

Alternative Futures Group Limited

Lancaster Branch Office

Inspection report

Engineering House
Lune Industrial Estate
Lancaster
Lancashire
LA1 5QP

Tel: 01524 597160

Website: www.alternativefuturesgroup.org.uk

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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



Overall summary

This inspection visit took place on 21st and 22nd April 2015 and was announced.

This is the services first inspection since it registered with the Care Quality Commission (CQC) in December 2013.

Alternative Futures Group (Lancaster Branch Office) support people with complex needs which include learning, physical and sensory disabilities, mental health needs and dementia. The service aims to equip people with the essential skills needed to stay living independently in their home of choice for as long as

possible and lead a full and active life. Support is provided in a variety of settings, including: individual homes or flats, shared housing/accommodation, extra care schemes and individual outreach/floating support services. The support can be for just a few hours each week or 24 hours a day. The service is based on Lune Industrial Estate and was providing support to 159 people in supported living accommodation across Lancashire.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

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.

We visited three houses where people were being supported by the service. We saw staff had a good relationship with the people in their care. People told us they were happy and liked the staff who supported them.

The provider had robust systems in place to protect people from harm and this was evidenced by a recent safeguarding referral to the local authority and police concerning an unexpected death. We saw evidence that they had taken immediate action to ensure that all staff adhered to agreed care plans. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

We found recruitment procedures were safe with all appropriate checks undertaken before new staff

members could commence their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, 'house meetings' and care reviews. We found people were very satisfied with the service they were receiving. The registered manager and staff were clear about their roles and responsibilities and were committed to providing a high standard of care and support to people in their care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Lancaster 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 checked 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 visit took place on 21st and 22nd April 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service supporting younger adults in supported living accommodation. The people the service support are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 21st and 22nd April 2015 we reviewed the information we held on the service. This included notifications we had received from the provider,

about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we went to the Lancaster Branch Office and spoke with a range of people about the service. They included the registered manager and ten staff members. We also visited three houses where people were being supported by the service and spoke with seven people. Although most of the people had limited communication they were able to tell us they were happy and felt safe. One person was able to give us feedback about their experience of the service and the support they were receiving. We observed how people interacted with the staff who supported them during our visits to their homes

We looked at the care records of seven people, training and recruitment records of two staff members, the duty rota for three supported living houses, training matrix, records relating to the management of the service and the medication records of seven people. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

Most people supported by the service had limited verbal communication. However they were able to tell us they were happy, safe and liked the staff. Observations made during our visits to people's homes showed they were comfortable in the company of the staff supporting them. People who were able to talk with us told us they felt safe. One person said, "The staff who support me are absolutely fantastic. I feel really safe."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us the service had a whistleblowing procedure and they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

Records seen confirmed the registered manager had responded appropriately to safeguarding concerns raised about staff working for the service. This included making a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we received information about the service when we should have done.

The service had arrangements in place to help protect people from the risk of financial abuse. Staff supported people who used the service with their shopping and recreational activities. Records were completed of all financial transactions which were signed by the person using the service and the staff member. The records we looked at were up to date and well maintained.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, observed care practices at the three houses we visited and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. Staffing levels were determined by the number of people being supported at each house. We found in the houses we visited people were being supported on a one to one basis

to undertake activities agreed within their weekly planner/ timetable during the day. The people we spoke with said they were happy with the staff support the service provided. One person said, "I am happy with the staff who support me."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified the action taken by the service had been recorded. For example on one persons care plan staff had been asked to assess the risk level before undertaking an activity identified in the persons weekly planner/timetable. The assessment informed staff they should provide an alternative activity if they were unable to complete the activity safely.

The service had procedures in place to record accidents and incidents. We saw there was an audit trail in place logging the number and type of incidents, how these had been managed and any action taken by the service. The system used by the service had identified whether the incidents were safeguarding, CQC or Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (Riddor) reportable. We saw incidents logged were only closed once the registered manager was satisfied that all appropriate actions had been completed.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks are required to identify if people have a criminal record and are safe to work with vulnerable people. The application form completed by new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions. We noted both applicants had been sent a letter of appointment offering them a position at the home subject to successful clearances. These checks were required to ensure new staff were suitable for the role for which they had been employed.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA). The MCA provides legal

Is the service safe?

safeguards for people who may be unable to make decisions about their care. The care plans we looked at had determining capacity assessments in place for people identified as requiring assistance with their medicines. We saw best interest meetings had been held following the assessment and these were clearly recorded. This meant people's rights were safely protected. We saw medication support plans were in place which had identified and agreed the level of support people required.

We looked at how medicines were handled and found arrangements for their recording, handling and safe administration. Records we checked were complete and accurate. We saw arrangements for the safe storage of medicines. We spoke to staff members who were

designated to administer and record medication. They told us they had received medication training during their induction to the service and this was renewed every two years. Discussion with the registered manager and staff members confirmed only staff trained and assessed as competent were able to handle and administer medicines within the service. Having trained staff helped to protect people from the risk of being given their medicines incorrectly.

We spoke with people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns. One person told us, "They look after my tablets for me."

Is the service effective?

Our findings

We found people were supported by staff who had the knowledge and skills required to meet their needs. One person supported by the service said, “I think the staff are well trained.”

We spoke with staff members, looked at individual training records and the homes training matrix. The staff told us the training they received was provided at a good level. One staff member said, “On appointment to the service I undertook a five day induction training programme at the services Lancaster office. The training was excellent. I then completed shadow training in my workplace and my competency was assessed before I was allowed to work unsupervised.”

Records seen confirmed staff training covered a range subjects including safeguarding, MCA/DoLs, moving and handling, autism and understanding learning disabilities. All staff employed by the service had received medication training and had been assessed to ensure they were competent before they could support people with their medicines. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills and help provide a better service for people they supported. Most had achieved or were working towards national care qualifications.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA). Discussion with the registered manager informed us she was aware of the ‘process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood the procedures that needed to be followed if people’s liberty needed to be restricted for their safety. Whilst undertaking our visits to people’s houses we did not see any restrictive practices.

Staff received regular supervision and annual appraisal. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their

development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern. One staff member said, “I find the service is very supportive. During my appraisal we discuss my personal development, objectives set and the achievement of targets. It’s good to know your employers support you and provide feedback about your performance.”

Care plans seen confirmed people’s dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. One person we spoke with said, “The staff support me with my shopping but I decide what food I want for the week. I tell them each day what I want to eat and they make it for me.”

People with special dietary needs had their requirements recorded. For example one person had been assessed by a speech and language therapist (SALT) as requiring a soft diet because they experienced swallowing problems. We saw staff were documenting the meals provided confirming the persons dietary needs were being met. Staff spoken with during our visit confirmed they had received training in food safety and were aware of safe food handling practices.

People’s care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person’s health. We saw that where staff had more immediate concerns about a person’s health they accessed healthcare services to support the person and support their healthcare needs. For example one person had been supported to attend hospital after complaining of pain to their right ankle and being unable to weight bear. The person had behaviour that challenged and refused to cooperate with hospital staff. The service arranged for the person to receive a visit from their (GP) the following day and a diagnosis was made and treatment arranged.

Is the service caring?

Our findings

During the inspection we spoke with people who were able to discuss their care with us. They told us they were treated with kindness and the staff were caring towards them. One person said, "The staff who support me are fantastic. They are a really caring group who cannot do enough for me." Where people were unable to speak with us about their care we observed how they interacted with staff and responded to the care they received.

The service had a strong, visible person centred culture which helped people to express their views. We saw the service listened to the people they supported and encouraged them to be in charge of their own lives. This included ensuring people had a plan of care that was important to them. People were supported to take part in their preferred hobbies, maintain and make new relationships and pursue employment and educational opportunities. One person told us they had recently found employment with the service having completed a period of voluntary work. The person said, "I am really happy to be working."

We saw staff took into account people's needs especially their communication needs. Most of the people we visited had limited verbal communication. However, we were able to observe during the visits that they were cared for and they responded to the staff supporting them. For example we saw people could communicate their wishes with staff members through facial expressions and body language. We saw these were understood and responded to. We

observed the staff team provided sensitive and flexible personal care support. The staff were kind and patient and showed an understanding of the needs of the people in their care.

Staff had an appreciation of people's individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect.

People supported by the service were issued with an easy read booklet explaining they will make a plan with them detailing the best way to support them. The service informed people the plan will be regularly reviewed to make sure the service is supporting them in the best way. The registered manager told us the service supported people to be involved in making decisions about their life through their person centred plan. We saw evidence of how people had been supported in their care plans. The person centred plans we looked at had documented that people had attended their reviews and had been supported with the decision making process.

The registered manager informed us where the service had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. We were told people who find it hard to make choices for themselves were supported to keep them safe, healthy and well cared for. Records seen confirmed the service had followed appropriate procedures where people had required support with decision making.

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and person centred care plans were developed outlining how these needs were to be met. We noted people's care plans were kept under review and updated to reflect their current needs. The staff we spoke with told us the care plans were detailed, easy to follow and ensured people received the appropriate level of support to meet their needs.

People were provided with easy read information about what they could expect from the service. Information for example included details about how the service supported people to live in their local community, look after their money, look after their home, keep themselves healthy and keeping appointments. People were also informed the service would support them with their medication.

We found people were able to express their needs and wishes and make decisions about their daily lives. From our observations staff interacted well with people. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff spoken with were aware of how people were to be supported in meeting their individual needs.

Staff were knowledgeable about the people they supported. The care plan of one person had identified three different routines for the person dependent on their mood. The care plan had recorded information about the potential behaviour of the person which would require the staff to respond with an alternative activity for the day. One member of staff told us they understood the triggers for changes in the persons behaviour and the plan referred them to step by step guidance on how to respond. The staff member told us the guidance worked well.

Each person had an individualised and varied programme of activities according to their needs and preferences.

People were supported to engage in activities throughout the day. The weekly programme for one person included cycling, swimming, visiting family, lunch at a local public house, shopping and having a drive out in their car. The planner had identified how many staff were required to support the activity and whether following a risk assessment the activity could be undertaken safely. This demonstrated the service was responsive to supporting each person on their chosen daily routines safely.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

The registered manager kept a comprehensive log of all complaints made about the service. We saw information received was identified as either a complaint or concern. The method of receipt had been documented along with the name of the service, date the complaint was received and a description of the concerns being made. The complaint was then risk rated as either high, medium or low. During the last twelve months there had been two complaints received and responded to. One complaint had been closed and had a summary of the outcome. We saw the service had met with the complainants to discuss and resolve their concerns. Both complaints had been taken seriously and been addressed in line with the services complaints policy.

People we spoke with said they were happy and had no complaints about the service. One person said, "The service is the best thing that has happened to me. They support me to live independently and help me with my finances. I trust them completely and have no complaints."

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. The registered manager had ensured (CQC) were notified of any incidents or issues relating to the service in a timely manner. This meant that we received all the information about the service that we should have done.

Comments received from staff and people being supported were positive about the registered managers leadership. One member of staff said, “The manager is approachable, very fair and understanding.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to members of her management team including area managers and team leaders. These included holding meetings with the staff they were responsible for and undertaking supervision sessions and annual appraisals. For example we spoke with a team leader who supervised and held meetings with staff and tenants. Records were available confirming these had taken place and what had been discussed. The staff we spoke with told us they were well supported by the service. Records of tenants meetings confirmed people had been consulted about the service provided for them and they were involved in decision making about their care.

We also saw records confirming area managers quality network meetings had been held monthly. Issues discussed during the most recent meeting included analysis of significant events including performance management, MCA training and staffing and employee opinion results. This was following an employee engagement survey undertaken in 2014 in which the service had received a positive response from staff employed. We saw the staff said they knew what was expected of them and felt the service provided high standards.

The service had an action plan on how to provide support that was focussed on the person. The action plan had areas for development, outcome, first step, date to be achieved and progress. One area identified for development included involving people the service supported in quality checking. The service was in the process of communicating with people they supported and family members to find out how they would like to be involved in quality checking.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits were being completed by the registered manager. These included medication, safeguarding incidents, finance, record keeping, staff supervision arrangements, infection control, reviewing care plan records and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.