

# Alternative Futures Group Limited East Lancashire Branch Office

## Inspection report

Suite 12  
Northlight Parade, Brierfield  
Nelson  
BB9 5EG

Website: [afgroup.org.uk](http://afgroup.org.uk)

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16 June 2021

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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

### About the service

East 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 East 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 139 people were using the service, of which 108 people were receiving support with personal care.

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

People told us staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

Whilst people received their medicines safely, we have made a recommendation about the introduction of a more robust recording system for recording the use of thickening powder. People were supported to eat and drink in accordance with their support plan. Following a specific incident, the provider had carried out a comprehensive review of policies, protocols, staff training and practices in relation to the risk of choking.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt supported by the management team.

Care was personalised and adapted flexibly in response to changing needs and preferences. Staff supported people to live full lives and achieve outcomes in a planned way. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff spoke with people in a friendly manner and people's support plans reflected their likes and dislikes. Our observations during the inspection, were of positive and warm interactions between staff and people.

Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported and encouraged to participate in a range of activities and had the opportunity to join groups and attend meetings. People and their relatives had access to a clear complaints procedure.

The management team monitored the quality of the service provided to help ensure people received safe and effective care. This included seeking and responding to feedback from people in relation to the standard of care. The management team and staff made regular checks on all aspects of care provision and actions were taken to continuously improve people's experience of care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People had individual tenancies in their own home or small home with a few others. This model of care maximised people's choice, control and independence. Care and support had been developed around individual assessed needs. Staff worked in a way which promoted people's independence.

Right care

- Care was person-centred and promoted people's dignity, privacy and human rights. People confirmed their privacy and dignity was respected. Support plans were person centred and ensured the person was involved in the development and review of their plan as far as possible. Training and support for staff ensured human rights was at the heart of the delivery of care and support.

Right culture:

- Ethos, values, attitudes and behaviours of the manager and staff ensured people using services lead confident, inclusive and empowered lives. People's diverse needs were assessed, supported and respected. People were supported to make choices and live the life they chose.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 11/10/2019, the provider registered a new office location on 13/05/2021. This is the first inspection.

Why we inspected

This was a planned inspection. Prior to the inspection, the provider alerted us to a specific incident following which a person using the service died. We are currently conducting enquiries into the incident. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of choking risks. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# East 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team included four inspectors, one medicines inspector and medicines team support officer and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 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.

The service had a manager registered with the Care Quality Commission. 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. However, the registered manager had recently left the service and was due to apply to cancel their registration. Another registered manager employed by the provider for a neighbouring location had taken over daily management oversight of the service and intended to apply for registration.

### Notice of inspection

We gave a short period notice of the inspection to enable the 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 14 June 2021 and ended on 16 June 2021. We visited the office location on 14 and 15 June 2021.

### 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. join up to last paragraph We used all of this information to plan our inspection.

### During the inspection

One inspector, a medicines inspector and a medicines team support officer visited a total of 20 people living in their own homes. We also spoke with seven team leaders and nine members of staff. At the office we spoke with the manager, an area manager and the head of quality and compliance.

Three inspectors spoke with 11 staff and one relative and two experts by experience spoke with 18 relatives over the telephone.

We reviewed a range of records. This included five people's support plans and care records as well as ten people's medication records, we also checked medicine storage arrangements. We looked at two staff files in relation to recruitment. In addition, we looked at a wide range of records relating to the management of the service including policies and procedures, significant incidents and associated learning, staff training as well as audits and quality reviews.

### After the inspection

We continued to seek clarification from the provider to validate the evidence found.

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

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

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from harm and discrimination. This included access to appropriate training and policies and procedures.
- People told us they felt safe and were happy with the care and support they received. One person told us, "The staff are all lovely and I think they are brilliant" and another person commented, "All the staff are understanding and very good."
- One person using the service and one relative raised concerns during the inspection. We discussed the issues with the manager and raised alerts with the local authority under safeguarding adults' procedures. The manager was aware of the concerns and was liaising with social services.
- The management team used computer-based systems to record and check all necessary actions had been taken following a safeguarding concern, such as communicating with key staff, organisations and family members. The record also included information about accidents and incidents. The data was continually monitored, and any immediate learning was promptly disseminated to the staff team. A safeguarding group analysed the information every three months to check for any patterns or trends and the provider produced an annual safeguarding report.

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been assessed. Each person's support plan included a series of personalised risk assessments, which had considered risks associated with all aspects of their care and well-being. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence.
- Where necessary people had positive behaviour plans to reduce risks to themselves and others. These were detailed and provided staff with guidance on possible triggers which might indicate increased risk, such as anxiety. A risk assessment was carried out during the inspection to assess the risks associated with management of relationships at one property.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in the event of adverse circumstances. We also saw the staff had developed personal emergency evacuation plans for each person, which included information on the support people would need in the event of a fire.
- The provider had established arrangements to ensure equipment was regularly serviced and appropriately maintained. The manager explained there was a health and safety file in all settings and team leaders carried out health and safety and environmental audits.

Staffing and recruitment

- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- The provider deployed staff based on the number of commissioned hours and people's needs and circumstances. During the inspection, we saw staff were not rushed and responded promptly and compassionately to people's requests for support. Staff told us they had sufficient time to spend with people and were able to support people individually, where appropriate, to access community activities.
- People told us they 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. One staff member confirmed this approach, they commented, "We have a good team, who have all worked there forever. This is a good way of running the service." In the event of staff shortages, emphasis had been placed on employing agency staff who were known to people using the service.

#### Using medicines safely

- People received their medicines and creams when they should. Medicines were stored securely and checks showed that medicines were administered and recorded correctly. Staff were advised to include the date of opening on medicines where the expiry is reduced after opening.
- Detailed individualised assessments were seen, explaining how each person's medicines were managed and their needs met. There was evidence of regular health and medicine reviews by expert professionals in people's support plans.
- There were clear person-centred plans in place to guide staff to give 'when required' medicines. When people could not say if they were in pain, documentation gave staff indicators on how they displayed pain so medicines could be administered. However, topical creams and ointments did not have clear instructions where to apply, though all staff we spoke with, knew the people well and where to apply creams.
- Staff who administered medicines had been trained to provide additional medical support should it be required. Medicines administration systems were robust, well organised and regularly reviewed.
- When a person required thickener powder to reduce the risk of choking and aspiration, professional assessments had been made and people received what they needed. However, staff did not always record when this happened.

We recommend the provider introduces a more robust system for recording the use of thickener powder.

#### Preventing and controlling infection

- The provider had implemented effective systems to prevent and control infection. Staff were facilitating visits for people in accordance with current guidance and preventing visitors from catching and spreading infections. Wherever possible, people and staff were encouraged to meet the social distancing guidelines.
- We observed staff were using personal protective equipment safely. There were plentiful supplies in all settings visited and at the main office.
- The provider was accessing testing for people using the service and staff in line with current guidance. We were assured the provider was making sure any infection outbreaks could be effectively managed and their infection prevention and control policy was up to date.



# 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.

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 had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process and we saw people had a decision-making profile as part of their support plan documentation. The best interest decision making process was followed where necessary, and appropriate documentation had been completed.
- Where a person's freedom was restricted, there was a detailed analysis of the rationale and legal context for the restriction, with clear actions outlined to ensure restrictions were lawful and, in the person's best interest.
- Where people were deprived of their liberty, the provider had worked with professionals to make any necessary applications to the Court of Protection.

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. One

person told us about their planned visits to a potential new home during the inspection. It was evident this process was being carefully and sensitively managed. One healthcare professional commented, "The AFG management team have always been present during transition planning meetings and have welcomed collaborative working in order to learn about the service users and realistically plan whether the placement is right and whether they can provide adequate care and support to meet the service users' needs."

- 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.

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

- People were appropriately supported to eat and drink. Following a specific incident, the provider had carried out a comprehensive review of their policies, procedures, protocols, staff training and risk assessments in relation to choking. The review led to the development of a new choking risks protocol which included annual mandatory staff training, along with a competency assessment, a choking risk screening assessment for all people using the service, alerts added to weekly menu planners and a new physical health audit.

- During the inspection, staff were aware of Speech and Language Therapist (SALT) guidelines and one team leader drew our attention to a detailed set of guidelines available in the property.

- Staff encouraged and supported people, where possible, to be involved in planning menus, shopping for ingredients and preparing meals. This approach enhanced their skills and promoted independence.

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, which was adapted to people's needs. One healthcare professional commented, "They seek advice from health professionals when required and advocate for the people they support, not only in terms of meeting physical health and care needs, but also to access community and be part of society, improving their wellbeing."

- All people had a health action plan and a health appointment log. However, during the inspection it was difficult to ascertain when two people had attended the dentist. This matter was addressed by the manager, who agreed to carry out an audit to check people's dental arrangements and appointments.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People felt staff had the knowledge and skills to provide them with the support they required. One person said, "The staff are fantastic," and another person said, "The staff are very helpful. I like them a lot."

- Staff felt they were provided with a good range of training including specialist training in line with people's individual needs. They told us their training needs were discussed on an ongoing basis and they were encouraged to expand their knowledge and expertise. The provider had established systems to monitor staff training to ensure all staff completed their training in a timely manner.

- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff. Staff new to a care setting, completed the 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 quarterly performance reviews. The meetings provided them with the opportunity to discuss their responsibilities, any concerns and to develop their role and the service. Staff also had the opportunity to participate in regular group meetings.

# 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 were positive about the staff who supported them and said they were treated with consideration and respect. People complimented the staff on the caring and compassionate way they provided support. One person told us, "The staff are very nice, really good. They respect what I do and we have fun." However, one person was not as positive about the staff. We discussed the person's views with two team leaders and the manager and checked the person's support plan. We were assured the staff were responding appropriately to the person's needs.
- Relatives spoken with were complimentary about the staff. One relative said, "Overall the staff are great – kind, caring, considerate and very much for (family member's) needs. He loves them to bits, and they go beyond what's needed. They are a very committed staff."
- The management team and staff focussed on building and maintaining open and honest relationships with people and their families. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- We observed the team leaders and staff interact with people in a caring and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere in all settings visited was calm and cheerful. People were supported by staff in an attentive and unhurried way. It was clear people and staff had developed positive supportive relationships. One person told us, "The staff have really rallied round me. They have been really thoughtful."
- Staff promoted people's diverse needs and we noted support plans were written in an understanding and sensitive manner.

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

- People contributed to and were involved in making decisions about their care and support needs. People confirmed they had discussed their care needs with staff and agreed with the contents of their personalised support plan. This demonstrated people's views were listened to and respected.
- 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. They spent time with people to understand their preferred methods of communication, including non-verbal communication. One professional commented, "The staff accept individuality of a person and are very accepting of the individual's needs."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff offered people opportunities to increase their independence and to have freedom and control over their lives. People told us they could choose what

they wanted to do. One person told us, "It's good being able to make choices."

- Staff had access to policies and procedures and 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 professional told us, "All the staff team have been warm and welcoming and it is a pleasure to see how well they interact with the service users."

# 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 had varied lives and 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. One person said, "The staff are available to talk at any time."
- We saw a range of support plans had been developed to provide staff with guidance on how to meet people's needs. These included an essential support plan, which provided an overview or profile of the person's needs and preferences. The support plans were underpinned by risk assessments. Staff reviewed people's support plans and risk assessments once a year as a minimum and more frequently if people's needs changed.
- Staff had devised one-page profiles in consultation with people using the service. The profiles provided details about what was important to each person and how they liked to be supported.
- The provider used technology to enhance the delivery of effective care and support. Staff could use an internal intranet, which gave them access to the provider's policies and procedures and enabled them to report accidents and incidents. The provider also used assistive technology to enhance people's independence and was running a range of digital pilots.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had produced easy read information for people who benefited from this style of format. This included information leaflets on safeguarding issues and Covid-19. People's communication needs were identified and recorded in their assessment and support plan documentation.
- Staff received training on different communication systems. One professional told us, "They have always welcomed additional training and discussion around a person's communication needs."

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 take part in meaningful activities and to engage with the local community in line with their interests and preferences. People told us they participated in a broad range of activities including walking, tapestry, bird watching, photography, horse riding and jigsaws. We saw many examples of people's craft work during the inspection. Further to this, one professional told us, "The service takes a person-centred approach, listening to the person and encourages participation in community activities."

- 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. People and staff also had the opportunity to join the butterfly moments committee. The committee's main purpose was to represent people using the service and make decisions about future events.

#### Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- We saw the provider maintained a central log of complaints, which included a description of the complaint, action taken and the outcome. Further to this, the manager agreed to check how complaints were recorded as some concerns had been entered onto the significant incident log or dealt with in other ways for instance an action plan following a survey.

#### End of life care and support

- In circumstances where people required end of life care, the manager explained the service 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 had been offered the opportunity to discuss their end of life wishes if they wished to and we saw one person had completed a plan.

# 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.

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

- The provider, managers and staff were all keen to promote the provision of high-quality, person-centred care to achieve the best outcomes for people. We observed a positive and welcoming culture within the service. A relative also told us, "They are very good, they know how to 'care about' rather than just 'care for'. It's a very person-centred service."
- Staff told us they felt everyone was well looked after and they all told us how much they enjoyed their work. One staff member told us, "I absolutely love my job, I love making a difference."
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to. One person told us, "I love living here. The staff are very nice and we have a laugh."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had recently left the service and was due to apply to cancel their registration. A manager from the same office location had taken over the day to day oversight of the service. The manager confirmed they were going to apply to register as the new manager.
- The provider had established effective systems to monitor the quality of the service. The management team carried out comprehensive audits and monitored the standards and quality of the service effectively. We saw action plans were drawn up to address any shortfalls. The manager and the area managers reviewed the plans to ensure appropriate action had been taken and the necessary improvements had been made. In addition, the management team had access to oversight reports from the computer management system, which provided real time information on the operation of the service.
- The manager had carried out a wide ranging and thorough care quality review in May 2021 following the five domains used by CQC. Each domain included a list of recommended actions to further improve the service.
- The provider also employed a quality and compliance team to carry out audits in the service's community settings. We saw their audits covered all aspects of the operation of the service and included detailed action plans.

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 provider promoted and encouraged candour through openness and honesty. 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.

- The provider submitted a detailed open and honest organisational response following a specific incident in the service. This set out the findings of the investigation and the actions taken to make improvements to the service.

#### Continuous learning and improving care

- It was evident throughout the inspection, from our discussions, observations and looking at records the service was constantly evolving. The provider's plans and objectives were clearly set out in their annual business plan for 2021/22, which included their five-year strategy.
- The provider had established a range of communication channels to ensure information and learning was cascaded to the staff teams, following any type of event.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff were actively involved in supporting people to achieve their goals and ambitions. They were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the delivery of their care.
- People and staff were invited to give feedback on the service and had the opportunity to attend meetings and other events, as well as complete satisfaction questionnaires. The last satisfaction survey for people using the service and their relatives was carried out by an external company in February 2021. The results of the survey had been collated and we noted all relatives who raised any issues were contacted or due to be contacted by a member of the management team. The manager agreed to look into ways of separating the data between East and West Lancashire branch offices.
- People using the service were able to attend meetings and the opportunity to participate in various groups and committees.

#### Working in partnership with others

- The provider and management team fostered and encouraged working in partnership with other professionals and agencies.
- The manager and staff sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs. This approach was reflected in comments received from professionals. One professional wrote, "I have worked collaboratively with AFG East Lancashire branch in my role. I have felt that they have taken my recommendations on board."