Alternative Futures Group Limited

Rochdale 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

We inspected this service on 23 and 24 January 2019. We informed the registered manager that we would be inspecting the service the day before our arrival to ensure that someone would be in the office to assist with our inspection. This meant that the provider and staff knew we would be visiting before we arrived.

Alternative Futures Group (Rochdale Branch) provides care to people who live across Greater Manchester in supported tenancies and who require a range of support relating to their learning or physical disability, sensory impairment or mental health needs. The service is based in Rochdale, but provides support to people living in supported tenancies across greater Manchester. At the time of our inspection the service supported over 160 people.

There was a registered manager in place. 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. The registered manager was present during the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Staff demonstrated a good understanding of how to protect vulnerable adults from abuse and we saw that when safeguarding concerns were raised these were investigated appropriately. The service had good systems to allow a person centred response to allegations and outcomes which considered the views and wishes of people who used the service. Environmental risks were taken into consideration when planning services, and similarly specific risks to people who used the service were reviewed.

There were enough staff. Safe recruitment procedures ensured that people were protected from unsuitable staff, and people who used the service were involved in the recruitment process. There was a low rate of staff turnover, and we saw that training opportunities helped people who worked for Alternative Futures to develop their skills and improve their knowledge.

Care was person centred, and we saw in care plans consideration of personal wishes and preferences. Staff we spoke with understood issues of capacity and consent and people were supported to make meaningful choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service had developed good working relationships with health care professionals to ensure that people's

health needs were monitored and assessed.

Throughout our inspection we saw that people who used the service received person centred support from staff who showed genuine affection for the people they supported. People told us that they were treated with dignity and respect and when we visited them in their own homes we saw positive interactions and healthy relationships had been established. Cultural and religious needs were taken into consideration and people were involved in planning their own care. This was reflected in care plans. We saw evidence of regular review involving the person and their representatives, and staff would persevere to help people to reach their goals, for example, by exploring activities to widen social horizons. Independence was promoted and encouraged, and where issues which could hinder people's independence were identified, creative solutions were sought to overcome the problem.

Alternative Futures had developed good systems to manage the service. The service had invested in intermediate technology systems to monitor service delivery and regular supervision and team meetings ensured staff were both kept informed and consulted on issues which affected the service. Written information was passed on to people who used the service using appropriate methods, such as signs and easy read leaflets. People were consulted about service delivery and their feedback was used to plan future service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Rochdale 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 was a comprehensive inspection which took place on 23 and 24 January 2018. Prior to the inspection we gave the service provider 24 hours' notice, because the location provides a supported tenancy service for people with learning disabilities and we wanted to ensure that there would be someone available when we arrived.

The inspection team consisted of one inspector. Prior to the inspection we reviewed the information we had about the service. This included notifications about safeguarding, accidents and changes which the provider had told us about. We also received a Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted a number of professionals who worked directly with Alternative Futures Group, including local authority commissioners, safeguarding teams, the clinical Commissioning Group and independent advocates.

During our inspection, we were able to speak to six people who used the service. We spoke with the registered manager of the service and four other members of the management team, and eight operational staff including team leaders and support workers. We visited five supported tenancies, where we looked at how staff cared for and supported people. We also examined six care records and three medicine records, records relating to staff recruitment; supervision records, staff training plan and rota, and records about the management of the service.

Good

Is the service safe?

Our findings

People were safe. One person who used the service told us, "I am safe here, and when I go out. The staff makes sure I'm alright". Another told us, "We are well looked after. I have no worries, none at all".

People lived in their own homes and we visited five properties where people were supported by Alternative Futures staff. All supported tenancies had a home safety file which included infection control plans, health and safety risk assessments, and gas fire and other safety certificates. Daily checks were recorded showing any safety needs had been identified and actioned, and weekly or monthly checks made to ensure fire and smoke alarms were in working order. Home safety files included a personal evacuation escape plan (PEEP). These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs.

We saw that suitable arrangements were in place to help protect people from harm and abuse. The service had safeguarding policies and procedures which had been reviewed in line with government policy, and provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were aware of the safeguarding procedures. They recognised the environmental and behavioural factors which made people with learning disabilities vulnerable, including dangers posed by other people who used the service. We saw that safeguarding concerns were raised, and the service had systems in place to report, and investigate all allegations of abuse. We reviewed a record of alerts raised, and details of investigations including outcomes and actions taken to protect people from harm. A booklet in each home included both the safeguarding and whistleblowing policies, and these were also included in a handover file, so all staff were aware of how to report any issues of concern. The whistleblowing policy included an external contact number to ensure any concerns would be treated in confidence and with impartiality.

We looked at six records which showed that risks to people's health and well-being had been identified and proactive risk management plans were put in place involving the person to ensure that they understood the risk both to themselves and others, and agreed actions were taken to minimise the risk. Assessments were reviewed on a regular basis. The staff we spoke with showed an understanding of the concept of positive risk taking and balanced the risk to individuals against personal decision making so that risk was managed in a way that helped people who used the service develop their independence. Risks were cross-referenced to support plans where applicable.

We looked at recruitment files which showed procedures to ensure the staff recruited had appropriate qualities to protect the safety of people who used the service. References and pre-employment checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. When we spoke with people who used the service they told us that they felt there were enough staff to meet their needs, and that they were supported by a consistent staff team who knew them well. Staff were recruited locally and allocated to work in specific teams, each with its own duty roster compiled according to the support needs and level of dependency of people who used the service, so staffing levels varied from tenancy to tenancy. We saw staff had time to work closely with people

to assist them to meet their needs. As care staff would normally work within a specific team they were able to get to know the people who used the service well and could provide a consistent response to people's needs. We saw that there was a good staff mix in each of the homes we visited. One support worker commented, "We have a good staff mix; young and old, male and female, so we get lots of different ideas. We all work well together".

Staff were trained to administer medicines, and the training is reviewed every two years. All staff who administered medicines completed an annual medicine competency assessment which included observation of practice. Only staff deemed competent annually were authorised to administer medicines.

We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of three people who used the service. The MARs we looked at showed that staff accurately documented on the MAR when the medicine had been administered and taken by the person. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected. For each person the record documented how the medicine should be taken and when it needed to be administered. Medicines files included an explanation of the medicine, its effect and why it was prescribed. The care staff we spoke to demonstrated a good understanding of the medicines they were administering.

Staff were encouraged to report mistakes, and we saw that when errors were made investigations looked into how and why the error had occurred and procedures were reviewed to consider how the service could improve. The service would circulate a 'Group Briefing' to all staff to disseminate any learning from mistakes. Similarly, the registered manager and her team would monitor concerns from similar organisations to ensure learning from others' mistakes, and brief staff to minimise the risk of similar errors occurring.

Good

Is the service effective?

Our findings

Prior to their admission into the service each person's physical, mental health and social needs were considered and equal weight was attached to the needs, requirements and compatibility of all the tenants in a supported home. Once a person moved into the service their needs were continually re-evaluated as they became familiar with their environment and the staff who supported them. Throughout their stay people were encouraged to maintain their lifestyle choices, and people were supported to become more independent. For example, we spoke with one person who had moved from a shared supported tenancy with 24 hour support to their own home, where they were receiving a visit on a daily basis. They told us the staff had supported them to become less reliant on others and had provided the right support to meet their need.

The emphasis of staff recruitment was based on values rather than experience, and the service sought to take on staff with a value base similar to the values of the company. In order to do this they actively involved people who used the service in recruitment, including involvement in staff interviews or two stage interviews for potential staff where they would visit homes and interactions with people could be observed. In order to ensure that new starters had the right knowledge staff told us, and we saw from records that when they started working for Alternative Futures Group they received a full induction and were subject to a six month probationary period. One person who had recently moved from a similar agency told us, "I had a really good induction, with lots of support. They really helped me to feel confident, so I won't be scared to ask if I'm not sure about something. They are really supportive".

During their induction period staff would undertake training in a variety of subjects, such as food safety, infection control, manual handling first aid and safeguarding vulnerable people, and complete the Care Certificate; this is a professional qualification which aims to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care.

A training schedule showed which staff had completed courses and when refresher training was required. Some training was person specific, based on the needs of people who used the service, for example, hoist training, dysphagia and incident management. The training record indicated a positive approach to training staff, with in depth courses available every week, such as 'positive approach to behaviour conflict' and leadership training. All staff received refresher training in key topics every two years. A Support Worker told us, "Training here is really good – anything which will be beneficial, so we really understand our service users and their needs".

We saw that the registered manager kept a timetable which showed that all staff received a supervision session every three months and a yearly appraisal. Supervision meetings provided staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. The staff we spoke with valued the opportunity to speak in private with their supervisor; one support worker told us, "Supervision is really good; it gives us an opportunity to sound off and express our views. If they've got something they will let us know if we are not doing it right".

When we looked at supervision records we saw that where issues of concern were identified appropriate action was taken, including capability and performance management. Yearly appraisal was based around the person's job description; reviewed performance over the previous year and set objectives which were agreed and signed by both the supervisor and the supervisee.

Each person in a supported tenancy contributed to a budget plan to pay for food and household items. People were supported to do their own shopping which meant that their personal tastes and preferences were catered for, and we saw that people had choice about what they wanted to eat. Staff would help to prepare meals as required, and inspection of care records showed that attention was paid to what people ate and drank. Daily record sheets indicated the type and amount of food they had eaten, and any fluids taken during the day, so appropriate action could be taken if problems were identified, including referral to dieticians. Care plans indicated any specific diets which might be required, including any cultural requirements such as halal or kosher food, and any personal likes and dislikes.

We saw that staff communicated well with each other and passed on information in a timely fashion. All staff attended a changeover meeting at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service and tasks were delegated appropriately and shared fairly.

Each person was registered with a General Practitioner (GP) whom they saw when needed. Care files reflected good access to healthcare, including health action plans and a 'hospital passport' which gave information about any medicines, health issues or allergies which might be required on admission to hospital. Staff monitored people's physical and mental health needs. The service had established good working relationships with healthcare professionals such as district nurses or community psychiatric teams for support to manage people's behaviours. We saw in care plans that people had regular access to other treatment such as dentist and optician appointments. This meant that people were receiving care and support to access additional health care services to meet their specific health needs.

When we spoke to people who used the service they told us that they were offered meaningful choices and supported to make their own decisions which were respected by staff. One member of the management team told us that the service encouraged staff to support people to make their own decisions: "We all have a genuine belief that people should make their own decisions." We saw care files included a full section around decision making, noting where people lacked capacity, but recognising that each person was able to make some decisions about how they wanted to live. Each file contained a 'decision making agreement' written in an easy read format and noting how the person liked information to be presented; decisions they were able to make; decisions they could be involved in and agreeing who had the final decision. This ensured that people were consulted appropriately on any decisions affecting their day to day life. Where necessary the service would seek independent advocates to speak on behalf of people who used the service. We spoke with one advocate who told us that the service recognised people's right to be represented and would listen to their advice and act appropriately to reach decisions concerning people's welfare.

Good

Is the service caring?

Our findings

Throughout our inspection we saw the staff who worked for Alternative Futures treated the people who used the service with genuine care, warmth and empathy. Each of the supported tenancies we visited had a friendly and relaxed atmosphere, with signs of co-operation and friendship between people who used the service and with the staff who supported them. A support worker said, "Its brill. I love my job. It's the satisfaction you get from supporting people and helping them to live a normal life". We saw that support was person centred; staff had time to spend with people who used the service and knew them well.

People who shared the same accommodation were well matched. The service placed a high degree of emphasis on compatibility with other service users before determining suitability to move in to one of the properties. . One person who used the service told us, "I get on really well with [names other tenants in the service]. We do a lot together and help each other out."

Staff were sensitive to the needs and wishes of each individual and would support them to meet their goals and aspirations. A support worker told us "I put myself in their shoes, sometimes they must be really desperate, so we do what we can to support them". This sometimes involved dealing with difficult and complex emotional issues and conflicts where demands placed on the individual by external sources could be in conflict with their own aspirations. Staff challenged the views of other people to ensure the needs and wishes of the person they supported were respected. One person described how their support workers had supported them in a dispute with another person. They told us, "My staff are great. Sometimes I am not confident, but they stand up for me and tell people what I want when I find it hard to tell them myself. I am getting more confident because I know they will support me". When we spoke with this person's support worker, they explained, "It upset me that [person] was upset. They needed help so we negotiated an arrangement. Their needs are paramount, we always need to consider what they want. We spoke on behalf of [person] and agreed a plan which we tweak every two weeks, and now it's working better. [The person] is more confident now and will speak up".

We saw that that people were encouraged to remain as independent as possible, and staff supported people to manage tasks within their capabilities, encouraging them to develop their skills. One support worker told us, "We work at a pace suited to the individual. Even simple tasks like [learning to make] a cup of tea might take six months. We persevere and we get there". The people who used the service enjoyed the responsibility this afforded.

When we observed interactions between staff and people who used the service we saw that staff were kind and patient. We saw that staff would ask for consent before carrying out interventions such as support with personal care, and people told us that staff always offered choices and asked before they did anything. We saw staff spoke to people in a quiet manner, making eye contact and touch as appropriate. We saw evidence of supporting communication through use of pictorial aids, such as photos of food in the kitchen to help people with limited verbal communication to help decide what meals they might want to eat. Care records we looked at reflected the detail and level of care and support provided, and gave a good indication of interactions. For example, in one daily report we saw an entry regarding an intervention between a person

who used the service and their support worker which read, "Had a good time, we were both laughing".

People had opportunities to influence the delivery of their care, including recruiting their own care staff, and were able to influence how their care needs were met. Care plans were person centred, decisions were made with people rather than about them, and all reviews took place with the person who used the service.

We saw that records and documents were kept securely in locked cabinets in staff offices. Access to electronic documents relating to people who used the service was secured by an internal firewall and password protected. This ensured that confidentiality of information was maintained.

Good

Is the service responsive?

Our findings

People who used the service told us that the service was responsive and met their needs. One person said, "The staff help with domestic tasks, some things I'm not good at, but they encourage me. That's how I learn. I go to college for life skills and I can go on my own now. I couldn't before".

We looked at six care files. Each person has a one page profile which gave sufficient information to anyone unfamiliar with the person to enable them to provide appropriate support. Information stored on the organisations secure electronic data system was used to provide an additional service user profile which included personal details, service details, legal status, contacts for the person, essential support covering different support needs, identified risks and the person's desired outcome and goals. Care plans were personalised and person centred, for example where a need was identified plans stated "How best to support with…" for example, health needs, routines and safety, emotions, activities of daily living, communication, relationships and finance. This meant the focus was very much on how best to support the person rather than completing the task. Where necessary a restrictive practice assessment was in place. This described any interventions required to ensure the safety of the person and others, with detailed instruction. Staff had signed to say they understood and case notes showed when action has been taken.

Care plans were reviewed monthly and progress records showed any improvement and revised levels of independence. However, whilst people's needs were identified and addressed, and staff responded well to changes in need, there was not always a suitable response to changes in circumstances, for example, there was insufficient attention paid to people's sexual needs. We raised this issue with the registered manager who agreed to look at further consideration and exploration of sexuality within the service.

Alternative Futures had a well-developed understanding of equality and diversity issues and respected individuals values and beliefs. Support plans reflected cultural and spiritual beliefs. We spoke to one person who told us that they had been encouraged to attend a Sunday Service in the nearby church, and was now able to attend unescorted.

All the people we spoke with were able to describe how they were encouraged and supported to maintain their hobbies and interests, both in their home and in the local community. We saw evidence that people were supported to access activities in the community on a regular basis, take part in leisure activities and volunteering opportunities. One person told us about their voluntary work in a number of different organisations and said, "I have lots to do, I am always busy. The staff are always helping me to look out for new things I can try". Other people were supported to maintain full time employment, and where difficulties were identified the service worked to overcome these issues, using creative techniques to overcome issues, such as dealing with noise.

We looked at how the service managed complaints. We saw that the service had a complaints policy and provided all the people who used the service with an easy read complaints leaflet. When we asked, people who used the service told us that they were aware of how to complain if they needed to. We saw that complaints had been appropriately dealt with, with written evidence of investigation and conclusion.

Good

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act that the manager of a service like Alternative Futures Group (Rochdale Branch) is registered with the Care Quality Commission. 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.' When we visited the home had a registered manager who has been registered since August 2017.

People told us they believed the service was well run. One person who used the service said, "I've never been in a better supported home. The staff are just amazing, they meet all my needs", and a member of staff said, "Its super organised. We get really good support from the team and from the managers".

We saw that the service was based on the principles of valuing people and was committed to providing a person centred approach, maximising people's abilities and encouraging people to take control of their own lives. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. This included a three monthly 'engagement session' with team leaders to consult feedback and consider the impact of organisational change at ground level. This culture was carried through every role, Team Leaders had their own engagement sessions led by the Registered Manager and the Integrated Pathway Coordinators had engagement sessions led by the Regional Director. We saw the service had introduced a form where staff could record any interventions, either positive or negative and how they impacted on the person who used the service. This allowed an opportunity to consider interventions which worked or didn't work and help build a greater understanding which could be shared with the whole team.

There were good system of communication, including engagement events, a regular newsletter and emails sent to relevant stakeholders and relatives, and tenant meetings in homes where people were able to engage. Staff meetings were arranged so information could be cascaded to all employees.

The registered provider had a quality assurance policy. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice, medicines infection control and health and safety. For example, a recent audit of accidents and incidents analysed trends and patterns and evidence of learning. The registered manager and executive committee also conducted regular unannounced "walkabouts" to check the quality of the service.

The service produced an organisational and regional action plan. This looked at what was and what was not working to allow for revision of practice and continuous improvement, and included analysis with similar agencies and measured performance across the sector as a whole.

The registered manager understood her responsibilities to raise concerns, record safety incidents, concerns

and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.