Alternative Futures Group Limited

Cheshire 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

The inspection took place on the 4, 9,10 and 11 May 2017 and was announced.

This was the first inspection of the Cheshire Branch Office of Alternative Futures Group since it registered with The Care Quality Commission in 2016.

Alternative Futures supported living provides bespoke living solutions to people with different levels of housing support and care needs including young people in transition, people who live with autism, learning or physical disabilities, substance misuse issues, mental health and complex care needs. Their aim is to equip people with the essential skills needed for them to stay living independently in their home of choice for as long as possible. Support is provided by the Cheshire Branch office in a variety of settings over a wide area of Warrington, Cheshire and Wirral.

At the time of our inspection the service were providing supported living to 230 people within their own homes and providing outreach support to 32 people.

The service had a registered manager. 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.

People's medicine was stored and administered in line with best practice guidance which minimised the risk of people not receiving their medicines safely. Staff had completed medicine administration training and was aware of the actions they needed to take should an error occur.

People were supported by staff who had received training in how to recognise abuse and the actions they would need to take if they felt a person was at risk.

Staff had been recruited safely which included checks with the disclosure and baring service to ensure they were suitable to work with vulnerable people.

There were enough staff with the right skill mix to meet people's needs.

Staff received regular supervision and were supported to carry out their roles effectively.

Risks to people were assessed and staff understood their role in minimising risk whilst ensuring people's choices and freedoms were respected. Risks were regularly reviewed and when changes happened actions were carried out in a timely way. When appropriate this had involved the expertise of other professionals such as physiotherapists, occupational therapists and dieticians.

People were involved in decisions about their care. When they were unable to do this the principles of the mental capacity act were being followed. Advocacy services were available to people if needed. People had access to healthcare which included GP's, specialist learning disability nurses, health staff, dieticians and dentists.

Staff were caring and had warm friendly relationships with the people they supported. Staff attitudes were positive and they were described as respectful, patient and friendly. People's communication needs were understood by staff and this enabled people to be involved in decisions about their day.

Staff had a good understanding of people's interests likes and dislikes which meant they could interact in a meaningful way with people.

People's dignity and privacy was respected and staff encouraged and supported people to be as independent as possible.

People experienced care that was responsive to their needs and regularly reviewed.

Staff understood peoples care needs and how they liked to be supported. How people spent their time was linked to their interests and included activities both at home and in the community.

Daily records were completed by staff and reflected the care and support plans.

Communication passports were in place to for occasions when the person needed to be supported by another service such as a hospital admission.

The service had an open, friendly atmosphere and staff were positive about the organisation, their roles and the teamwork. We received mixed messages from staff about their overall responsibilities but in general they felt informed and appreciated and described communication as good.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Audits had been completed by the management team and had been effective in providing data about practice and used to improve outcomes for people. Systems were in place that gave stakeholders an opportunity to share feedback about the quality of the service.

A complaints procedure was in place that families were aware of and felt that when they had raised concerns they had been dealt with appropriately.

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.

Staff knew how to work to keep people safe and prevent harm from occurring.

The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm.

The staffing was organised to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated systems were in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well.

Is the service effective?

Good

The service was effective.

Staff received on-going support to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request support from health and social care services to help keep people well.

Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity, or had fluctuating capacity.

Is the service caring?

Good

The service was caring.

People could make choices about how they wanted to be supported and staff listened to what they had to say and this was reflected in their care plans.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people to provide individualised care.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed so staff knew how to support people in a caring and sensitive manner.

The care records showed that changes were made in response to requests from people using the service and thorough care planning reviews.

People could raise any concerns and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well led.

There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to improve and develop.

People's views were identified to influence service delivery.

The people and staff we spoke with all felt the managers were caring, approachable and person centred in their approach.

Cheshire 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 the 4,9,10 and 11 May 2017 and was undertaken by one adult social care inspector.

This was an announced inspection and we telephoned the service to give them notice of our visit. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team, safeguarding staff and health and social care workers to seek their views and we used this information to help us plan our inspection. We will make reference to the feedback in the main body of this report.

The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used different methods to help us understand the experience of people who used the service. By invitation we visited nine people who used the service in their own homes. During the inspection we spoke with a number of staff including the clinical director, the registered manager who was also the regional director, head of quality and operations, practice development lead, risk and governance lead, two integrated pathway leads, three integrated pathway coordinators, regional HR manager, recruitment team leader, safeguarding lead, four team managers and fifteen care staff. We looked at a number of records during the inspection and reviewed nine care records of people supported by the service. Other records

reviewed included records relating to the management of the service such as policies and procedures, work schedules, complaints information and training records. We also examined six staff files.

Good

Is the service safe?

Our findings

People living in supported tenancies told us they felt safe and at ease with the staff. One person said "I know the staff well and they help me to keep safe. They look at all the things like gas and electricity and make sure the doors are locked so no strangers can get in. They have given me a book which tells me how to keep safe and what my rights are. Staff are great".

We saw that the service had a safeguarding lead who chaired a bi monthly safeguarding working group. Notes from this meeting were cascaded to relevant staff. Staff we spoke with knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm.

Care staff had received regular safeguarding training and were aware of their responsibilities and how to take appropriate action if they had any concerns. Information about who staff could contact was also available within the office. The service had systems in place to help protect people from potential harm and included a whistle blowing procedure for staff. Staff stated that they felt people were 'looked after well' and 'kept safe' and that they had no concerns about people's welfare.

Assessments had been completed which identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk. Risks had been assessed for home safety, mobility, accessing the community and eating and drinking. People's care plans included assessments of risks and how these could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives. Systems were in place to record and monitor incidents and accidents and these had been regularly monitored and reviewed by the registered manager and provider so as to ensure people's safety.

We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk. One person had risks associated with lighting cigarettes. A support worker told us "The risk is ensuring that cigarettes are not lit in the house when (name) is in here alone. We ensure that all methods of lighting cigarettes such as the toaster and oven are disabled during the night when the person has no waking night support" Another support worker told us about risks to a person when out in the community. They explained "I have to think of (name) health and safety. There are risks when taking (name) for a walk. A lot depends on their mood and so sometimes we go out later in the day; it's very dependent on mood". This demonstrated that risks were managed with the minimum of restrictions.

Regular checks had been completed to help ensure the supported tenancies had been well maintained and that people lived in a safe environment. Appropriate monitoring and maintenance of the premises and equipment had been on-going. The service ensured that staff had access to contact details and information on action to be taken in the case of a fire, flood and other incidents within the service.

The service had systems in place to monitor people's level of dependency and to identify the number of staff needed to provide people's care. They were aware that assessing staffing levels was an ongoing process and

provided examples of where extra staff had been recruited so people could have allocated one to one time.

During our inspection we noted that there were sufficient care staff available to meet people's individual needs.

People were supported by enough staff who had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults.

Staff rotas showed that staff were employed in sufficient numbers to meet all the assessed needs of the people who used the service.

A team leader told us "We always have the same staff; the rota is just for this house. To cover sickness and holidays we work with staff of a nearby tenancy and they also know the people living here well. Staff are really good, very supportive team, they are brilliant".

People had received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended medication training and received regular competency checks.

Good

Is the service effective?

Our findings

People were supported by staff that had completed induction and on-going training that enabled them to carry out their roles effectively. One person told us, "Staff know us all and know our needs".

Each person using the service was supported by a small team in which staff were matched to the person they supported through identified skills, experience and personality. Thorough induction processes were in place, which covered mandatory training as deemed appropriate by the provider and enabled staff to complete the Care Certificate or an equivalent. This is an industry recognised qualification and induction process into care. An induction would also be completed at the service to help new staff understand how the service worked and also gain information about the people who used the service and understand their care needs.

We saw that new staff were supported through positive mentoring and fortnightly supervision during the first six months of employment. We saw the induction programme for newly appointed team leaders which included supervisory skills, reflective skills, effective communication, management and leadership, leadership styles, team building and equality and diversity. Team leaders spoken with advised that the varied topics enabled them to develop their personal qualities and manage and improve services.

We saw general ongoing training had included health and safety, equality and diversity, medicine administration and safeguarding. Training had also been completed that was specific to individual people's changing care and support needs. This had included end of life and also dementia awareness training. Staff told us about training that had been carried out with the speech and language therapy (SALT) team and said it was really positive and made staff more confident". Staff confirmed they had received regular training and felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker. They had also been provided with specialist training relevant to the people they provided care and assistance to.

We saw that the use of training workbooks enabled staff to reflect on their practice and identify any further training needs. We noted that monthly training audits were in place to ensure all staff had up to date training in all mandatory areas.

Staff had received support through one to one sessions, meetings and appraisals. The senior management team completed regular audits to ensure staff received supervision in line with company policy. Staff confirmed they received regular support and felt that they could ask for support and advice at any time from the management team. They had opportunities for professional development. One support worker said "I'm working towards higher qualifications in care. They (organisation) have given me the confidence to do it and they recognised my experience".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the service was working within the principles of the act. Mental capacity assessments had been completed for people and DoLs applications had been submitted to the local authority. Best interest decisions had been made for people which included input from staff, families and other professionals.

Staff demonstrated an awareness of MCA and DoLS and confirmed they had received training. This had also been discussed at team meetings and showed that staff had up to date information about protecting people's rights and freedoms. People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support.

Capacity assessments and consent documentation was completed with people or their relatives during the initial assessment and on-going care reviews. Staff spoke confidently about how they involved the people they supported to make decisions. For example offering a limited number of choices to not overwhelm the person or visually showing people choices of what they would like to wear. Staff gained people's consent before carrying out any care support tasks such as obtaining consent before medication was administered.

People were supported by staff that understood their eating and drinking requirements. Where people were on SALT plans we saw that menu choices reflected the foods that were safe for them to eat. One person's care plan explained how they at times would not eat. It detailed the actions staff needed to take which included offering food supplement drinks and if it continued for more than two days to contact the dietician. Records confirmed that when the person didn't eat, the appropriate actions had been taken. People had their meals at the times they chose and were supported at a pace that was comfortable to them.

Records showed us that people had access to healthcare when it was needed. The registered manager and staff were committed to promoting people's health and wellbeing. Each person had a personalised health action plan which staff supported people to follow. This set out their specific health needs and provided guidance for staff about how to monitor and improve people's health. One person who used the service said "I was very fat and could not walk much so my support worker came with me to weight watchers and also came swimming with me. I lost some weight and got more healthy".

Good

Is the service caring?

Our findings

People told us the staff were caring. One said "The staff are very good, they are kind to me. They help me with everything". Another told us "(Name) is lovely. They care for me and never let me down". We observed staff and people relaxed with one another, sharing their time, smiling and being respectful of one another. Staff spoke positively and with warmth about the people they were supporting.

We spoke with staff who had good knowledge of people, their interests and people who were important to them. This meant that staff could interact with people in a meaningful way about issues and people that were important and of interest to them.

People's homes were personalised and contained evidence of their interests to include cuddly toys, music, pictures of special places and fabrics and furnishings of their choice.

People were supported by staff who had an understanding of how each person was able to communicate. They explained how one person goes and gets their coat if they want to go for a walk or shakes their cup if they would like a drink. They said another person takes their clothes off to show they would like to go to bed. One support worker told us "I'm taking (name) out soon for a drive as we can see by his actions that he is ready to go out".

We observed staff involving people in decisions. This included how a person wanted to spend their time and choosing what they would like to eat. Staff supported in an unhurried way at the persons' pace. Staff's knowledge of people enabled them to offer relevant choices and communicate effectively.

We saw records to show that people who needed an independent representative to speak on their behalf had access to an advocacy service.

People had their dignity respected. We observed interactions between staff and people that were respectful and maintained a persons' dignity. Some people needed staff to observe them most of the time. We saw staff achieving this in the least restrictive way respecting people's rights to having freedom and independence around their home. One person only wanted to be supported by females and this had been respected.

People were supported and encouraged to be as independent as they were able. Staff explained that some people had specialist equipment to help them manage their drinks and meals independently. A support worker said "(Name) has meals cut into small pieces. It's important to help (name) with independence. He has a special beaker to support his independence when having a drink".

Good

Is the service responsive?

Our findings

People experienced care that was responsive to their needs. Assessments had been completed and this information had been used to form their care and support plans.

Staff told us that when a referral was made for a person to be supported by the service staff worked alongside local authority health and social care workers to establish what support was required. They said that the referral was then passed to a pathway coordinator who carried out the initial assessment of need. We saw records of initial assessments and noted that they were totally person centred and detailed exactly what the person wanted. Staff told us that people were regarded positively, valued, respected and treated with affection.

The assessment details were transferred to a plan of care and identified a step by step plan of how a person needed staff to support them.

The assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required. Systems were in place to encourage people to be involved in the care planning process where possible. The care plans we reviewed were very in-depth and contained a variety of information about each individual person, including their physical, psychological, social and emotional needs. Any care needs due to the person's diversity had also been recorded and when speaking with staff it was evident that they had all the necessary information to ensure they could be responsive to people's needs.

We received information from health and social care professionals about their concerns in respect of people who had been provided with support but had been given a short period of notice from Alternative Futures to advise they were terminating their contract. We discussed this with the registered manager who advised that an ongoing assessment of each person identified if the placement was appropriate not only for the individual but for the other people within the placement setting. They told us that if a placement was inappropriate then notice would be given. Staff told us that they put people at the heart of everything they do and provide flexible, personalised, unique support to enable people to live comfortable, fulfilled lives as part of their community. They said that when this does not happen and people's needs could not be met they were quickly referred to other specialist services such as hospitals or treatment and recovery centres who could fully meet their needs. We saw records to show that actions taken to cease service provision had been carefully considered in the best interests of all the people who used the service.

We found care staff assisted people with their care and were observed being responsive to people's needs. It was clear that the staff were there to ensure people were well cared for and their quality of life improved.

Each person had a key worker and staff knew how each person wanted their care to be provided. People were seen being treated as individuals and received care relevant to their needs.

Details of how people spent their time was linked to their interests and included activities both at home and

in the community. Staff told us "(Name) tells me when they want to do something like going to town or a trip to the theatre. (Name) does respond well to targeted places linked to things they enjoy". A support worker told us "(Name) loves going out for a curry, gambling and the car boot sales". Other activities people had been involved in included swimming, trips out for coffee or lunch, attending sports events, having holidays abroad and spending time with family.

People were not always able to express verbally things they would like to do. A support worker told us "We get new ideas sometimes by a person's reaction to things on the TV. Their reaction, body language, you know if it's something they would like or not". One person really enjoyed busy places and people watching and staff had organised visits to a local activity park. The registered manager told us about a person who had been unable to leave their home and didn't enjoy over stimulating environments. A support worker had been taking them on walks and for meals which had a most positive outcome for this person.

We read positive feedback in the daily notes about lots of stimulating activity that had taken place through staff carefully listening and observing peoples reaction to discussions, television and general conversation as to what they aspired to do.

We observed integrated pathway co-ordinators engaging with support staff and service users and noted they enjoyed a good rapport. It was also evident that they had excellent knowledge of people's support needs and of the manner in which this support was to be carried out.

People had communication passports that went with them if they had hospital appointments or were going to be supported by another service. A support worker said "It's really needed with (name). It explains that he doesn't like to be rushed or being told when to go to bed".

Daily records were completed that detailed how people had been supported and spent their time. They included information about a person's physical, emotional and social support and reflected information we read in people's care records.

Care and support plans were reviewed regularly. A support worker told us "We had a staff meeting yesterday and there were risk assessments that needed changing. (Name) had changes in their mobility and the occupational therapist supported with the care plan". We spoke with a speech and language therapist who told us "(Name) is reviewed on a regular basis and the staff encourage her to participate in our meetings". Another example showed strategies relating to specific behaviours had been assessed regularly during a period of increased anxiety. This demonstrated that people's changing care and support needs were identified and actioned.

The service had systems in place for people to use if they had a concern or were not happy with the service provided to them. People had been provided with information on how to make a complaint and this was also available within the service in a format suitable for them. The service had set forms to record details of the any complaints they received and this included how these were investigated and also the outcome. A complaints log was in place so management could identify any trends or reoccurring issues and complaints had been monitored as part of the monthly audit. Management were seen to be approachable and they listened to people's experiences, concerns or complaints.

Care staff stated that they felt able to raise any concerns they had. People who used the service said they would be able to speak with staff or the management if they had any concerns and one added, "When we have reported things they have always dealt with them."

Good

Is the service well-led?

Our findings

Staff spoke positively about the service, the teams they were part of and understood their roles and responsibilities. One support worker described their manager as "Approachable and lovely". Staff told us they felt listened to and able to share ideas or concerns with the management team. One support worker told us "I asked if I could continue to work with (name) as I had been working with him in other settings and I felt my background gave me the skills to support them. I had feedback from management to tell me they felt it would be really helpful to have my expertise and understanding and it's happened". This demonstrated that staff felt empowered in their roles.

Alternative Futures had a clear company vision statement "A world where people control their lives; to support people to live as well as they possibly can". The registered manager told us that this means that the service actively encourage co-production – working with others to create and provide the best possible support. The vision, culture statement and values model of the service underpinned the open management style. We saw that individuals' specific roles, objectives and development were tracked, monitored and supported in supervisions and annual performance reviews. Staff told us that they were proud to work for the service as 'it provided loving caring and supportive services' and they also told us that there was a positive culture where people using the service remained at the heart of everything they did.

The service had a registered manager in post. There were clear lines of accountability and the registered manager had access to regular support from the organisation's senior management team when needed and was aware of their responsibilities.

Staff described communication as effective. A support worker told us that "Communication is good and we have regular staff meetings with house teams". They said that their team leaders cascaded all need to know information on a daily basis and there was always somebody around to give support and advice when needed.

Staff told us they felt appreciated and valued.

We were told by health and social care staff that the service had restructured and as a consequence they felt that a management tier had been removed. They said that this had necessitated that one team leader would hold management responsibility for more than one tenancy. They said that they felt this had impacted upon the leadership of some of the supported tenancies as they were staffed in general by support workers none of whom had management responsibility. We spoke with support staff and team leaders regarding this expression of concern however they were generally happy with the current arrangement. Comments included "We all know what we are doing and there are always enough staff to provide the necessary support", "We are trained to understand our role and how to provide support. If any management decision is required we can always contact someone" and "Yes sometimes the team leader's role is tough. We have to move between properties but in general we can be contacted if the need arises. The change has impacted somewhat on our general observational practices as we move around. It also puts pressure on supervision time but overall we can manage".

The registered manager told us and staff rotas showed that sufficient staff were employed at each supported tenancy to provided appropriate services and had clear access to a line management structure.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Audits had been completed by the management team and had been effective in providing data about practice. Audits had included health and safety, care and welfare and staffing. Audit findings were discussed both with staff working in people's homes and at the weekly operational meeting. In addition a daily risk management report had been produced from information inputted from each service onto the electronic care and support data base. This included the oversight of any accidents or incidents. The information was provided to us to demonstrate that when issues were identified actions had been taken in a timely and appropriate way.

A quality assurance survey had been completed annually and captured the views of people's families, professionals and staff.

Staff were complimentary about the management team. They said that they had received supervision and attended regular staff meetings. They told us that they felt listened to and that ideas and suggestions discussed at team meetings were listened to and acted upon. Staff felt they were kept up to date with information about the service and the people who lived there. Staff felt there was a good team spirit and that everyone worked together and was valued. This meant that people benefitted from a consistent staff team that worked well together to deliver good care.

Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people using the service benefitted from a cohesive staff team, who worked together to deliver good care. The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

Governance meetings took place bi- weekly with actions recorded and disseminated to staff. The registered manager told us that the purpose of these meetings were to develop and report on the overall performance of the region including consideration of regional business and action plans. They were also to escalate any significant performance management issue requiring the organisation's attention and to develop the regional risk register and report on amendments.

We saw a performance management reporting model was in place together with a 'safety thermometer scorecard' which identified monthly reporting of safe, effective, caring, responsive and well led services. We saw that action plans were drawn up to identify any areas in need of improvement. This ensured that services were monitored and reviewed to ensure compliance.

Alternative Futures had a detailed business plan which described the provider's aims and objectives with distinct pro-active plans being implemented in respect of responsibilities and action dates. This ensured the provider focused on continuous improvement for people by regular assessment and monitoring of the quality of the staff and services provided.

The registered manager told us and we were able to confirm that she had contributed towards the Skills for Care in developing a guide to support workforce planning processes and plans for adult social care support services. This guide showed employers and workers how they are integral to realising the vision of high quality, personalised and safe adult social care services in the local area, working in partnership with workforce commissioners.