

## Alternative Futures Group Limited

# Lion Court

### Inspection report

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17 August 2016

18 August 2016

19 August 2016

22 August 2016

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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 inspection took place on 9, 17, 18, 19 and 22 August 2016.

Lion Court is a domiciliary care agency and is registered to provide personal care to people with learning disabilities and/or mental health needs. Many of the people who access the service live in a tenancy and have twenty four hour support. There were 335 people receiving support at the time of the inspection.

The service did not have a registered manager in place at the time of the inspection. A recruitment process had commenced. 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.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of the people who used the service.

People were protected by the registered provider's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People were supported to take their medicines by staff that were appropriately trained. People received care and support from regular staff that knew them well, and had the knowledge and skills to meet people's individual needs.

Before people started using the service their needs were assessed to ensure the service could meet them. Following the assessments personalised care plans were developed with the person and their relatives, where appropriate, to agree how the care and support would be provided.

Care plans provided staff with clear direction and guidance about how to meet people's individual needs. These were regularly reviewed and updated.

People's risks were anticipated, identified and monitored. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

People said they would not hesitate to speak to any member of staff if they had concerns about the service they received. People and their relatives knew how to make a formal complaint if they needed to. We saw records that demonstrated the complaints procedure had been followed.

There was a management structure within the service which provided clear lines of responsibility and accountability.

There were quality assurance systems in place to identify any areas for improvement for staff.

## 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.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who understood how to recognise and report any signs of abuse.

Procedures and processes were in place to help ensure that people received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff that made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were focused on maintaining their independence.

Staff built relationships with people who used the service and had time to meet people's individual needs and provide companionship.

Staff maintained people's privacy and respected their dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care records were individualised and focused on a persons whole life. Staff had a good understanding of how people wanted to be supported.

People were supported by staff to identify their choices and preferences to ensure they had as much independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

### Is the service well-led?

The service was well-led.

Management were approachable and had clear values that were understood by staff and put into practice.

Quality assurance systems were in place and were used to drive improvements within the service.

People and staff were consulted and their views were sought and acted upon regarding the service.

Due to the fact a registered manager has not been in post since May 2016 this domain is rated requires improvement.

**Requires Improvement** 

# Lion Court

## 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 inspection took place on 9, 17, 18, 19 and 22 August 2016 and was announced. 48 hours' notice was given to ensure someone would be available as a registered manager was not in post.

The inspection team consisted of one adult social care inspector.

Before the inspection the registered provider completed a 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 improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We contacted the local authority safeguarding and quality monitoring teams to discuss any areas of concern.

We spent time observing interactions between people and staff within their own homes.

We also spent time looking at records, which included the care records for 12 people. These included care plans, risk assessments and daily records. We looked at recruitment records for 20 members of staff. The training, supervision and appraisal records for 20 members of staff were also reviewed. Other records relating to the management of the service were looked at.

We spoke with the head of operations and quality, the nominated individual, the safeguarding lead, the compliance coordinator, a HR representative, two area coordinators, four team leaders and 16 support workers. We visited 24 people living in their own homes and spoke to six relatives by telephone following the inspection.

# Is the service safe?

## Our findings

People said they liked and trusted the staff that had worked with them. They described feeling safe with their support team around them. Comments included "I have received support for 19 years and I am very happy with it", "Having staff around helps my confidence" and "I feel safe when staff are with me as I know they will not let anything happen to me".

A clear safeguarding policy and procedure was available and all staff spoken with had a good understanding of this. All staff had undertaken safeguarding training. They were engaged and knowledgeable when recognising signs of potential abuse and reporting procedures. All safeguarding issues raised had been fully investigated and appropriate action taken to minimise future reoccurrence.

The registered provider had a Whistleblowing policy and procedure that staff were familiar with. The term whistleblowing is defined as raising a concern about a wrong doing within an organisation. If a member of staff sees something within the workplace that they believe is negligent, improper or illegal they have a duty to report it to the relevant people. Staff said they understood the procedure for raising concerns using this process, and would feel confident in doing so.

Risk assessments had been completed to identify risks to people supported by the service and to the staff team. The core risk assessment document included health and well-being, physical health and emotional health. A scoring system was used to determine whether risks were low, medium and high. Individual risk assessments were in place for specific risks including mental health and managing finances. Risk assessments were in place for accessing the community or completing specific activities including eating out, swimming, cycling, travelling by public transport and meeting new people. Guidance was available to staff around how best to manage individual's behaviours which may have a negative impact and could put staff and others people's safety at risk. The registered provider demonstrated a clear process for the management of risk while they encouraged people to engage in activity within their own home and community.

Some people were supported by staff with their moving and handling needs which required the use of essential equipment. Equipment was checked regularly to ensure it remained safe to use. Checks included hoists, stand aids and slings. Documentation reviewed showed that concerns had been identified and actions taken to manage this.

Staff were aware of the reporting process for any accidents and incidents that occurred. Incidents were reviewed by the registered provider to identify any actions needed to be put in place to protect people. Records were clearly written and they demonstrated that appropriate actions had been taken to minimise future risk or reduce the likelihood of reoccurrence.

We saw that the registered provider based the amount of staff required on the needs of the people supported. Staffing rotas showed that there were the correct amount of staff available at all times. The registered provider had undertaken a thorough recruitment process. They recruited staff to match the needs

of the people supported.

We reviewed 20 staff files and found they included all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable people. The registered provider demonstrated through a thorough risk assessment process decisions made relating to DBS information and the suitability of a person to work with people supported. The registered provider demonstrated a safe recruitment process by recruiting staff suitable to work at the service.

People required assistance from staff to take their medicines. The registered provider had a medication policy and procedure. Support plans included protocols for medicines which people were prescribed for specific conditions including epilepsy. There was a system for staff to be assessed which demonstrated competency in medication administration which was clear and comprehensive. All staff had received training in the administration of medication. There were systems in place to ensure medicines had been stored, administered and reviewed appropriately. We were informed of one incident involving poor management of medication prior to the inspection. We found that the provider had undertaken a full investigation and had taken appropriate action to ensure that all staff were aware of the policies in place therefore minimising the risk of a re-occurrence.

Staff had access to personal protective equipment (PPE) and was made available to staff on request. People told us staff wore gloves and aprons when undertaking personal care tasks. This ensured infection control procedures were followed to keep people safe.



# Is the service effective?

## Our findings

One person who used the service told us that they really liked the staff team, commenting that they knew them well and that they always offered them different choices. Another person told us that the staff worked with them to look after their home and supported them to be as independent as possible. A healthcare professional stated "This is an excellent placement for [Name]. They are currently achieving all they wanted and have more independence".

All staff had undertaken a four day induction programme and participated in on-going training to develop their knowledge and skills. All new staff completed the care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. All staff undertook shadowing with an experienced member of staff until their line manager felt they were competent in their role. Staff told us that training had improved over time and had become more bespoke and interactive. Staff were observed within a training session and they were fully engaged and sharing their knowledge of the topic along with personal experiences. All staff appeared engaged and interested. The registered provider had developed short 'tool box talks' which were used within team meetings to ensure staff remained up to date on training topics. Line managers used the 'tool box talks' if they found through the supervision process that staff needed updates ahead of a full training session.

In addition to the essential training, staff had completed or were in the process of completing nationally recognised vocational qualifications. Staff said they were fully supported by the team leaders and that there were good opportunities for on-going training. There was a programme in place to ensure staff received relevant training to their role and all refresher training was kept up to date.

Staff received regular supervision and an annual appraisal from their line manager. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required. Staff working practices were regularly observed when working with people by line managers. This included treating people with dignity, communication skills and promoting independence.

Staff worked with healthcare services to ensure people's health care needs were met. Staff supported people to access a variety of healthcare professionals including GP's, opticians, occupational therapists, physiotherapists and dentists as required. The care records showed that staff shared information appropriately with professionals. A relative told us they felt fully informed.

Some people supported by the service demonstrated challenging behaviours. Staff supporting these people had undertaken appropriate training to keep themselves and people safe. Staff demonstrated a good understanding of the individual needs of the people they supported that demonstrated challenging behaviours.

People were supported and encouraged to maintain a healthy balanced diet. Staff offered people choice and also educated people on how to make their own meals. We saw people were supported with their

independence wherever possible to prepare and cook their own meals. One person was observed being supported through prompting and encouragement by staff to be involved in the preparation of their lunch. They described their enjoyment of learning how to prepare and cook new dishes. One person described the support they had received to lose weight and the positive affect this had had on them. They said this had improved how they felt about themselves. They had become a health ambassador who undertook talks in the local community on exercise and weight. One person described how they grew fruit and vegetables in their garden and this produce was all used in food preparation within their home.

People were supported by staff that had good communication skills. During the inspection we observed good communication between staff and people being supported by the service. People being supported were encouraged to communicate in ways which were meaningful to them to ensure their inclusion. One person was observed being supported by staff to use Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. The programme uses signs and symbols to communicate. Another person was using a programme on an Ipad to support their communication. The programme assisted the person to develop pronunciation and supported them to have an active voice within their home.

We checked how the service followed the principles of the Mental Capacity Act 2005 and its associated codes of practice (MCA). 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. Best interest decisions were clearly documented and demonstrated the decision being considered and who was involved in the process. One example was the decision for moving a person to a different bedroom due to health limitations and levels of support required. The social worker, learning disability nurse, physiotherapist, team leader and key worker were involved in the decision making process.

Staff were confident about putting this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in peoples best interests. The registered provider demonstrated clearly that capacity assessments and best interest decisions had taken place. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was included in the training programme that all staff had participated in. The registered manager had referred people via the local authority for court of protection applications as they were deprived of their liberty and understood why they were required. The court of protection is a court in England and Wales that can make decisions on behalf of people who cannot make their own decisions because they lack capacity.

## Is the service caring?

### Our findings

People received care and support from a regular staff team that were familiar to them. People told us they were happy with their staff and they got on well with them. People's comments about the staff who supported them included "Staff help me when I need it and they are very kind", "I like the staff that support me and I have a laugh with them" and "I am going on holiday next week and I have chosen the staff that are going with me".

Relatives spoken with described feeling supported by the staff team and stated the management team were approachable. Reviews were held regularly and included the person supported, relatives and other professionals. We saw documentation that showed people who used the service had actively participated in their reviews. One person described their review which they had recently attended. They said they had discussed the holiday they have been on. They described being encouraged to talk about what went well and what they would change for next time. A professional health worker told us they wanted to highlight the progress [Name] had made and the outstanding work the staff had done.

Staff spoken with and observed during visits to people's homes showed a good knowledge and understanding of the people they supported. Staff said they had spent time getting to know people and to understand the best way to support them. People spoke positively about their relationships with staff. One person said their staff team spent time every day talking to them and ensuring they were okay. They said they were given time to discuss any worries or problems.

Staff were observed promoting people's independence, for example people were observed undertaking activities of daily living. These activities included washing dishes, laundry, setting the dining table, preparing vegetables for dinner and writing a shopping list. People were encouraged to answer their own front door and make their own drinks. Care plans were very detailed and included likes and dislikes as well as details relating to the individual person. This meant a people received person centred care and support, which was individual and tailored to their needs.

We reviewed staff training records and saw that all staff had undertaken training in relation to dignity and respect. People told us that staff respected their dignity by ensuring their bedroom door or bathroom door was shut when they were undertaking personal care. One person described being covered with a towel and they liked this as they were quite shy.

People were supported to express their views and to be involved in making decisions about their care and support. People spoken with said they had seen their care plan and felt it reflected their needs. One person talked about their enjoyment of taking photographs to include in their care plan of activities they had undertaken. Feedback was sought through feedback forms, face to face meetings and at review meetings. The registered provider invited all people supported to annual engagement days. People were encouraged to put forward suggestions and ideas at these events for the development of the service. This meant people were valued and treated as individuals with an opinion.

People received care and support from a staff team that understood their history, likes, hopes and dreams. One person told us, "I really like living with [Name] and [Name]. Our staff team are great and we all get along really well. We have house meetings where staff ask us if everything is okay." A relative commented, "[Name] has had a regular staff team that they are really happy with for quite some time now. The staff communicate well with us when appropriate and this offers us reassurance". People receive support that met their wishes from staff who understood their individual preferences.

## Is the service responsive?

### Our findings

People received personalised care, treatment and support. Prior to a person receiving support an assessment was undertaken. The person, their relatives and Healthcare professionals were actively involved in the assessment process. Following this assessment comprehensive care plans were developed to meet people's individual needs. A pen picture was also created which overviewed succinctly essential information staff needed to know and the best way to support the person.

People and their relatives, where appropriate, were involved in planning their own care and making decisions about how their needs were met. Records showed staff had received training in supporting people to do this and assessing people's needs. Care plans gave staff clear guidance and direction about how to provide people with the care and support they needed. They also explained how staff could support people to develop their independence including activities of daily living. One person shared their care plan which included many photographs that they had taken of procedures specific to them. They included a photograph taken of a taxi, lockers, swimming pool and changing rooms. The sequence of photographs demonstrated the process to be followed on the person's swimming activity. This demonstrated that the person was at the centre of the care planning process.

Care plans were reviewed regularly and were updated as people's needs changed. Evidence of reviews and updates were seen within the care plan files reviewed. Reviews included outcomes and actions, 'what's working well' and 'what's not working well'. This was done from the person's perspective as well as staff and professionals perspective. People told us they were fully included in the review process. One person said that they did not like to attend reviews, but they were always asked if they were happy or needed any changes to their care plan. After the meeting someone always told them what had been discussed.

All people supported by the service had a fully completed health passport. A health passport is used to assist Healthcare professionals to understand people and to make reasonable adjustments to the care and support provided during an appointment or hospital stay. It is information about a person that enables staff to understand a person's everyday needs, including communication, medication, as well as eating and drinking.

People were protected from the risk of social isolation and staff spoken with recognised the importance of companionship and keeping relationships with relatives and friends. People were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. As part of people's support package staff spent time engaging in home based and external activities of a person's choice which included shopping, eating out, baking, pampering sessions, going to a disco and participating in other community activities. One person described how they had invited with the support of staff, members of political parties to their home to discuss reasons why they should vote in the last elections. They had collated questions they wished to ask. They reflected on their disappointment when not all parties had accepted their invitation. Records showed that people were offered choice on a daily basis.

One of the people we spoke to talked positively about a volunteering role they undertook every week. They

had initially been supported by their staff team to get to and from the venue. The team had worked closely with the person to develop their independence. The person described how proud they are to now be able to travel without support.

Daily records reviewed were fully completed and reflected on each area of the care plan. Records completed by staff included references to medication, daily living skills, communication and lifestyle choices. Records also included information specific to the individual person. This information was used at each person's review for discussion and future planning as well as care plan development.

The registered provider had a policy and procedure in place for managing any concerns or complaints. People and relatives told us they knew who to contact if they needed to raise a concern or make a complaint. Complaints records showed that concerns had been responded to in a timely manner and investigated in line with the complaints policy. Actions had been taken and outcomes were recorded and these had been fed back to the person concerned. The registered provider had produced comments, compliments and complaints information booklets in different formats. These included easy read, large text, audio and text only. People told us they had received a booklet in a format of their choice.

## Is the service well-led?

### Our findings

People supported by the service, relatives and staff all described the management team as approachable, open to new ideas and supportive. One person said "I can speak to the team leader if I need to and I know how to contact head office", whilst one person's relative told us "There is always someone available to support me when I need it".

The service did not have a registered manager in post. The registered manager left in May 2016 and the registered provider is seeking to recruit a replacement. Therefore this domain has been rated requires improvement.

During the interim period the head of operations and quality for Merseyside within the company is undertaking this role. This person has previously been a registered manager. There were clear lines of accountability and responsibility within the management structure. Support staff were line managed by team leaders who in turn were line managed by area coordinators. Within the main office there were allocated roles with clear responsibilities for safeguarding, quality and monitoring, HR, finance and complaints.

Staff told us they were happy in their work, they felt they fully understood their role and were committed to supporting people they worked with. Staff commented positively on the service and felt well supported by their colleagues.

Staff meetings were held regularly and staff who were unable to attend were issued with copies of the minutes. Staff told us that the registered provider had recently held staff engagement events. The registered provider held these events to update staff on any organisational changes as well as to give staff the opportunity to put forward ideas and suggestions for improvements. Staff spoke positively about these.

Through review of the staff rosters and discussion with people being supported by the service it was clear the registered provider had ensured enough staff were available at all times for people to complete their activities of daily living and undertake their chosen activities.

The registered provider had a system in place that recorded when care plan reviews, supervisions, annual appraisals and staff training was due. This helped to ensure that the quality monitoring systems in place were up to date and effective. Care plans and risk assessments were regularly reviewed to ensure they remained up to date. People were supported to participate fully in the development of their care plans. They said that this was important to them and it ensured they received support appropriate to their needs. This meant the registered provider ensured people received appropriate care and support to meet their individual needs.

Records showed the registered provider actively sought and acted upon the views of others. People supported, relatives and Healthcare professionals were regularly asked for their views about the service. The information received was used for the continual development of the organisation. One person said they

felt valued and that their views made a difference.

The registered provider undertook weekly and monthly audits which included medication, accidents and incidents and daily records in line with the organisational policies and procedures. Medication audits were undertaken within each person's home and this information fed in to a larger audit. The information was used to identify any patterns or trends including issues regarding staff competency. Records showed staff had been removed from medication responsibilities until they had demonstrated improved competency following the registered providers policy and procedure. Safeguarding records were all collated and audited every month. This information was used to identify training needs and service user groups particularly vulnerable to safeguarding concerns. Accidents and incidents were recorded within each person's home and also recorded on a centralised computer system. Each person involved had a delegated responsibility and the process could not be closed until all areas of the document had been signed off as completed. All audits identified actions required and were fully updated following the completion of actions. The registered provider held regular meetings with all management leads to review all audit areas. Development areas were identified and action plans put in place with completion dates.

The registered provider had informed the Care Quality Commission (CQC) of a number of incidents that had occurred within the service. The registered provider had undertaken thorough investigations and had followed their disciplinary policies and procedures. They took appropriate action when poor care and practice had been identified. Records showed prompt action had been taken to minimise the risk to people using the service.

The service had notified CQC promptly of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within a service.