

Alternative Futures Group Limited

Cheshire and Manchester Branch Office

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cheshire and Manchester Branch Office known to people using the service and staff as AFG (Alternative Futures Group), is a supported living service providing personal care to people who live in their own homes across Cheshire and Manchester.

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, a total of 122 people were receiving support with personal care.

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

We have made a recommendation about recording and reporting in regards to people's health.

People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively. The provider had systems in place to ensure people were protected from abuse and avoidable harm.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of potential harm including the prevention of infection.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an induction and were supported through a programme of regular supervision and training.

People, relatives and health and social care professionals spoke positively about the service provided. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness, care and compassion, whilst respecting their privacy and dignity.

People and their significant others were involved in their care and consulted when planning and agreeing their support needs. Effective working partnerships with other agencies and health and social care professionals had been formed.

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.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People had individual tenancies in their own home or small home with others. Staff worked in a way which promoted people's independence. People confirmed their privacy and dignity was respected. Support plans were person centred and ensured the person or significant other, was involved in the development and review of their plan as far as possible. People were supported to make choices and live the life they chose.

Rating at last inspection

This service was registered with us on 01/10/2020 and this is the first inspection.

Why we inspected

This was a planned inspection as per our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cheshire and Manchester Branch Office

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

This inspection was carried out by one inspector and an Expert 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.

Service and service type

This service provides care and support to people living in their own homes. 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

This inspection was unannounced.

Due to the size of the service and the complexity of people's care and support needs, inspection activity started on 22 December 2021 and ended 05 January 2022. We visited the office location on 29 December 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the support provided. We spoke with seven members of staff including the interim manager.

We reviewed a range of records. This included six people's care records medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly work with the service.

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.

Assessing risk, safety monitoring and management

- People's needs and risks had been identified and so staff had guidance on how to mitigate these risks in the delivery of care.
- However, the daily logs for people did not always reflect their assessed needs being safely met. For example dietary needs. The manager immediately investigated this and identified that the support was being delivered however, this had not been correctly reported.

We recommend the provider reviews their reporting and recording processes in line with best practice guidelines and updates their practices accordingly.

- Care plans identified specific medical conditions and how to support the person effectively.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe using the service. One relative told us, "I've never seen anything that's caused any concern" another relative told us "[Name of person] is absolutely kept safe."
- Staff recognised potential safeguarding concerns and reported these to the local authority and notified CQC. Staff had received appropriate training to be able to recognise any safeguarding issues and act appropriately.
- Managers regularly reviewed safeguarding concerns to identify themes and trends.

Staffing and recruitment

- Staff were recruited safely with appropriate checks in place to ensure their suitability for the role.
- The provider used agency care staff to support when staffing levels were low; the provider told us where possible they use the same staff to ensure people receive consistent care and support.
- The provider also had appropriate disciplinary and grievance procedures in place.

Using medicines safely

- There were systems and procedures in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.
- Care workers had received medicines training. They had been assessed as competent to support people to take their medicines.
- Relatives we spoke with had no concerns in regards to their loved ones medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. The provider analysed these to identify any emerging themes.
- The provider used all incidents as a learning process.

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.

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

- Managers assessed people's needs and used this information to develop support plans and risk assessments. People's assessments covered a wide range of areas including their choices and preferences. People and relatives told us they received the care they needed, and their choices and preferences were responded to.
- Staff delivered agreed goals of care in line with standards, guidance and the law. Relevant guidelines were in place.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training matrices and documentation that confirmed the required competencies had been achieved. One relative told us "They're (staff) good, I wouldn't let him be there if they weren't well trained."
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Staff also shadowed experienced members of staff until they felt confident to provide care on their own.
- We saw records confirming that supervision and support were being provided. This included spot checks to monitor staff performance when supporting people.
- Discussion with the providers Head of Learning & Organisational Development showed how a collaborative approach was in place to ensure they accessed the appropriate training for staff. Future planning was being carried out for upcoming topics bespoke to the service, such as online safety and sex and relationships.

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

- Support plans held information on people's dietary needs giving staff appropriate guidance. One relative told us their loved one enjoyed their food and that staff supported them at mealtimes. We were told, "They (staff) mash his food up, but he has finger food too." Another relative told us how staff supported their loved one to cook their own food.
- People we spoke with were also happy with the support regarding their diet. One person told us "I am happy, they feed me well."

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

- People's support plans documented how the service needed to work with others to meet people's needs.
- People were referred for specialist support when required and plans were reviewed to reflect guidance from specialists, for example dieticians. One relative told us "Staff take him regularly to the GP" and another said "[Person] was coughing and Speech and Language were all over it."

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

- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.
- People maintained control of their lives and their rights were protected.

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

- Staff respected people's lifestyle choices.
- People and their relatives spoke positively of the regular staff. Comments we received included "We never worry about [persons] care, I thank god everyday [person's] so well cared for, they're (staff) very respectful yes, they're a brilliant regular team". Another relative told us that staff who care for their loved one are kind and respectful towards them; we were told, "They love her!".
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- People and their relatives were involved in planning their support.
- The people and relatives we spoke with told us how they were communicated with regularly and one relative told us how they were involved in multi-disciplinary team meetings if needed. Another relative discussed the services handovers and the information this contained regarding their loved ones support.
- One person we spoke with told us about the decisions they make, for example their surroundings, food and activities, we were told "I get to choose."

Respecting and promoting people's privacy, dignity and independence

- Support plans contained information on how to support people with their independence. Discussions with people and their relatives supported this. One relative told us "Its (service) fabulous to be honest, it's a nice fit for [person], he's got so independent since being there, he gets lazy, but they (staff) teach him in a way that's so respectful."
- We saw examples of people becoming independent in aspects of their lives. One of which was supporting a person to become independent when managing their own medicines, this included the use of virtual support.
- We were told by people and relatives we spoke with that staff respected people's privacy and dignity.

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

- Staff provided people with person centred support. Documents showed people and their relatives had been involved in the assessment process. Support plans were written to reflect their choices, likes and dislikes.
- People's care files contained information that identified their abilities and the support required to maintain their independence. One relative told us how his loved one is on work placement in the community, and that he "loves it, it's therapeutic."
- Staff/managers regularly reviewed people's care plans to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

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.

- Support plans contained information on how to best communicate with a person. This was supported in conversation with relatives, we were told how staff were able to communicate with their loved ones effectively and were able to abide by their wishes. One relative told us how during the COVID-19 pandemic, the lockdown period had shown how their loved one had improved communication with staff and the benefits of this.

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

- Relatives we spoke with told us how staff had facilitated and maintained relationships during the pandemic. This included video conferences and COVID-19 safe visiting.
- Support plans included information regarding what people liked doing and what they found beneficial. For example, working in the community, accessing family or eating out.

Improving care quality in response to complaints or concerns

- The provider had an appropriate procedure for addressing complaints. This involved investigating complaints, speaking with all concerned and taking action to address the concern.
- One relative told us how they had raised an issue and that this had been dealt with in an appropriate and timely manner.
- No one we spoke with had any complaints about the service during the inspection.

End of life care and support

- No one was receiving end of life care during the inspection. However, we saw evidence that if a person was in need of this support there was a policy in place and that this care had previously been effectively provided.

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

- Policies and procedures were in place, including safeguarding, infection control, recruitment and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

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

- The provider worked with people living in the service who were part of the 'Butterfly Moments Committee'. These people were the voice of those using the service and together the Committee and the provider planned engagements and other events for the year.
- Communication between staff, people and their families was effective. Comments we received included "I haven't actually spoken to [registered manager] in ages, there's been no need, but she gets back to me straight away if I call" and "The manager is great, and the carers, she's (registered manager) easy to talk to, and someone will always ring me if [person] needs the GP or the dentist." Another person told us that since the new registered manager has been in post communication has improved. We were told "The current manager is excellent [registered manager] has been there for about 18 months, communication is better, and the staff are all brilliant."

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; Continuous learning and improving care

- The provider and management team was committed to the continuous improvement of the service and staff received supervision and support to develop their practice.
- The provider had identified incidents indicating a closed culture had developed in some of their services. The provider and registered manager worked closely with other professionals to identify the causes and how to improve the service.
- The provider was open and transparent about what improvements had been made and what was needed to ensure the service continued to improve.
- The provider was able to show how they regularly carried out their own audits and what actions were being taken when issues were identified.
- The provider and management team had shared information with the CQC as required.

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

characteristics; Working in partnership with others

- The provider, registered manager and staff worked with external professionals to ensure outcomes were achieved for people.
- Professionals we spoke with all told us that the communication with the provider was good for the majority of the time. We were told "We hold regular meetings with the provider with operational colleagues where a wide variety of subject matters are discussed, including current services, new developments, fees, any issues relating to services users and any other pertinent issues relating to the delivery of services. We find that they are open and transparent in their dealings with us." However, we were told by one professional that there had been a recent lack of engagement, this was shared with the provider.
- Staff were supported to express their views and contribute to the development of the service at team meetings.