We also noted the provider developed a performance summary report which detailed planned improvements for the service as well as statistics

identifying targets across the service. Topics covered included supervisions, sickness and medication errors. This would ensure quality and standards were reviewed and any areas for improvement identified and action taken to improve the quality of care people received.

A range of up to date policies and procedures were in place on the provider's internet page to guide staff on the procedures to take to support good care delivery. The registered manager told us they had a programme of updating the policies to ensure they reflected best and current practice along with recognised guidance. Staff we spoke with told us they were aware of the policies and how to access these when required.

The registered manager and support staff told us regular 'engagement meetings' were held with the provider. These were designed to ensure staff views and ideas were shared with the organisation to assist in improving their working lives. We saw copies of minutes from these meetings. Topics included; how to use the internet system, rotas and management visibility. We saw notes for actions as a result of the meetings along with who would take responsibility for implementing the change and by when. The registered manager said the provider also had an employee partnership programme where staff met with the board to discuss the service and their views.

The registered manager told us they had a system in place to ensure staff employed by the service were recognised for their contribution to the delivery of the service. They said "We recognise credit where credit is due. Where staff have gone above and beyond; we reward them." We saw evidence of feedback from the registered manager to staff recognising their contribution to the service. For example, "I am writing to you to congratulate you all in the way you have worked together to support [person who used the service]. You have all been a credit to AFG. Keep up the great work." Another said, "I am writing to thank you both for the extensive work and the never ending commitment you have demonstrated. I have received some excellent feedback on your performance from numerous people and I just wanted to personally thank you for all your commitment and hard work" and, "As you will be aware it is quite rare for a support worker to take the time to write to us so positively regarding the performance of their team leader so I would just like to say well done." Feedback from a staff member told us the provider recognised good practice taking place. They said the provider had nominated them for the team of year award from AFG last year.

People who used the service and their relatives were asked for their views on the quality of the service. The registered manager told us they had developed a system to ensure the views of all people in receipt of care was discussed with them and reviewed. We were shown a system to record people's views and thoughts about the care they received in their homes. Records included what was going well, what was not working and what was important in the future. Records noted comments about each person and where actions were required these could be noted to ensure people received good quality care. We saw regular meetings taking place with people who used the service called 'The confidence group.' There were records on display in the office about what was discussed; for example upcoming events, the service user experience and a newsletter to update people about the service. Relatives we spoke with and records confirmed the service asked them for feedback about the quality of the service provided. One person told us, "I have just filled in a survey for the manager."

We saw the provider was committed to ensuring people who used the service had information about what they could expect from Lancashire branch. We saw an information leaflet had been developed using an easy read format to ensure people with alternative ways of communicating were able to understand what to expect from them.

Staff told us and records confirmed regular meetings were taking place at all levels of the staff structure. Records of the minutes from the meetings noted topics covered. These included, service users (People who

used the service), team updates, safeguarding, quality audit, care, medicines and equal rights. There was notes of attendees as well as dates of the meetings. Staff told us, "I attend staff meetings, they listen and things do change" and, "There are team meetings every 12 weeks." This would ensure staff were updated on changes in the services and any plans in the future.

People who used the service and relatives told us they attended regular meetings that provided updates about the service and sought their views on ways to improve the quality of the care provided. One relative said, "We have relatives' meetings and if there's anything important coming up they might have an extra one", "We had a meeting with AFG at Christmas. We have family meetings" and, "I am a member of the confidence group meetings. I can bring up issues that myself and the other residents want me to bring to some one's attention. I have attended as part of these group meetings at the head office in Liverpool. We discuss different things including holidays and speak for the other residents bringing up anything they want raised. " We saw records relating to upcoming events and meetings along with minutes from the confidence group meetings. These included the topics discussed such as visitors to the meetings, day trips, time without staff in the meetings and agendas for future meetings.