Alternative Futures Group Limited

Merseyside Branch Office

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced comprehensive inspection was carried out on 29 and 30 August and 3 September 2018.

Merseyside Branch Office is a supported living service which is run by Alternative Futures Group Limited. The service is registered to provide personal care to older people, people with learning disabilities and/or mental health needs.

At the time of our inspection the service was providing personal care to 135 people living in their own homes, in order to support them to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support.

The service did not have a registered manager in place at the time of the inspection. However, a new manager had been in post for several months and was in the final stages of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

During our inspection we found that the service did not have clear records to specifically identify the people they provided the regulated activity of personal care to, as the records included information about all of the people the service supported. This lack of clarity had undermined the accuracy of notifications provided to CQC, which hampered our monitoring of the service. We discussed this with the manager who acknowledged that they had identified this problem and work was underway to review and confirm the people receiving personal care from the service. Shortly after our inspection the manager confirmed that this work had been completed and they now had accurate records relating to the people in receipt of personal care.

We found that the service had systems in place to protect people from abuse. Staff we spoke with were knowledgeable about the different types of abuse and knew how to raise concerns if necessary. The records we reviewed showed that safeguarding concerns were promptly and effectively managed by the service. The service was also meeting its obligation to notify CQC of any safeguarding concerns.

We reviewed people's care files and found there were personalised risk assessments in place and these were reviewed regularly.

Medication was correctly administered and recorded by staff who had appropriate training and experience. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. The people we spoke with told us that they received their medication correctly and when they needed it.

Staff were safely recruited and were supported with an induction process. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence and verified references from the most recent employers were also kept in staff files. This ensured that the staff the service recruited were safe, suitable and competent to work with vulnerable people.

The service had accident and incident recording processes in place. The records we reviewed were well-maintained and up-to-date. Accidents and incidents were carefully monitored by a person employed as a risk and governance lead. This enabled the manager and senior staff to safely identify and manage any trends and ensured that risks were being safely managed.

Some of the staff we spoke with raised concerns about staffing levels in some of the places they supported people. We discussed these concerns with the manager, who explained that people's changing needs were regularly reviewed in partnership with the local authority as were their commissioned packages of care. The manager also explained that as people's independence increased their levels of support were amended to reflect this. We saw evidence to confirm that people were receiving the amount of support from staff that had been commissioned.

Staff training records were up-to-date and there was a clear system to document, monitor and plan staff training. We saw that all staff had received training relevant to their roles. All new staff took part in an appropriate induction process to ensure they were able to safely and effectively fulfil their roles.

The Care Quality Commission as required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance in place for the staff in relation to the MCA. The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA and all required documentation was in place.

All of the people and relatives we spoke with told us that the staff were very caring and supportive. They also told us that staff treated them with kindness and respect.

People had their needs assessed prior to being supported by the service. The information from this was used to create individual person-centred care plans and risk assessments. People, their relatives and any other relevant health and social care professionals participated in the development of the care plans.

The service had a range of systems in place to monitor and improve the quality of service being provided.

Staff had received training on infection prevention and control. This meant that staff and people were protected from the risk of infection being spread.

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.

The service had systems in place and staff were trained to safeguard people from abuse.

Staff were safely recruited.

Risk assessments were reviewed regularly and care files contained the information staff needed to safely manage these risks.

Is the service effective?

Good

The service was effective.

The service was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff were well-supported with the training, supervision and appraisal they required to provide safe and effective support to people.

People were supported with their eating and drinking needs and encouraged to maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring.

People told us staff were caring and treated them with kindness and respect.

Staff respected people's privacy and helped to maintain their dignity.

Staff supported and encouraged people to develop their independence.

Is the service responsive?

Good

The service was responsive.

People had person-centred care plans which were regularly reviewed.

People were supported to enjoy hobbies, activities and trips that were important to them.

The service had policies and procedures in place to manage complaints and we saw that it dealt with complaints promptly and professionally.

Is the service well-led?

Requires Improvement

The service was not always well-led.

At the time of our inspection the service did not have clear records of who it was providing the regulated activity of personal care to, which meant the notifications it sent to us were not always accurate.

The service had a range of systems in place to monitor and improve the quality of service being provided.

There was a positive and caring culture amongst staff at the service.

Merseyside Branch Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 unannounced comprehensive inspection was carried out on 29 and 30 August and 3 September 2018. This inspection was carried out by three adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection the service provided personal care to 135 people living in their own homes in the Merseyside area.

Before our inspection we reviewed the information we held about the service. We looked at the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gather their feedback about the service, who told us they did not have any concerns. We used this information to plan how the inspection should be conducted.

During the inspection we met and spoke with 21 people supported by the service and 8 of their relatives. We visited some people at their homes with staff and spoke to others by telephone. We spoke with 17 members of staff who held different roles within the service. This included the manager, team leaders and support workers. We also spoke with a healthcare professional who was visiting one of the people supported by the service.

We looked at a range of documentation at the service's registered office in Speke and at the provider's head office in Prescot. This included 13 people's care records, medication records, 10 staff recruitment files, staff training records, accident and incident records, health and safety records, safeguarding and complaints records, audits, policies and procedures and other management records.

Good

Is the service safe?

Our findings

People supported by the service and their relatives told us that they felt safe with the staff. People commented, "Yes I feel safe they are good, I trust them", "I love it here I wouldn't change it for the world. I feel definitely safe" and "Safe, yes there's always staff round me I trust them there's always someone to talk to." One relative commented, "[Relative] feels safe, [Relative's] happy we're happy, [Relative] has regular carers, they are professional, everything is clean."

We found that the service had systems in place to protect people from abuse. Staff we spoke with were knowledgeable about the different types of abuse and knew how to raise concerns if necessary. They were also confident that senior management dealt with safeguarding concerns appropriately. The records we reviewed showed that safeguarding concerns were promptly and effectively managed by the service. The service was also meeting its obligation to notify CQC of any safeguarding concerns. We found that the provider operated various quality and safety committees and forums and employed a full-time safeguarding lead. This meant that there was effective oversight of safeguarding issues within the service and there were opportunities for shared learning amongst the different services run by the provider. We noted that any learning identified was filtered down to frontline support worker staff through their team meetings.

Medication was correctly administered and recorded by staff who had appropriate training and experience. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. The people we spoke with told us that they received their medication correctly and when they needed it.

We reviewed people's care files and found there were personalised risk assessments in place and these were reviewed regularly. The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, identifying and managing relapses in people's mental health. This meant that staff had the information they needed to safely manage the risks associated with delivering people's care and people were supported in the least restrictive and intrusive ways possible.

We looked at 10 staff files and records showed that full recruitment and checking processes had been carried out when staff were recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) checks, were carried out. Official identification, such as a passport or driving licence, and two verified references from the most recent employers were also kept in staff files. These steps ensured that the staff the service recruited were safe, suitable and competent to work with vulnerable people. We also saw evidence that there was a disciplinary policy in place and that it had been followed when needed.

Some of the staff we spoke with raised concerns about staffing levels in some of the places they supported people. We discussed these concerns with the manager, who explained that people's changing needs were regularly reviewed in partnership with the local authority as were their commissioned packages of care. The manager also explained that as people's independence increased their levels of support were amended to reflect this. We saw evidence to confirm that people were receiving the amount of support from staff that had been commissioned.

The service had accident and incident recording processes in place. The records we reviewed were well-maintained and up-to-date. Accidents and incidents were carefully monitored by a person employed as a risk and governance lead. This enabled the manager and senior staff to safely identify and manage any trends and ensured that risks were being safely managed. We noted that this information was also considered by the quality and safety committees and forums mentioned previously in this report.

Staff had received training on infection prevention and control. People told us staff wore personal protective equipment (PPE) when supporting them with their personal hygiene. This meant that staff and people were protected from the risk of infection being spread.

Good

Is the service effective?

Our findings

People's care plans showed that their needs had been fully assessed and, as much as possible, they had contributed to this assessment process. The care plans we looked at also included any particular outcomes people hoped to achieve with support from the service, along with how staff planned to support this. Examples included, some people hoped to take more responsibility for preparing their own meals and others aimed to take up some voluntary work in the community.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and found that it was. The registered manager had a good understanding of the MCA. Staff had a basic awareness of the requirements of the MCA and had received training in this area.

The MCA requires that as far as possible people make their own decisions or are helped to do so when required. When they lack the capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered provider's assessment process included consideration for people having the capacity to make their own decisions. Documents clearly demonstrated best interest decisions had been made with the full involvement of relatives where appropriate as well as health and social care professionals. Restrictive practice assessments had been carried out to identify any necessary restrictions, such as wheelchair lap straps or any areas of people's home that required locking. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We saw that the service had made appropriate applications to the local authority.

Staff training records were up-to-date and there was a clear system to document, monitor and plan staff training. We saw that all staff had received training relevant to their roles. Training at the service covered a variety of topics, such as safeguarding vulnerable adults, medication, health and safety, moving and handling, mental health awareness and positive behaviour support. We saw that additional training was available to staff to help them to effectively meet people's specific needs. Examples included, autism awareness and epilepsy awareness. One member of staff also told us about some Makaton training they had received and explained that this had helped their communication with the people they supported. We also noted that the service had recently implemented robust measures to ensure all staff kept up-to-date with their mandatory training. If staff failed to update their training they were effectively suspended from duty until they had done so.

All new staff took part in an appropriate induction process to ensure they were able to safely and effectively fulfil their roles. This included office-based training and shadow working. Any new staff with qualifications below NVQ Level 2 in health and social care were required to complete the Care Certificate during their 6-month probation period. The Care Certificate is a nationally recognised qualification based on a set of minimum standards, that health and social care workers follow in their daily working life. The standards give staff a good basis from which they can further develop their skills and knowledge.

We found that staff were well supported by their line managers with a regular and structured approach to

supervision and performance appraisals. The service had introduced a mid-year review meeting and end of year appraisal. In between these meetings we saw that line managers had informal documented discussions or meetings with staff. This ensured that staff were on track to meet their performance and learning objectives throughout the year. Overall, staff gave us positive feedback about the supervision and appraisal at the service and they told us they felt supported.

We found that the service was effective at supporting people with their changing health needs. People told us that the staff supported them to attend appointments relating to their health. We also saw evidence that staff were effective at responding to people's health needs. For example, one person the service supported became unwell and needed urgent medical attention. The person was unable to communicate verbally and became distressed in hospital settings. Staff worked in partnership with a multidisciplinary team of healthcare professionals to ensure that the person's medical needs could be met at their home. This meant that the person received the medical care they needed but avoided the distress of going to hospital. The service also explained that following this an agreed care pathway with the relevant healthcare professionals was put in place which ensured any future medical needs could be addressed promptly and effectively.

We found that staff supported people as required with their eating and drinking needs. The support provided varied from assisting people with their shopping, helping people learn how to cook and generally encouraging people to maintain a healthy and balanced diet.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with told us that the staff were very caring and supportive. They also told us that staff treated them with kindness and respect. One person said, "I love it here and would not live anywhere else, the staff really take care of all of us." Another person said, "If you have any problems then you just tell one of the carers and they will listen and sort it out for you."

We saw several examples of how staff had positively engaged with people's individual communication needs. One relative explained, "We have seen so many positive changes in [Relative] and I know it's because she is continually encouraged to communicate her needs. [Relative] is now able to make independent choices and lets everyone around her know what her individual preferences are. We watch as she is now able to communicate both with verbal and facial gestures and is fast becoming a very empowered young lady."

We also saw several examples of how staff had encouraged and supported people to live as independently as possible. One person told us, "The staff encourage me to do things. I have 24-hour care. I love living here I have my own space, I can do what I want. I can have visitors anytime. I can talk easily to the staff. I wouldn't change anything. I'm involved in all meetings about my care."

The manager also told us about one person the service supported who had previously lived with their parents all of their life. Staff had successfully supported this person to move into their own home, manage their own finances, cook their own meals and keep their home clean. These improvements in the person's independence had resulted in a positive reduction in the number of hour of support they required.

The staff we spoke with were able to tell us about some of the people they supported, including their individual preferences and needs. We found that staff were knowledgeable about the people they supported and had developed positive and caring relationships with them.

People told us the staff respected their privacy and helped to maintain their dignity. For example, they said that staff always knocked on their doors and asked if they could come in before doing so. People also said that staff maintained their dignity whilst they were getting washed and dressed. For example, making sure any curtains, blinds or doors were closed during these times and helping to keep them appropriately covered with a towel.

People's confidential information was kept securely. This meant that only people who were supposed to access people's personal information were able to do so.

Good

Is the service responsive?

Our findings

People had their needs assessed prior to being supported by the service. The information from this was used to create individual person-centred care plans and risk assessments. People, their relatives and any other relevant health and social care professionals participated in the development of the care plans. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. People's care plans were regularly reviewed and updated when any changes occurred.

The people we spoke with and their relatives told us that they felt involved in the care planning and reviewing process. One person said, "I go to all the meetings about my care…I can talk easily to staff and [staff member] is good at sorting things out. A relative commented, "We have regular reviews…[Relative] takes part in everything. I talk to [the staff] on the phone regularly."

People were supported to enjoy hobbies, activities and trips that were important to them. One person said, "I like it here. I go out walking and I'm going on holiday to Windermere in my car. The staff take me to the canal as I like boats. We go for tea and cakes." Another person told us, "I've been on holiday to Edinburgh and I'm going to the Lake District in November with staff. I went to Torquay last year and the Isle of Wight. I go to discos on Mondays. I love going to town."

The manager also told us about three people the service supported who shared a house. All of these people had their birthday around a similar time and staff supported them to come together to decide how they wanted to celebrate each other's birthdays. One person wanted to go out for a meal, another wanted to have a BBQ and the other wanted to go on a trip to Blackpool to see the lights and have fish and chips. We saw that staff had supported people to do these things and they had all enjoyed these experiences.

Several of the people we spoke with told us that staff had encouraged them to get involved in voluntary work or education. One person told us that staff had helped and encouraged them to enrol on an art course at a local college. Another commented, "I have two jobs and [the staff] help me and encourage me to do the work, I really love my work."

The service had policies and procedures in place to manage complaints and we saw that it dealt with complaints promptly and professionally. We saw evidence that complaints were responded to in an open and transparent manner. We also saw that, when necessary, the service acknowledged and apologised when things went wrong and it took steps to improve the service as a result.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we found that the service did not have clear records to specifically identify the people they provided the regulated activity of personal care to, as the records included information about all of the people the service supported. This lack of clarity had undermined the accuracy of notifications provided to CQC, which hampered our monitoring of the service. We discussed this with the manager who acknowledged that they had identified this problem and work was underway to review and confirm the people receiving personal care from the service. Shortly after our inspection the manager confirmed that this work had been completed and they now had accurate records relating to the people in receipt of personal care.

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The service had various systems in place to monitor and assess the quality of the service being provided. For example, the service followed a quality assurance calendar. This resulted in a structured approach to monitoring and assessing the quality and safety of service being provided. The calendar detailed recurrent areas for review, such as monthly medication audits, as well as periodic reviews of areas such as care files. We saw that feedback and areas for improvement was shared and discussed with staff at team meetings. We also noted that the manager and local area managers carried out periodic quality assurance visits to people's homes. We saw that these visits were documented on the service's electronic records system and appropriate actions were taken when necessary.

There was a positive and caring culture amongst staff at the service. Staff aimed to support people to lead happy and independent lives. The staff we spoke with told us they were proud of the support they provided people and the impact that this had.

There were clear lines of accountability at the service. Staff we spoke with told us they felt the management team were approachable listened to feedback they gave them. The manager had worked for the provider for many years and was very experienced and confident in their role. Throughout our inspection the manager was open, transparent and, with the assistance of relevant colleagues, readily able to provide us with the information and records we needed to carry out our inspection.

The service had up-to-date policies and procedures in place to support the running of the service and these were regularly reviewed.

We found that the service gathered feedback about the quality of service it provided in a variety of ways. For example, we saw that this was considered as part of people's care plan reviews. We saw that people

supported were invited to complete an annual satisfaction survey about the service provided.

We found that the provider operated various internal quality and safety committees and forums. This meant that senior staff from the various services operated by the provider could share ideas about best practice and service improvement. We also noted that the service had positive working relationships with other similar providers in the area. For example, the service's safeguarding lead took part in a safeguarding network which representatives from other providers attended. This was another way in which the service shared and gathered ideas about best practice.