

Alternative Futures Group Limited

West Lancashire Branch

Office

Inspection report

Suite 11
Northlight Parade, Brierfield
Nelson
BB9 5EG

Website: afgroup.org.uk

Date of inspection visit:
20 January 2023
24 January 2023
25 January 2023

Date of publication:
13 February 2023

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

West Lancashire 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 lived in their own homes across west Lancashire.

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 96 people were using the service, of which 57 people were receiving support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported in a kind, sensitive and respectful way. People were involved in discussions about their support and were given information in a way they understood. Staff supported people to take part in activities and pursue their interests in the local area. Care and support had been developed around individual assessed needs. Staff worked in a way which promoted people's independence. People were supported to access healthcare services and staff liaised closely with other health and social care professionals. People received their medicines, however, we found some shortfalls in the records and made a recommendation about the management of medicines.

There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Staff were recruited safely, and relevant checks had been carried out. People were supported by staff who had been trained and were appropriately supervised. People's needs were assessed prior to the receipt of service.

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 practice.

Right Care

People were positive about the care and support they received. People were treated with dignity and respect, and their independence was encouraged. Staff understood how to protect people from poor care

and abuse. People had personalised care plans which considered their needs and preferences. Staff promoted equality and diversity in their support for people. Staff knew people well and communicated effectively with people to ensure they felt understood and valued.

Right Culture

The registered manager and staff promoted a person-centred culture which was focused on meeting people's individual needs. The registered manager was committed to the continuous improvement of the service. The registered manager and staff sought feedback and worked in partnership with others including health and social care professionals to ensure people received the support they needed. Staff had access to a wide range of relevant training which was refreshed at regular intervals. The provider had established effective systems to monitor the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service.

Recommendations

We made a recommendation about the management of medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

West Lancashire 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 28 'supported living' settings, so that they can live as independently as possible. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection to enable the registered manager to seek consent from people using the service, their relatives and staff, so we could contact or visit them as part of the inspection.

Inspection activity started on 20 January 2023 and ended on 25 January 2023. We visited the office location on 25 January 2023.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

With their consent, we visited 8 people living in their own homes. We also spoke with 5 team leaders and 5 members of staff. At the office, we spoke with the registered manager, an area manager and the head of operations. In addition, we spoke with 6 relatives by telephone.

We reviewed a range of records. This included 6 people's support plans and associated records as well as 4 people's medication records. We looked at 2 staff files in relation to recruitment. In addition, we looked at records relating to the management of the service including policies and procedures and staff training as well as audits and quality checks.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had developed appropriate policies and procedures for the safe management of medicines. People were satisfied with the support they received with their medicines. One person told us, "They keep my medication safely locked away and they're always happy to answer any queries."
- Staff were trained to administer medicines and checks were carried out on their practice.
- We noted some shortfalls in the medicines records, which included discrepancies between the medicines administration charts and the prescription labels and the application of creams.

We recommend the provider considers current guidance to strengthen the systems and processes used to manage medicines.

- Immediate arrangements were made during the inspection, to address the shortfalls. Following the inspection, the registered manager sent us an improvement plan which included actions to improve the management of medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse or avoidable harm. One person told us, "I feel very safe, knowing the staff are always there for me" and another person commented, "The staff are really kind and look after me well." Relatives had no concerns about the safety of their family member.
- Staff had received training in safeguarding vulnerable adults and understood their responsibility to report any concerns.
- The provider used computer-based systems to record any safeguarding concerns, accidents and incidents. The data was continually monitored and reviewed every 3 months to identify any patterns or trends. The provider also produced an annual safeguarding report which set out an analysis of information across all locations.
- Various methods had been established to ensure any lessons learned from observations of people's care, incidents, complaints, audits and people's feedback were communicated to the staff team.

Assessing risk, safety monitoring and management

- Risks associated with people's support had been identified, assessed and managed.
- Each person's support plan included a series of individual risk assessments, which had considered risks associated with their environment, accessing the community, their care and support, medicines and any other factors. However, risk management strategies had not always been developed. The registered manager addressed this issue following the inspection and sent us an improvement plan, as well as copies

of the reviewed and updated documents.

- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.
- The provider had established arrangements to ensure equipment was regularly serviced and appropriately maintained. There was a health and safety file in all settings and team leaders carried out regular health and safety and environmental audits.

Staffing and recruitment

- A sufficient number of staff were deployed to meet people's needs in a person-centred way. People usually received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- During the inspection, we saw staff were not rushed and responded promptly and sensitively to people's needs. Staff told us they had time to spend with people and were able to support them individually. One person told us, "The staff always time to talk and be with me."
- The provider followed safe recruitment procedures to make sure staff were suitable to work in a care setting. This included all the relevant regulatory checks.

Preventing and controlling infection

- The provider had developed systems to help prevent and control the spread of infection.
- Staff received training in infection control and the safe use of personal protective equipment (PPE), to reduce the risk of infections. We observed staff were using PPE safely. There were plentiful supplies in all settings visited.
- Where staff had responsibility for maintaining a clean environment, the level of cleanliness was satisfactory.

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

- The provider ensured people's needs were appropriately assessed, before using the service. The assessments helped to ensure effective care could be planned and delivered.
- People were supported and encouraged to visit their potential new home for a series of short visits. This ensured people were able to sample life in the household before making the decision to move in.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support. A person using the service told us, "The staff always ask me what I want, to see if I agree before they do anything."
- People's capacity to make decisions was considered as part of the assessment process and people had a decision-making profile within their support plan documentation.
- The best interest decision making process was followed where necessary, and appropriate documentation had been completed. However, we noted there was a lack of clarity around the covert administration of one person's medicines. The registered manager addressed this issue following the inspection and sent us further clarification on this after the inspection.
- The staff had contacted social services, where necessary to seek an application for a deprivation of liberty

authorisation through the court of protection. Staff had access to appropriate documentation and supporting information where people had been deprived of their liberty.

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

- People were supported with their healthcare needs and staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service. One professional commenting on their involvement with the service said, "Working with staff has been an enjoyable experience and a great example of different agencies working in a collaborative manner for the benefit of service users."
- People using the service and their relatives praised the staff team for their support with healthcare needs. One person said, "I've been really poorly recently, and the staff have been brilliant. They have supported me all the way" and a relative commented, "The staff go above and beyond. They are strong advocates and really fight for people to make sure they get the proper healthcare."
- All people had a health action plan, which detailed past and current healthcare needs. People also had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medicines, care and communication needs.
- We noted information in some people's hospital passports was brief and lacked person centred details. Following the inspection, the registered manager confirmed people's health documentation had been reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives told us the staff were competent and well trained. One relative said, "The staff are very good. They keep up to date with the latest training" and a person using the service commented, "The staff are all good. They really understand what I want and need."
- New and existing staff completed the provider's ongoing mandatory training as well as specialist training in line with people's needs. The provider had established systems to monitor staff training to ensure all staff completed their training in a timely manner.
- Staff new to a care setting, completed the full care certificate. This is a nationally recognised qualification for health and social care staff and includes an assessment of their competencies when carrying out their role.
- Staff were provided with regular support by means of one to one and group meetings. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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

- People were supported to eat and drink in line with their dietary requirements.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- Staff had developed links with speech and language therapists (SALT) and any advice was documented in people's support plans. People with plans developed by the SALT team had four week menu planners to ensure their meals were prepared and served in a safe way.
- Staff discussed healthy eating with people and considered this as part of the menu planning and preparation of meals.

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

- People's rights were promoted, and person-centred care was delivered.
- People and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff are very kind, understanding and helpful" and a relative said, "We're more than 100% happy with [family member's] care and the staff team."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- We observed staff interacted with people in a warm and friendly manner and people were comfortable in the presence of staff who were supporting them.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

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

- People were supported to express their views and were consulted in individual and meaningful ways. Wherever possible people were involved in decisions about their care.
- The staff understood people's individual likes and dislikes and accommodated these when delivering their care. Staff were committed to ensuring the best possible outcomes were achieved.
- In circumstances where people were unable to express their views, decisions were made in their best interest by others who knew them well.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Staff had access to policies and procedures as well as training about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting. One person told us, "The staff are there if I need them, they never take over."
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

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

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. A person said, "I can't praise them enough. They support me all they can."
- We saw each person's individual file contained information around their care and support to guide staff in how best to meet their needs. The information included; support plans and risk assessments covering their daily living needs including health, social and emotional well-being. Staff had also developed one-page profiles, which provided details about what was important to each person and how they liked to be supported.
- Staff reviewed people's support plans and risk assessments once a year as a minimum and more frequently if people's needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded in their care plans. Information was available in a variety of formats and in a way people could understand. One person told us, "I can have access to my plans anytime and if I don't understand the staff will read everything for me."
- Information about people's communication needs was available for other services such as, hospital staff and emergency services should this be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints or concerns. They said they would speak to staff if they had a concern or wished to raise a complaint. A person told us, "If I had a problem, I know the staff would do their best to sort it out straight away."
- We saw the provider maintained a central log of complaints, which included a description of the complaint, action taken and the outcome. The complaints procedure included a right to appeal if people were not satisfied with the outcome.

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

- People were supported to develop relationships and take part in meaningful activities in line with their interests and preferences.
- People told us they participated in a broad range of activities both at home and in the local community. Some people had paid or voluntary work. People had an activity planner to help structure their time.
- People's positive experiences and achievements were recognised and celebrated as 'Butterfly Moments'. After gaining consent, photographs were shared of people's special moments on an internal communication network.

End of life care and support

- In circumstances where people required end of life care, the staff worked closely with the person and their family as well as health and social care professionals to ensure the comfort and dignity of the person.
- People were offered the opportunity to discuss their end of life wishes and develop a funeral plan, if they wished to.

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; Continuous learning and improving care

- The service was well managed. The registered manager and staff had a clear understanding of their roles and contributions to service delivery. We found staff morale was good and they told us they felt valued and supported.
- The provider had established effective systems to monitor the quality of the service. The provider and the management team carried out a series of audits and monitored the standards and quality of the service. Improvement plans were developed to address any shortfalls.
- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff were knowledgeable about key policies.
- The provider made use of various communication systems with staff, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns and confirmed the management team were open to feedback.
- Following the inspection, the registered manager sent us an improvement plan which addressed the issues discussed during our visit to the service, including their planned actions to improve the management of medicines.

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

- The registered manager understood their responsibilities under the duty of candour to be open and transparent about incidents. They told us that where necessary an apology would be made.
- The management team had notified CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.

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

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to.
- Staff spoken with demonstrated their understanding of the values of the service and that people should

be at the centre of their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff involved and engaged people in the service and considered their equality characteristics.
- People, their relatives and staff were invited to give feedback on the service and had the opportunity to attend meetings and other events as well as complete a satisfaction questionnaire. The last satisfaction survey was carried out in March 2022.
- The provider and management team fostered and encouraged working in partnership with other professionals and agencies. This included consultation with health and social care professionals to meet people's needs.