

Alternative Futures Group Limited Wirral Branch Office

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We undertook an announced inspection of Wirral Branch which is part of the Alternative Futures Group (AFG) on 11 March to the 19 March 2015. We told the provider two days before that we were going because the manager is often out supporting staff or visiting people who use the service. We spent time on the 16 March 2015 making telephone calls to people and their relatives. On the 17 March 2015 we visited the organisation's head office and talked to the head of services. On the 18 March we visited people in the community. On the 19 March we spent time holding a discussion at the Wirral Branch location where

we invited people who used services to come along and talk to us. Wirral Branch AFG currently provides support to 189 people living as tenants in their own homes in the community.

During the five days we spoke with a total of twenty three people using the service, twelve people face to face and eleven on the telephone. We visited three locations where people lived in the community. We also spoke with three relatives. Seven people using services came and spent time talking to us and telling us about the support they

Summary of findings

receive. There is currently 324 staff working at the Wirral Branch AFG. We talked with twenty one members of staff including support staff, the registered manager, four area managers and five leads of services at head office that were, compliance coordinator, safeguarding lead, human resources service manager, health and safety advisor and the contingency recruitment manager. The manager has been in place since 1993 and became the registered manager in April 2014, when the Wirral Branch AFG commenced providing a service. 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 and associated Regulations about how the service is run.

All twenty three people using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures. The twenty one staff we spoke with were able to tell us how they ensured that people were protected from abuse. All staff had received training about safeguarding and this was updated every two years. There were enough qualified and experienced staff to meet people's needs.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to provide the required support and care. There was an ongoing recruitment drive at the service where safe systems of recruitment were being followed.

The twenty one staff we spoke with knew the people they were providing support and care to. Care plans were in place detailing how people wished to be supported and people and their families were involved in making decisions about their care. People told us they were mainly happy with their support workers carers and that they followed the care plan.

People were supported and encouraged to eat and drink. Staff supported people to meet their healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Care plans had been developed to inform staff what they should be doing to meet people's needs effectively. All of the staff we spoke with knew the people very well and in discussions were able to tell us what support they provided. Staff also liaised with other healthcare professionals to obtain specialist advice to ensure people received the healthcare and support they needed.

There were systems in place to assess the quality of the service provided with action plans implemented when issues were raised.

The expert by experience commented.

Everyone I spoke to felt safe and no one had any complaints about the staff support. Most people made good comments about the staff and thought they were competent. People spoken with were happy about being treated with dignity and respect.

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 generally safe.

Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the office where the manager or senior was on duty.

Assessments of risk were undertaken for people using the service and staff. Information was in place to inform staff of the risks identified. There was a process in place for recording incidents and accidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people using the service.

There were adequate staffing levels at the service to meet the support needs of the people using the service.

Staff were recruited appropriately at the organisation and they had a four day induction with a two yearly two day follow up. There was a continuous training programme in place for all staff.

The medication procedure was out of date with current professional guidance in relation to where medicines are stored.

Good



Is the service effective?

The service was generally effective.

Staff had the skills and knowledge to meet people's needs. Staff were up to date with their training in areas such as role of support worker, understanding learning disability and mental health. However, all staff required training about the Mental Capacity Act.

All staff were supported in their role, supervision and annual appraisals were taking place appropriately.

People were supported to attend healthcare appointments in the local community. Staff monitored their health and wellbeing.

People were supported to eat and drink appropriately according to their plan of care and support. The staff reported to relevant professionals when there were issues.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff treated them with respect and were caring towards them. They told us staff provided good support.

The people who used the service and their relatives were supported in making decisions about their care and support.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about the people they provided regular support to and provided person-centred care.

Staff supported people to access the community in order for them not to become socially isolated.

We saw copies of the complaints procedure in the office and in the locations in the community. People told us they would talk to staff if they were unhappy with anything.

Good



Is the service well-led?

The service was well led.

There were systems in place to assess the quality of the service provided. People who used the service, and their relatives, were asked for their views about the care and support they received by completing questionnaires, attending meetings, open days at locations and in their care and support reviews. Staff were all requested to complete quality of service questionnaires on an annual basis.

Staff were supported by the registered manager and area managers. Staff were able to communicate with the manager and senior staff and felt comfortable discussing any concerns.

Good



Wirral Branch Office

Detailed findings

Background to this inspection

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

We undertook an announced inspection of Wirral Branch which is part of the Alternative Futures Group (AFG) on 11 March to the 19 March 2015. We told the provider two days before that we were going because the manager is often out supporting staff or visiting people who use the service. We spent time on the 16 March 2015 making telephone calls to people and their relatives. On the 17 March 2015 we visited the organisation's head office and talked to the head of services. On the 18 March we visited people in the community. On the 19 March we spent time holding a discussion at the Wirral Branch location where we invited people who used services to come along and talk to us. Wirral Branch AFG currently provides support to 189 people living as tenants in their own homes in the community.

During the five days we spoke with a total of twenty three people using the service, twelve people face to face and eleven on the telephone. We visited three locations where people lived in the community. We also spoke with three

relatives. Seven people using services came and spent time talking to us and telling us about the support they receive. There is currently 324 staff working at the Wirral Branch AFG. We talked with twenty one members of staff including support staff, the registered manager, four area managers and five leads of services at head office that were, compliance coordinator, safeguarding lead, human resources service manager, health and safety advisor and the contingency recruitment manager.

The inspection team consisted of an Adult Social Care (ASC) lead inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. We focused on talking with the people who used the service and their relatives and speaking with staff and looking at staff records, care plans and other records related to the running of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent to us. We also contacted local commissioners of the service who were positive about the care and support provided by Wirral Branch (AFG).

We requested information from the provider after the inspection. The information sent by the registered manager was quality assurance reviews, staff qualifications, the finance policy and the up to date complaint report.

Is the service safe?

Our findings

The twenty three people we spoke with said they felt safe using the service, comments included “I do feel safe using this service”, “I am safer here than anywhere else, the staff make sure of that.” and “I feel safe. I can talk to them if anything’s bothering me”.

We spent time talking with the registered manager and looking at safeguarding incident notification reports. The service was good at reporting safeguarding incidents and the CQC received information in a timely way with the relevant details included such as which local authority had been notified and what investigations were being conducted. All staff spoken with were aware of reporting concerns to the local authority safeguarding team when they had concerns about the safety of a person. The organisation had a system where all notifications would go to the safeguarding lead at the head office where the information was logged and checked for relevance.

We spent time talking to two safeguarding leads at the head office. We discussed the reporting procedure and the outcomes of safeguarding notifications. The CQC received monthly updates to inform what investigations had been closed and keep us up to date with on-going investigations. There was a copy of local safeguarding protocols in place in the main office and the three locations we visited in the community. There were up to date policies and procedures on display for staff to follow when there was an incident. There was a booklet called ‘No Abuse’ that was given to all people using the service. This was written in an easy read format and available in different formats and languages if requested.

The twenty one staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they knew how to report any concerns and would use the whistleblowing policy if they deemed it necessary. All staff were given access to the policies and procedures of the organisation; these were discussed at the induction and on-going training. Senior staff told us that staff would discuss policies and procedures at their supervision meetings and annual appraisals. The registered manager told us any changes or updates would be discussed with staff at team meetings.

We spent time talking with twelve staff that had been TUPE transferred in December 2013 from another organisation

into Wirral Branch (AFG). We were told all had done the four day induction and safeguarding training and were knowledgeable about how to report any issues or concerns.

All of the twenty one staff spoken to told us they thought they provided good care and support to the people they provided a service to and they would report any bad practice or mistreatment. There were 324 staff working at the Wirral Branch of the Alternative Futures Group (AFG).

We discussed staff recruitment with the registered manager, four area managers, the contingency recruitment manager and the core services human resources manager. We were told that they had a rolling recruitment programme at the service. The vacancies were mainly filled in the interim by the contingency support staff that were recruited and trained by AFG. The contingency staff worked flexible hours that suited them rather than a fixed contracted role. We were told that when there was an issue filling a vacancy, or when staff were training or absent, an agency was used. The registered manager told us that only competent support staff were used and the organisation monitored the use of agency staff ensuring their competencies.

We spent time discussing staff recruitment checks with the core services human resources manager who told us that staff were not employed until all relevant checks were completed. We looked at six staff personnel records, including one recently recruited member of staff. We saw that this had the correct evidence of qualifications. We saw that references and appropriate checks such as Disclosure and Barring Scheme (DBS) disclosures had been obtained. The provider had a disciplinary procedure and other policies relating to staff employment.

Risk assessments were completed for people who used the service as part of the assessment of care and support. They included the person’s mobility, mental health and wellbeing, environment, moving and handling and health and safety, medication and use of equipment. The seven care plans we looked at all had risk assessments to inform staff of any risks identified. Risk assessment action plan records were completed adequately to inform staff how they should minimise any risk areas. The information was clear and worked in conjunction with the care plans.

There were adequate staffing levels to meet the needs of the people receiving care and support. The twenty three

Is the service safe?

people we spoke with and three of their relatives said that they were happy with the support staff. The relatives of two people told us that their relatives had a mental health illness and that at times the office did not communicate with them when there were changes to their support. We discussed this with the registered manager and other senior staff. We were told that families were liaised with if the person receiving support wanted them to be or if this was written in their care plan.

Wirral Branch (AFG) provided care across the Wirral and parts of Liverpool and had teams of support workers working in specific locations. People using the service lived in their own accommodation as tenants and the support was provided there. At most locations this included twenty four hour staffing. There were staff offices/rooms at each location for staff to work in completing records. The staff spaces were lockable so that records and staff possessions could be stored safely.

The staff spoken with told us they were happy with their roles and that they knew the people they were supporting. Comments from staff were “We work as a team and provide good support to people”, “We can call the area manager or team leader and they will respond quickly to any concern”. Another support worker said “I do move to other locations at times, I like that though meeting new people and learning new ways of supporting them”.

In discussion with the four area managers we asked about the short notice cover for supporting people when staff were off duty on short notice. We were told that they would liaise with the support staff working at the location if not available would contact the contingency staff manager. The registered manager said that all senior staff were aware of the procedure to follow to ensure that the staffing level at each location was adequate to meet people’s support requirements and to ensure the safety of people using the service and staff.

We spent time looking at the medication policy and procedure that the registered manager told us was being updated by the provider. At the three locations we visited, each staff office/room had medication boxes secured to the walls and each one had its own key for access. We were

told by the area managers and all other staff that the procedure was that people went to the office for their medication at the specific time their medication was due. Staff then gave them their medication and completed the Medication Administration Record (MAR). We discussed this procedure with the registered manager as this was not supporting person centred care or good practice professional guidance in relation to where the medicines were stored for people being supported in their own home. We were told that this procedure was being looked at and updated.

We looked at seven care plans which included people’s medication care plans and risk assessments. There was detailed information on what the medicines were and the frequency of when staff was to support a person to have their medication and how this was to be provided. The staff we talked with said that they provided the medication support described in the person’s care and support plan, including ‘prompting to take’. This included handing the medication appliance aids or bottles to the person. The staff said they completed a Medication Administration Record (MAR) that showed they had provided the support. The area managers and senior staff showed us completed MAR sheets which were in a medication file for each person living at that location. We looked at seven completed MAR sheets and noted they had been completed correctly by care staff. However staff had not recorded ‘as required’ (PRN) medication appropriately. One record showed staff were providing a person with PRN medication on a regular daily basis and another record did not have any information on the MAR sheet about what time or for what reason the PRN medication had been given. Twenty two people spoken with said that medication was provided appropriately. One person told us “They make sure I take my medication at 9 am in the morning and 6 o’clock at night. I’ve never had to complain.” another said “They keep you waiting for meds”.

The staff we talked with told us that enough gloves and aprons were supplied by the provider to support people with their personal care if this was part of the care and support plan.

Is the service effective?

Our findings

We asked twenty three people about the skills of the staff and if they were competent in their roles. Comments received included, “Yes very, my support workers are great”, “Staff are really good they help me all the time. I go out every day with them”, “They are really good at their jobs and lovely too”, “Staff are ok”, “They’re nice. They’re lovely”. A relative told us, “The staff are good, no complaints”. The people we spent time talking with told us that they knew their support workers. However, two people told us they did not get on with some staff. We asked them why but were not told.

Staff were aware of the Mental Capacity Act (MCA) 2005; however none of the staff had received training about the MCA. We were shown the provider’s intranet for staff that had two page information on the MCA and what it meant for staff. We were told that a training programme was being implemented and would be rolled out for all staff in the near future. We were told that this would be included in the induction programme for new staff from April 2015.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We were told that there were no DoLS applications in place for anyone using the service. The registered manager told us that the local authorities had been liaised with regarding MCA assessments and the provider used a record for each location called a ‘restrictive practice record’ that was completed by staff if a restrictive practice was taking place. The information we looked at showed how the provider intended to implement the procedure including completing the appropriate documentation for example, risk assessments, risk management plans and reference within the person centred plan.

We looked at records for staff training. We saw that staff were up to date in training for providing support and care. The provider had a training department with training coordinators who provided an induction that included theoretical and practical training. New staff shadowed experienced staff in the community. The training was based on the Skills for Care Common Induction Standards. We looked at the training matrix for staff that showed how the service monitored staff training and that alerted the area managers and senior staff when refresher training was due.

Staff training included person-centred care, health and safety, food hygiene, moving and handling, dignity and respect, medication, dementia, record keeping, notifications and communication, mental health awareness, challenging behaviour, and understanding learning disability. The twenty one staff spoken with said the training was good and relevant to their roles in the organisation. Twenty staff told us they were up to date with training and three staff said they were currently updating their training as they had been off work for a period of time. Staff spoken with told us that they had also completed, or were in the process of completing, a Health and Social Care qualification. There were 171 staff with a National Vocational Qualification (NVQ) level 2, and 61 staff with level 3. There were 13 senior staff with an NVQ and QCF in management at level 3, and 21 senior staff with NVQ level 4 or a management qualification. We were told that 13 staff were currently working towards a qualification.

All staff spoken with told us that they received supervision on a regular basis. There was an annual appraisal procedure that had been implemented for staff. We were told by most of the staff we spoke with that they had received an annual appraisal. They told us that they were appropriately supported by the senior staff and that there was an open door policy. When we visited the locations in the community, we saw that staff communicated in a professional and friendly manner. We were told by the area managers that there was always access to the registered manager who supported them appropriately.

The registered manager told us that when a person started using the service and had been assessed for support, the manager matched the person to staff who had the skills to meet their needs.

At meal times, people were supported to access food and drink of their choice. The support provided included supporting people to prepare their meals, encouraging

Is the service effective?

people to buy food, and supporting them to use local cafes, and implementing a budget plan to budget appropriately for food shopping. Staff spoken with said they encouraged people to eat and drink, and if there were issues with a person not eating or drinking they reported this to the senior staff and to their GP and other relevant professionals involved with the person. Food preparation and food hygiene was part of the training provided at Wirral Branch AFG.

The seven care and support plans we looked at had details of the person's GP and any other health or social professional involved in the person's care. Staff told us that they contacted the person's GP if required and informed the senior on duty. Staff told us that they would call the emergency ambulance service if required. We looked at the communication books completed at the three locations we visited. Each one had relevant communication as to how staff had liaised with professionals on the person's behalf and if appointments were made. Staff monitored people's health and wellbeing. Staff were competent in noticing changes in people's behaviour and acting on that change and reporting as required to the senior staff on duty.

We spent time visiting three locations where people lived in their own flats as tenants. Four people invited us to see their accommodation. All four told us that staff supported them in running their household in different ways, for example one person had support to do their cleaning and laundry, and two had support in ensuring their bills were paid. Another had support to do their shopping and all had one to one time to meet their social care needs. The locations where people were supported by Wirral Branch all had landlords who were responsible for the health and safety of the accommodation. Staff checked the fire alarms and reported any maintenance required through the head office health and safety advisors.

Most locations were staffed over the twenty four hour period and a team of staff were based there. Two of the three locations visited showed that staff were not provided with a good working environment. Furniture was ripped and very old, the décor was in a bad state of repair and one office was cold. Staff spoken with said that they had told the managers. We discussed the staff working environment with the registered manager who told us he would report this to the provider.

Is the service caring?

Our findings

The twenty three people who used the service and the relatives we spoke with told us that staff treated them well and comments included, “They’re nice. They’re lovely”, “Very happy with the staff, they are all respectful to me and my family”, “The staff are brilliant. The service is perfect. They help with the cleaning of my flat, going to the doctors and have helped him get involved in courses. All I’ve got to do is ask. They are always concerned for me. They are nice people”. A relative commented, “Generally, the staff are fantastic. I’ve got no complaints whatsoever”. People who used the service told us they were supported where necessary, to make choices and decisions about their support.

We discussed respect and people’s privacy with people using the service. We were told that staff were always respectful and comments they made included, “The staff are always respectful to me, I look forward to them coming to support me”, “So happy they care a lot for me, lovely, they have been such a help to me, I could not ask for better”. People told us that staff maintained their dignity when supporting them with personal care.

People told us they had been involved in writing their care plan and agreeing what care and support was required to meet their needs. People’s preferences and important information had been recorded to inform support staff what was important to them. All of the people spoken with

told us that the support staff mainly did what was agreed in their care plan. All of the people being supported had contracted hours where certain tasks would be carried out with them. This included personal care support, environmental support, going into the community social care support.

Staff told us “I think I do what is required of me and I support people to the best of my ability”, “I think we all provided good support to the people using the service” and “I treat people respectfully the same as I would want people to treat me or my family”. Staff told us that they were aware of issues of confidentiality and did not discuss the personal information of the people they supported.

We held a meeting with seven people and they told us they were well cared for and staff supported them very well. All seven told us that they were aware of the complaints procedure and would talk to a member of staff if they were unhappy about something. Two people wanted to commend their support workers for their good work.

We spent time discussing the use of advocacy services for people if they requested the support or if the service required an advocate to support the person and act on their behalf. We were shown information at the head office, location office and at three locations where people lived. Advocacy information was in booklets and on display on notice boards. The information was available in different languages, braille and pictorial if required.

Is the service responsive?

Our findings

People using the service and their relatives told us that the care was person centred. Their care and support plans had been developed to meet their support needs and the staffing levels were in place to meet the plan that was agreed. Comments included, “The staff are really good, they are excellent”, “I go out every day in my car with staff, it’s good”, “I go out all of the time with staff I need someone with me all the time”, “She’s very good to me. She comes in the taxi with me for shopping – the big shop. I feel very supported when she’s with me. We have a lot of fun. I look forward to seeing her”. Another person commented, “I would like to go on holiday on an aeroplane to a hot country and would like to go swimming more often”.

Staff were knowledgeable about the people they provided support and care to. All support staff told us that they were aware of the preferences and interests as well as the support needs that enabled them to provide a personalised service. They understood the importance of providing good support and care and commented that they reported to the senior staff if they felt that care being provided was not good.

We looked at seven people’s care plans. These contained personalised information about the person such as their background and family, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care and support plans developed. The information was up to date and relevant. People told us that their care and support plans were up to date; all the staff told us that they always checked the care and support plans, communication diaries and daily logs to make sure they were up to date and aware of any changes.

Care and support plans were reviewed annually or more frequently if required due to a change in the person’s circumstances. We saw records of reviews in all seven care and support plans., Relevant people had attended the

meetings including the person being reviewed, their key support worker, duty social worker and relevant relatives or advocates. Records looked at showed if any changes had been implemented, for example two people had their support one to one hours increased and one person was moving as they were now able to live independently in the community.

All twenty three people we spoke with, and three relatives, told us they were aware of the complaints procedure at Wirral Branch (AFG) and would use it if necessary. People told us support staff listened to any concerns they raised. We looked at the complaints records and ten complaints had been recorded. We saw that the complaints had been investigated, and had an overview of what actions had taken place. We saw the correspondence linked to the complaints and the status of the complaint.

People required varying amounts of support from staff in respect of their personal care. The registered manager and staff told us that people were always supported and encouraged to attend to their own personal care if possible and practicable; staff would mainly assist and support and ensure the safety of the person.

All of the people we spoke with had one to one time with support staff. This time was used for numerous support activities that included going into the community and doing things they like to do. One person told us they went fishing and plans were being implemented for them to do this activity more often. Another person told us they like going to eat out, staff supported them to do this.

Staff told us that plans for one to one support changed all the time depending on the person being supported and what they wanted to do. Staff told us that they went into the local community and found activities for people to get involved with. These included IT at a local library and walking with a group of people to get fit. Staff also supported people back into learning environments and getting suitable work.

Is the service well-led?

Our findings

There was a registered manager at the service who had been in post since December 2013. The manager had worked for the organisation for a few years and was passionate about their role and the care and support provided to people. People we spoke with said the management team were approachable and friendly. People who used the service and their relatives told us that the managers tried to resolve issues. Comments they made were, “I know who to talk to if I have any issues”, “The manager is lovely, she cares and she is always nice to me” and “The manager comes to my home regularly to ask if I’m ok and happy with the support”. A relative told us, “The manager is really good”.

Staff told us that the registered manager was supportive and gave advice and support when requested. They said “Great manager, knows a lot and always available”, “Works as part of the team and knows his role” and “Gets things done and works hard to meet the support needs of the people using the service, as do well all strive to”.

Staff told us that the registered manager, area managers and team leaders always enquired if they were happy in their role and always fed back information and comments from the people who used the service. We saw a lot of compliments and thank you cards on the notice board in the Wirral office.

There were systems in place to assess the quality of the service provided. Satisfaction questionnaires were sent to all people using the service annually. These were sent back in a stamped addressed envelope provided for confidentiality. The manager told us that satisfaction surveys were also given to all relatives and staff. The satisfaction questionnaires were looked at by the provider and a report collated. We requested a summary of the collated satisfaction surveys with any action plans. We received this information from the provider. There were clear action plans with dates, for example how people want to be supported in their one to one time. People and staff looking at their support plans and check to see if they truly reflect the person’s aims and aspirations. Information shared by the registered manager showed that this had been implemented.

We looked at information which showed how the organisation was striving to continuously improve the service they provided. We looked at team meeting minutes from locations, managers meeting minutes, and minutes of meetings for people who used the service. Nominated staff representatives from each location were invited to get together and discuss and improve staff understanding and key issues raised and this was detailed in a newsletter.

There was always an area manager or a senior member of staff on duty to make sure there were clear lines of accountability and responsibility outside office hours..

The registered manager provided us with information on spot check visits and reviews that took place by the area managers and team leaders to ensure they were providing a good service. We looked at records and saw that the Information was collated then actions were implemented. Each member of staff was required to meet the action plan and this was discussed as part of their supervision meetings.

We liaised with the local authority quality assurance person who was working closely with Wirral Branch AFG. We were told that there was a programme called the ‘Just enough support’ the local authority and staff were working at meeting people and ensuring they were receiving the relevant support. We were told by the local authority quality assurance officer that they were happy with the service being provided by Wirral Branch AFG.

Contracts were in place for the community care and support being provided to all of the people using the service. We saw all seven care and support files looked at had an agreement signed and dated. The local authority had monitoring systems in place to assess the quality of care provided to the people they had commissioned care for. The registered manager told us that if a person had difficulty making a decision or if there was a change to a person’s ability to make a decision they would liaise with the local authority who commissioned the person’s care and support and request a review of care take place.