

Alternative Futures Group Limited

Rochdale Branch Office

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Rochdale Branch Office of the Alternative Futures Group is registered to provide personal care for people who have a learning disability or mental disorder in the Rochdale and Warrington areas. People who used the service lived in tenanted properties where they received care and support from agency staff. Some of the properties were staffed throughout the day and night. This was the first inspection following the registration of this office in Rochdale with the Care Quality Commission (CQC).

The provider was given 48 hours' notice of this inspection which took place on 28 May 2015. This was to ensure that the registered manager would be available to assist us with the inspection and appropriate arrangements could be made for us to meet people who used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe and were happy with the care and support they received from members of staff.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

People who used the service were involved with the recruitment of staff. Recruitment procedures were thorough and protected people from the employment of unsuitable staff.

We saw that medicines were managed correctly in order to ensure that people received their medicines as prescribed.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service.

People who used the service were supported to help with planning and preparing meals. People's nutrition was monitored and professional advice was sought when there were any problems.

People were registered with a GP and had access to a full range of other health and social care professionals.

We saw that staff were friendly, relaxed and looked after people in a caring manner.

Care plans included information about people's personal preferences which enabled staff to provide care and support that was person centred and promoted people's dignity and independence.

People who used the service were supported to pursue hobbies and leisure activities of their choice.

Members of staff told us they liked working for the service and found the managers and senior staff approachable and supportive.

We saw that systems were in place for the monitoring of the quality and safety of the service provided.

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. Members of staff had received training in safeguarding vulnerable adults. They knew the action they must take if they witnessed or suspected any abuse.

Recruitment procedures were thorough and protected people from the employment of unsuitable staff.

Arrangements were in place to ensure that medicines were managed safely

Good



Is the service effective?

The service was effective. People's personal preferences were considered in the planning and delivery of their care.

Members of staff were supported to access training appropriate to their role including nationally recognised vocational qualifications.

People were registered with a GP and had access to other health and social care professionals.

Good



Is the service caring?

The service was caring. We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support they needed

We observed there was a good interaction between staff and people who used the service.

Good



Is the service responsive?

The service was responsive. People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were encouraged and supported to take part in activities of their choice.

Good



Is the service well-led?

The service was well-led. Members of staff told us the managers and senior staff were approachable and supportive.

There were systems in place to monitor the quality of care and service provision.

Policies, procedures and other documentation were reviewed regularly to help ensure staff had up to date information.

Good



Rochdale Branch Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours of this inspection which took place on 28 May 2015. This was to ensure that the registered manager would be available to assist us with the inspection and appropriate arrangements could be made for us to meet people who used the service. The inspection team consisted of one inspector and this announced inspection was conducted on the 28 May 2015.

Before this inspection we reviewed notifications that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked the local authority safeguarding and contracts departments for their views of the provider. They did not have any concerns.

During the inspection we spoke with 6 people who used the service, we also spoke on the telephone to a person who required support from staff for a few hours every day, the mother of one person who used the service, six care workers, 1 team leader, the area manager and the registered manager.

Three people who used the service and their support workers visited the office in the afternoon to tell us about the care and support they received.

We visited 2 of the tenanted houses and observed the support provided in communal areas of the houses. We looked at the care records for five people who used the service and medication records for 4 people.

We looked at the recruitment, training and supervision records for three members of staff,

We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

Two people we spoke with said they felt safe and were happy with the support they received. The relative of one person was confident that the care provided was safe.

Discussion with the registered manager and the training records we looked at confirmed that members of staff had received training in safeguarding vulnerable adults from harm. We discussed safeguarding with two members of staff and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed.

The staff team had access to a 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. The members of staff we asked were confident that prompt and appropriate action would be taken by management.

Information we received from the local authority safeguarding team and Rochdale Healthwatch prior to this inspection stated they had no concerns about this service.

We looked at the care plans of five people who used the service. These plans identified any risks to people's health and wellbeing. The guidance for staff to follow in each of these care plans clearly explained how people wanted to be supported by staff to manage any risks. This included mobility, health and safety, personal care and preventing and managing behaviours that challenge. This should ensure that care was person centred and promoted people's independence.

Staff had been trained in the moving and handling of people with mobility problems. Equipment such as hoists and slings were provided and maintained to protect people and staff from injury.

Members of staff had been trained in the management of medicines and their competence was checked by the area manager annually. We saw that medicines were stored securely in people's own bedroom in the two houses we visited. This reduced the risk of mishandling. We looked at the medicines administration records of 4 people who used the service. We saw that these records had been completed correctly and there were no unaccounted gaps or omissions. A stock check of medicines was carried out weekly to ensure that people had taken their medicines as

prescribed. Each person had a medicines support plan which explained how they liked to take their medicine. This plan also provided guidance about when people should take medicine prescribed to be taken 'when required.' This should ensure that people were supported to take their medicine when they needed it.

We looked at the files of three members of staff appointed within the last year. These files included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

The registered manager explained that a values based recruitment process had been adopted which involved looking for applicants who could demonstrate compassion, respect, empathy, integrity, treating people with respect, courage, responsibility and adaptability. People who used the service were supported by staff to be involved in recruiting new staff. This included attending coffee mornings with the job applicants and playing games. People also shared their experience of using the service with the applicants. Following these events, where possible, people who used the service gave each of the job applicants a score. This recruitment process helped to ensure that the staff appointed had the right approach and appropriate skills to provide person centred care and support for people using the service.

The two houses we visited were staffed throughout the day and night. Each house had a designated team leader who was responsible for the safe operation of the property including staffing. People in each tenanted house were supported by a team of care workers whom they knew and trusted. One person said, "It's always the same staff." Another person said, "It's always staff that I know." The relative of one person said, "They have good staff numbers especially at night." We found that staffing levels were appropriate to meet people's health and social care needs.

Suitable arrangements were in place for the prevention and control of infection. We saw that gloves and aprons were used appropriately by members of staff in order to protect themselves and people who used the service from

Is the service safe?

infection. Where possible people who used the service were encouraged to help with household tasks such as cooking and cleaning. The two houses we visited were clean and free from unpleasant odour.

Each person had an emergency evacuation plan (PEEP) and there was a business continuity plan at each property for unforeseeable incidents such as a fire.

Is the service effective?

Our findings

Discussion with members of staff confirmed that they had a good understanding of the needs and preferences of people who used the service. One person said, “The staff are brilliant.”

The five care plans we looked at were person centred and been developed following a process which was devised by the Alternative Futures Group with the support of Rochdale Council Commissioners. This process was led by people using the service and involved looking at the best possible journey for each person from admission to the service to end of life. Members of staff had received training in communication and listening skills in order to ensure that people who used the service were fully involved and central to the care planning process.

During our visits to the tenanted houses we observed that people were given choices and their consent obtained by staff before any activities or personal care took place.

Four members of staff told us about the training they had received. This included moving and handling, medicines, fire prevention, dementia, safeguarding adults, food safety, infection control, first aid, autism, challenging behaviour, mental health, cognitive therapy, and nationally recognised vocational qualifications in health and social care.

The registered manager showed us records which identified when members of staff had completed training. We looked at the personnel files of two members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

New members of staff were required to complete a structured induction programme and were not allowed to work on their own with people who used the service until they had completed their induction. New employees also worked with more experienced staff until they felt confident in their role and understood the support needs of the people living in the house to which they were assigned.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The registered manager told us that the person’s social worker was responsible for completing and submitting applications for DoLS. At the time of our inspection four applications for DoLS had been made.

Members of staff also told us that they had regular supervision meetings and an annual appraisal with their line manager. The members of staff we asked said they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work at the service including training. One care worker said, “We can go to our manager at any time we don’t have to wait for supervision.” This confirmed that members of staff were supported by senior staff to provide effective care for people who used the service.

Where possible people who used the service were supported and encouraged to be involved in planning and preparing meals. People’s nutritional status was monitored so that appropriate action was taken if any problems were identified. When necessary advice was sought from the doctor and dietician. People’s individual likes and dislikes and any dietary requirements such as food supplements were recorded in their individual care plans.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as dentists, dieticians, speech therapists, occupational therapists, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people’s changing needs and any recurring problems.

Is the service caring?

Our findings

During our visits to the two houses we saw that staff were courteous and friendly towards the people they supported. Our observations and discussions with members of staff confirmed that they were caring, compassionate and understood the care and support needs of the people they looked after. Staff knew how to approach people and the action to take to prevent anxiety and manage behaviours that could challenge.

People told us they received all the help and support they needed. One person said, “The staff are helpful and very nice.” Another person said, “They’re really nice staff at our house.”

The care plans we looked at contained information about people’s individual personal preferences and abilities and their likes and dislikes. This enabled staff to provide care and support which was person centred and promoted

people’s dignity and independence. The staff we spoke with understood the importance of promoting people’s dignity and independence. We saw that staff provided appropriate support so that people could take part in activities of their choice.

People were usually referred to the service by the person’s social worker. Following referral a meeting was arranged with the area manager or a senior member of staff, the social worker, the person and their relative or representative. Information was also obtained from other health and social care professionals such as the community mental health team. People were invited to visit an appropriate tenanted house along with a relative or representative to meet members of staff and other people who used the service. People were then given the opportunity to stay overnight on several occasions to help them to decide if the service provided was appropriate to meet their personal and social care needs.

Is the service responsive?

Our findings

We saw that people were offered activities suitable to their age, gender and abilities. People were encouraged to pursue activities both within their houses and in the local community. In one of the houses we visited we saw that one person was painting and were told that this person also enjoyed baking, aromatherapy, watching football matches, going to the hairdressers and trips out to the local park.

In the second house we visited the two people living there told us they had become friends and got on well together. They told us enjoyed helping with household tasks and watching the 'soaps' on television. They also said they had been on coach trips to Skipton and Scarborough. One person had a cat and said, "We all look after the cat."

People who used the service could also choose to become involved in 'Community Circles' which was a scheme devised to help people to extend their network of support and increase community involvement. The co-ordinator of this scheme was employed by Alternative Futures.

Three people who lived in one house came to the office with their care workers for afternoon tea and to tell us about their experience of using the service. One person said, "I like going to the library, gym, discos, playing snooker, out for lunch and to the Gateway club to do art. Ours is a happy house and we help to make meals and do the cleaning."

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties.

Care plans were reviewed with each person who used the service and their key worker. At these reviews people were asked, 'what was working' and 'what wasn't working' so that changes could be made to improve the support provided in response to people's needs and preferences.

The views for people using the service were considered on a daily basis. People were supported by staff to make choices about their care and support needs and leisure activities.

People were also given the opportunity to express their views at the service user forum meetings.

People from each house were elected to attend these meetings. Minutes of the forum meetings were seen and indicated that group activities, for example a trip to Blackpool illuminations, Christmas parties and an art competition were discussed.

We telephoned the relatives of two people who used the service. Both of them told us they were satisfied with the care and support provided to their relative. One person said, "They're doing a good job, my son gets all the help and support he needs." The other person described the service as, "One of the best in Rochdale."

Each person had a 'hospital passport' which meant staff could quickly provide other organisations with relevant information and people's personal details in an emergency.

A copy of the complaints procedure was included in the welcome pack which was supplied to each person on admission to the service. One person told us they would tell a member of staff if they were unhappy about anything. The relative of one person said, "I would get in touch with the area manager if I had any concerns." Records of complaints, the investigation and outcome were kept and confirmed that there had been three complaints in the last year. Two of these had been resolved and the other was currently being investigated. One complaint had been to the Care Quality Commission in the last year. The issues raised in this complaint were discussed with the registered manager during this inspection. No concerns have been raised with the local authority or Rochdale Healthwatch about this service.

Is the service well-led?

Our findings

The provider had a registered manager in post. 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 registered manager supported the area manager who was responsible for monitoring the operation of the tenanted houses. Audits completed regularly by the area manager included medicines, infection control, health and safety, care planning, activities, accidents and incidents and the environment. The monitoring process also involved spending time talking to people who used the service and members of staff.

The members of staff we asked told us that they enjoyed working for the service and that the managers and senior members of staff were approachable and supportive.

Information received from the local authority commissioning team and Rochdale Healthwatch prior to this inspection confirmed that there were no concerns about how the service was being managed.

We saw that policies and procedures for the effective management of the service were in place. These included management of medicines, whistle blowing, safeguarding vulnerable adults, health and safety and infection control. The policies were reviewed regularly to ensure they were up to date and provided staff with the correct information.

A quality assurance meeting was held monthly to discuss the standard of care and support provided. Meetings for team leaders and senior support workers were also held monthly. At these meetings the standard of care and policies and procedures were discussed.

There was a recognised management system which staff understood and meant there was always someone senior they could contact when necessary. The staff we spoke to were aware that there was always someone they could rely upon.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission.

Managers from the Rochdale Branch office were actively involved with social services commissioners and had facilitated an event to obtain the views of people who used the service. The purpose of the event was to look at ways in which the care and support people received could be improved.