

Caring Alternatives Limited

# Caring Alternatives Gibfield Office

## Inspection report

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Date of inspection visit: 08 May 2015  
Date of publication: 29/06/2015

## Ratings

### Overall rating for this service

Good



Is the service effective?

Requires improvement



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 and 23 July 2014 and 11 August 2014. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to a breach of regulation 24 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to supporting people to access appropriate health and social care support.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caring Alternatives Gibfield Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection took place on 8 May 2015 and was announced. We found the provider had made improvements and was now meeting requirements in relation to the breach we found.

Caring Alternatives Gibfield Office is a supported living service that provides support to adults with mental ill health within their own homes. People had tenancies at three premises in Wigan and there were further premises in Ellesmere Port, Bolton and Northwich.

There was a registered manager in position at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

We saw the service had introduced a tracking form where healthcare appointments attended and booked were recorded at the front of people's daily notes. This would help ensure staff would be aware when people required support to book, follow-up or attend appointments, if such support was required. Some improvements were required to ensure this recording was completed consistently and accurately. One entry had not been fully completed, and another entry did not detail reasons for a person's admission into hospital. This had not had an adverse impact on the person these records related to.

People were receiving support from a range of professional and community services to support their mental and physical health. The service had identified people's healthcare needs in conjunction with other professionals and had arranged for appropriate support to be put in place for people. Staff were aware of the support people required to make and attend healthcare appointments and this was consistent with details in people's care plans. People we spoke with who were supported by the service told us they received the support they required to make and attend appointments.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

We found that action had been taken to improve processes that related to supporting people to obtain appropriate health care.

A new appointment tracker form had been introduced that highlighted when appointments had been attended or booked. Some improvements were required to ensure this form and people's daily notes were used consistently to record appointments.

People were receiving support for their healthcare needs from a range of services. Needs in relation to healthcare were clearly identified in people's care plans, and staff we spoke with were aware of the support people required to manage their healthcare needs in co-operation with other services.

We could not improve the rating for 'effective' from requires improvement at this time, because to do so required evidence of consistent good practice over time. We also only looked at aspects of the effective question in relation to the breach of regulations found, rather than looking at the whole 'effective' question. We will check this during our next planned comprehensive inspection.

**Requires improvement**



# Caring Alternatives Gibfield 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.

We undertook an announced focused inspection of Caring Alternatives Gibfield Office on 08 May 2015. This inspection was undertaken to ensure that improvements to meet legal requirements that had been planned by the provider after our inspection on the 21 July had been made. We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one adult social care inspector. Before the inspection we reviewed information we held about the service including details of any incidents, including safeguarding incidents notified to us by the provider. We reviewed the action plan the provider sent us following our previous inspection and checked this had been implemented.

During the inspection we spoke with two people who received support from the service. We also spoke with five staff members including two support workers, one team leader, the operational manager and the registered manager. We looked at three people's care files and three people's daily diaries, which contained daily notes and an appointment tracking form.

# Is the service effective?

## Our findings

At our last inspection of the service, which commenced on 21 July 2014, we found one person had not received the care and support they required to make and attend appointments to manage their healthcare condition. This was a breach of regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which relates to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We found the provider was now compliant with this regulation. Following our last inspection the provider had put in place a new appointment tracking form to highlight when people had healthcare appointments booked. This helped ensure staff were aware of what healthcare appointments had been booked or were due to be attended, as well as the outcomes from these appointments.

Many of the people supported by Caring Alternatives Gibfield were independent in many aspects of managing their healthcare needs. The provider showed us a new form that had been introduced and was offered to people who attended appointments independently. The form allowed people who wished to use it, to record how the appointment went, as well as any changes or follow-up actions required as a result of the appointment. This would allow staff to maintain awareness of that person's healthcare support needs, whilst allowing them to retain independence in this area of their lives.

We saw that entries on the appointment tracking form generally matched with entries in people's daily notes. However, some improvements were required in order to ensure consistent recording and monitoring of people's healthcare appointments. We saw one entry on a person's tracker sheet stated that a GP visit was arranged for the following day. There was no entry on either the tracker or in the daily notes to indicate if this visit had taken place or what the outcome of the appointment was. We asked the provider to look into this and it was later confirmed that the visit had taken place and that this should have been recorded in the daily notes. This person had received support with their healthcare need as required and there was no impact on this person as a result of this oversight in

record keeping. We saw that this same person had spent time in hospital. Whilst this was recorded on the tracker, the reason for admission was not apparent from the notes. The staff member we spoke with was aware of the reason for admission, and we were also told that 'flash meetings' had been put in place since the time of our last visits. We were told these would provide opportunity for any changes in people's healthcare needs to be discussed and support put in place as required. The staff we spoke with confirmed these meetings were taking place and that they found them useful.

We saw that the support people required in relation to their healthcare needs was clearly recorded in the care plans and healthcare related risk assessments we reviewed. Records in people's care files confirmed that people were receiving support from a range of services as detailed in their care plans. Staff we spoke with were able to tell us how they supported people with their healthcare needs, including the support they required to make and attend healthcare appointments. We saw this was consistent with the support requirements detailed in people's care plans.

Staff told us they were in frequent contact with a range of professionals involved in supporting people's mental and physical health, such as community psychiatric nurses (CPN's) and GPs. The service had also been proactive in identifying and arranging additional support from various services in order to help people achieve identified aims in relation to positive health outcomes. We saw a main diary of appointments was kept at the premises we visited to enable staff to keep track of appointments and prompt or support people to attend these as required. We spoke with two people being supported by the service. They both confirmed that they received the support they required in order to make and attend healthcare appointments. One of these people told us they thought the staff went above and beyond what they were required to do in order to support them with a healthcare condition.

We have not reviewed the rating for the 'effective' section of the report from requires improvement. This was because we only checked whether improvements had been made in order to meet the requirements in relation to the regulatory breach, but did not look at all aspects related to the 'effective' question. Consistency over time is also required in order for rating to be improved.