Caring Alternatives Limited

Caring Alternatives Gibfield 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 carried out this announced 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, and to provide a rating for the service under the Care Act 2014.

Caring Alternatives Gibfield Office is a supported living service that provides support to adults with mental ill health within their own homes. People have tenancies at three premises in Wigan and a further premise in Elmsmere Port. At the time of the inspection, 32 people were being supported by the service. The service's office is located in Atherton.

A registered manager was in place at Caring Alternatives Gibfield Office for the regulated activity personal care. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We found an effective system was not in place for the management of people's healthcare needs. People received support from a range of healthcare professionals and we saw evidence of referrals being made appropriately. However, one person had not received support to manage a healthcare condition; this had meant they had not received the care and treatment they required.

Staff told us they received good day to day support and that they enjoyed their jobs. We checked staff records and found that the recorded delivery of supervisions and appraisals was inconsistent, and that a number of staff had not had a recent appraisal.

All the feedback we received from people we spoke with and individual satisfaction surveys we viewed were extremely positive. People told us they were very satisfied with the care and support they received from the service.

Staff demonstrated a good understanding of the needs of the people they supported. We found staff to be warm and caring in their approach and interested in providing care and support that was centred around people's individual needs. We saw examples, of staff working with people to achieve the goals they had set for themselves.

Care plans were clear and comprehensive. They contained guidance for staff about the care and support that people required and also details of people's personal preferences. We saw evidence of people's nutritional needs being met. People were fully involved in their initial assessment, development of their care plan and in the reviews of their care.

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?

Good

The service was safe. Staff had a good understanding of how to keep safe the people they supported. This was because staff had received safeguarding training and could demonstrate how they would identify and respond to abuse. Risks to people were identified, assessed and monitored.

Staff had been trained in, and had an understanding of the Mental Capacity Act.

Staff were recruited safely and appropriately with all required checks undertaken. Staffing levels ensured care could be delivered safely and met the needs of the people they supported.

Is the service effective?

Requires Improvement

The service was not always effective. Arrangements were in place to ensure people accessed health care. However, we found one person had not received effective support with managing their healthcare needs.

People's nutritional and hydration needs were being met. Were people had specific nutritional needs, staff supported people with those needs effectively. Referrals to other professionals such as dieticians had been made when necessary.

Staff accessed an induction programme when they started work, which included the opportunity to shadow experienced members of staff. Staff told us they felt well supported day to day within their roles. However, the recorded delivery of supervisions and appraisals highlighted that staff may not always receive their supervision and appraisal.

Is the service caring?

Good

People told us the staff were caring. We observed caring and supportive interactions between staff and the people they supported. Staff treated people with dignity and respect.

We observed that staff had a good understanding of both people's care and support needs and their individual preferences. People were encouraged to maintain relationships with their family and friends.

Staff had a good understanding of equality and diversity and pro-actively sought to support people with their individual needs.

Is the service responsive?

Good

The service was responsive. People felt the service was flexible and based on their personal wishes and preferences. People were encouraged and supported to pursue interests and hobbies, and work towards goals they had identified with staff.

Summary of findings

People's assessed needs were clearly reflected in the care records we viewed. Care records were clear and provided comprehensive guidance on how people's care needs should be met. Information identified people's personal preferences about how they liked their care and support to be delivered.

There had been no complaints about the service in the last 12 months. People knew how to make a complaint and told us if they had any concerns at all they would feel confident to raise them with the care co-ordinators.

Is the service well-led?

Good

The service was well led. The management team promoted strong values and a culture centred around individuals. Staff enjoyed their work and spoke positively about the service.

There was a quality assurance system in place. Information on individual incidents and accidents was identified, recorded and investigated.

People were listened to and encouraged to express their views about their care and support. A questionnaire had been sent out to people who used the service to ask for their feedback about their experiences of the care they received.

Caring Alternatives Gibfield Office

Detailed findings

Background to this inspection

We visited the agency unannounced on 21 and 23 July 2014, and 11 August 2014. Our inspection team was made up of an inspector from the Care Quality Commission. Before our inspection we reviewed all the information we held about the agency including notifications received by the Care Quality Commission. We contacted the local authority, which commissions care from Caring Alternatives and Wigan Healthwatch to gather information about the service.

Before the inspection, the 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.

During the inspection we visited three people in their own flats. We also attended a coffee meeting and spoke with six people who used the service. Throughout the inspection we observed the way staff provided support and interacted with people. We viewed feedback from a recent questionnaire that had been sent out to people who use the service.

Over the three days of the inspection we spoke with the registered manager, the two care co-ordinators, the wellness and recovery facilitator, the administrator and three support workers. We also spent time looking at records. These included people's care records, staff records and records relating to the management and oversight of the care agency.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe and were satisfied with the support workers that came into their flats. One person said "There are never any problems here with the staff, they are good." Another person said "The staff treat me very well and I like living here."

All staff employed by the service had received safeguarding training in the last two years. We spoke with the two care co-ordinators, and three support workers about safeguarding. All had a good understanding of what abuse was and were able to clearly describe how they would respond if they identified potential abuse. All three support workers told us if they were to identify a concern, they would report this to the care co-ordinators who would make the safeguarding referral. The care coordinators both had an understanding as to how to make a safeguarding referral to the local authority. One of the care coordinators explained a safeguarding situation they had identified and how they had referred it though.

The service had a safeguarding policy in place. This policy was designed to be used in conjunction with the local authority's safeguarding procedure. There had been five safeguarding referrals made by the service over the last twelve months, all of which had been reported appropriately. This meant that arrangements were in place, and being used, to help keep people safe from abuse and avoidable harm.

The service had a policy in place in relation to the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make decisions about their care. Training records showed that three quarters of the staff currently working for Caring Alternatives had received MCA training. All staff we spoke with demonstrated an understanding of the MCA.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Applications for DoLS in supported living must currently be made directly to the Court of Protection. At the time of the inspection, no applications had been made to the Court of Protection.

We found risks were identified, assessed and managed in a way that protected people effectively. We looked at three people's care records and found these contained risk assessments for areas such as nutrition, falls, and a 'home risk assessment'. Risk assessments were updated at the same time as the care records or sooner if a new risk was discovered. Risk assessments were personalised to the person they related to, so each person had risk assessments for areas that were specific to them. For example, one person had a risk assessment around a specific health condition they had.

We looked at the recruitment records of two support workers. Appropriate recruitment checks were undertaken before people started to work for the service and these were clearly recorded. Checks included: two references, identification checks, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the numbers of staff employed to support people and their families and saw that these were sufficient to meet people's assessed needs. The registered manager explained that recently a number of people had received reductions to the number of hours of funding they had received and this had led to a corresponding reduction in staffing levels. The registered manager showed us records of how they calculated staffing levels against the number of paid hours of care; this demonstrated staff levels were adequate. Staff we spoke with during the inspection were all aware of the reduction in people's hours and told us they were able to meet people's needs but didn't have quite as much time now for other social activities such as supporting people to access the community.

A schedule had been put in place across the service for each member of staff on shift. This was used to ensure people received the care hours and support for which they were funded. One support worker said "The schedule, makes it easy to work out what other staff are doing, which ensures we don't miss anything and frees up some time for doing other things with people."

Requires Improvement

Is the service effective?

Our findings

We saw evidence people attended routine appointments with a range of health care professionals. Records were kept of all appointments attended, or when healthcare professionals visited people in their flats. However, for one person we found they had not been supported with their healthcare needs effectively. The person had a healthcare condition that had been deteriorating, which was having a significant impact on their mobility. We viewed their care plan, which showed they had capacity to manage their own healthcare needs but needed prompting and encouragement from staff to make and attend appointments. We spoke to the person who told us they had been to the GP, who had said they would make a referral for the district nurses to come and see them but the district nurses had not been.

We asked the care co-ordinators about this who then checked the person's care records. These showed the person had last seen the GP on 09 July, 12 days earlier. There was no record of when the next GP appointment had been booked. There was no record of staff supporting the person to arrange a new appointment or to follow up why the district nurses had not attended. One of the care co-ordinators rang the GP practice, who confirmed that a referral had not been made as planned to the district nurses. Therefore, the person had not received the care and support required for their healthcare condition. This meant there had been a breach of Regulation 24 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The majority of people who used the service did not have specific nutritional needs. One person, had diabetes, which meant it was important for the person to have specific support from staff to ensure their nutritional needs were met. We looked at the person's care records and found there was a nutritional risk assessment dated March 2014. There was clear guidance available to staff about how to provide support for the person to manage their healthcare condition and their diet. This included prompting the person to make their breakfast.

One of the support workers told us about the support the staff team had provided to a person who found it difficult to maintain their weight. A referral had been made to the dietician and following this the person had attended a weight management class were they learnt about preparing and eating a healthy, balanced diet. From this they had gained weight and had started to enjoy their meals.

New members of staff undertook a 12 week induction programme, which included mandatory training with associated work books for completion. During this programme new staff shadowed experienced members of staff. The induction period also served as a probationary period to check staff had the right skills and attributes for the job. At the end of this period the service policy was to sign staff off and take them on as permanent member of staff. We looked at the records for two staff who had started in the last year and noted that the probationary period had passed and a meeting had not been held. Neither of these members of staff had signed their contracts.

The staff we spoke with told us they felt well supported on a day to day basis. One person said "I enjoy it here and get on with all of the clients." They went on to talk positively about the are co-ordinators and that if they needed any support with anything they were always helpful. Another person said "I love it here. It is the best job I have ever had."

Two of the support workers we spoke with were very positive about their supervisions and said they took place regularly. One person said, "My last supervision was really good. There is always training available. Another support worker we spoke with couldn't remember when they had last had a supervision. We checked five staff records and found gaps in the delivery of all their supervisions and appraisals. For example, one person who had been employed for a number of years had last had a supervision in November 2012 and had no appraisal information on their staff file.

We asked for an overview of staff supervision and appraisals that had taken place. We were told this was not available, as there had been a system for recording this but it had lapsed. The registered manager told us they thought more supervisions and appraisals had been carried out than what was evident on people's staff files as some of the records had not yet come back to the main office. The registered manager told us they would review the recording system to ensure they had oversight of the support staff were receiving.

We looked at staff training records to see what training people had received. Of the staff working in supported

Requires Improvement

Is the service effective?

living, over two thirds had achieved their National Vocational Qualification (NVQ) level 2 or above in care. The care co-ordinators showed us confirmation that further staff had recently been signed onto NVQ courses. Staff had accessed training in a range of areas including medication, safeguarding, and moving and handling. There had been some slippage in booking people onto courses for their yearly mandatory refresh training. However, an e-learning system had been implemented, and we were shown evidence that people were now working their way through their updated training more regularly. Overall, we found that people received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

Good

Is the service caring?

Our findings

People told us the staff were kind and treated them with respect. One person said; "They are always friendly." One person said, "The staff come in twice a day to help with my medication. They are alright. I am quite independent though and they respect that." Staff had developed caring and positive relationships with the people they supported. During the visits we made to people in their own flats, we observed good interactions between staff and the people they supported. This was confirmed by all the people we spoke with.

All the staff we spoke with during our visit demonstrated a good understanding of the needs and preferences of the people they supported. For example, one care worker described how they had noticed one of the people they supported appeared to be in pain. They explained how the person was a very private person and how they had engaged with them to find out what was wrong. They had then found the person needed to access medical advice and explained how they had supported the person to go to the hospital and receive treatment.

We found staff had a good understanding of equality and diversity, and pro-actively protected people from discrimination. One person with specific needs explained how the staff supported them day to day to enable them to live their life in the way they wanted to. They said "It is alright here and the support means I have been able to live independently." We found staff had made a referral to other health professionals and were working to provide support to the person in line with their individual needs.

Support workers we spoke with explained to us how they made sure people received help with their care in a way which respected people's choices and responded to their needs. For example, one member of staff chose to arrange their hours around the healthcare appointments of the person they supported. We were told by the registered manager that induction training covered respect and dignity, and the values that were expected by staff.

Staff supported people to maintain relationships with their family and friends. The care co-ordinator told us staff had worked with one person to arrange planned stays with their family. During these stays the staff had put in place a system where they rang the person each evening to remind them to take their medication.

The care co-ordinators told us they accessed advocacy services when people needed additional support or lacked capacity for a significant decision. One person had highlighted to staff they were concerned about the reduction in their hours and as a result a referral had been made to the advocacy service. This meant the person received independent support to put their views across in their professionals' review meeting.

Good

Is the service responsive?

Our findings

People told us they were involved in decision making about their care and support. One person said "I know they have put in place a timetable now, so I know when they are going to come in." They showed us their care records and diary of the care they received, and said that the staff treated them well and listened to their views.

The people living at one of the buildings used by Caring Alternatives were currently making decisions about a potential move to an alternative building, that is thought will offer more opportunities for independence. The care co-ordinators explained the service had been going through a consultation period with people about what they want. We were told the next step was to undertake capacity assessments about this decision and to refer people to the advocacy service.

We saw that each person who requested support from the agency, had a full assessment prior to the service starting. From the assessment a care plan was developed that covered people's care and support needs. The registered manager told us that people were fully involved in deciding what care and support was required. We reviewed five people's care records and found detailed information was present about people's care and support needs. In addition, contact details were present for other healthcare professionals that were involved in their care. People told us they felt involved in their care.

We looked at three people's care records and found these were informative, relevant to each person and up to date. Details of the care required to meet the assessed needs were clearly documented. We saw evidence confirming that the provision of care was discussed with the person who would be receiving care and their family members, if this was appropriate.

The care co-ordinators explained people were encouraged to retain as much independence as possible and the support plans we looked at confirmed this. Social histories had been completed and there was information about people's personal preferences and how they liked to spend their time.

Staff had up to date guidance available to them about how people's care and support should be delivered. Reviews of people's care were carried out every six months. The care co-ordinators told us that if there were any changes in people's care needs before this time period then the care plan and associated risk assessments would be updated immediately. We checked three people's care plans and found that all had been written within the last six months and therefore were not yet due for review.

Staff we spoke with demonstrated a commitment to people having choice and control about how they spent their time. We found staff offered support and encouragement to people to access the community where people had care hours for social support. Staff were flexible in how they worked to respond to people's requirements. One person told us that staff had supported them to access a club that related to their hobby, and now they were able to attend this independently. Another person told us about the music they liked, and where they liked to go with staff to listen to music. A number of people were supported by staff to go to a nightclub once a week. We found the service was organised around people's needs.

We spoke with the wellness and recovery facilitator, who had worked for the service for seven years. At the time of the inspection, they worked for two and a half days per week to promote opportunities for people to live independently and work towards outcome based goals. They had a specific interest in art based therapies, and told us about two people who used the service who had developed a passion for art. Both people had pieces of art displayed in the communal areas of the building. The wellness and recovery facilitator described how the development of creative skills had improved people's self esteem and confidence, and provided a positive outlet for expressing emotion. One person had told the wellness and recovery facilitator that it helped them relax and made them feel they were in a 'world of their own'.

Staff were able to describe specific support they had provided to enable people to do the things they wanted to. For example, one person who had restricted mobility was supported to go fishing. This involved thought being given to a suitable location, seating and transport arrangements, which were successful. Another person had expressed an interest in the history of Liverpool and wanted to go for the day but had anxieties about public transport. The wellness and recovery facilitator supported the person around the planning of the day and went to Liverpool with them. This visit was reported to be a success and led to another trip being planned.

Good

Is the service responsive?

The service had a complaints policy in place. This contained information about how the service would respond in the instance of a complaint. There had been no complaints made about the service in the last 12 months. All the people we spoke with said they did not have any concerns. However, if they did they said they would tell one of the support workers, or care co-ordinators and told us they would feel confident to do so if necessary.

A tenants' meeting was held each week. The wellness and recovery facilitator organised these meetings and explained that the meetings were used for a range of purposes. Meetings were sometimes related to the running of the service. They also covered topics that people were interested in and had recently had a session on mental health issues. There had been a drop in the number of people attending, which they thought might be because of a change in the day the meeting was held on. The wellness and recovery facilitator showed us a letter they had sent out to all tenants to ask if they would prefer an alternate day or time. They planned to look at the responses to inform whether the day needed to be changed. We were shown a copy of the last tenants newsletter, which included articles and pictures from events tenants had attended.

Good

Is the service well-led?

Our findings

A registered manager was in place at the service for the regulated activity personal care. The registered manager was supported by two care co-ordinators who provided oversight of the day to day delivery of care within the service.

We found there was a positive culture within the organisation, and that staff were committed to delivering good quality care. The care co-ordinators explained the ethos of the service was to deliver goals based care with the aim of people achieving the outcomes they personally wished to achieve. The registered manager, care co-ordinators and the wellness and recovery facilitator worked together as a team to manage the service.

Leadership within the service was good. The registered manager planned to develop the care co-ordinators further. The care co-ordinators were trained to National Vocational Qualification (NVQ) Level 3. The registered manager told us they intended for the care co-ordinators to be trained to NVQ Level 5 whilst developing their skills to include additional management responsibilities.

The service had a whistleblowing policy, which was available to all staff. We spoke to staff about what they would do if they had any concerns. They told us they would not hesitate to report anything they thought was not right and were confident the matter would be investigated and dealt with by the care co-ordinators.

There was a quality assurance system in place at the service, called the 'Quality Assurance Framework'. Each person's care plan had been rewritten by the two care co-ordinators. The registered manager told us they had reviewed and signed off each care plan as they had been completed. Care plan audits were not yet being undertaken, as the care plans had recently all been rewritten. The registered manager told us care plan audits would be reinstated now all the new care plans were in place.

Incidents and accidents were identified, investigated and reported appropriately. We tracked one incident that had occurred in June 2014 and found this had been fully reviewed and signed off with a positive outcome achieved. When incidents or accidents had been investigated and signed off they were filed within people's care records. There was an incident log in place to centrally collate incidents and accidents so they could be reviewed for any trends or patterns. Recent events within the last couple of months were not recorded within the incident log, as this had lapsed. However, the registered manager demonstrated a good knowledge of recent incidents that had taken place, and confirmed they would update the log.

Following the inspection, the registered manager sent us the minutes of the last two management team meetings, which they told us took place bi-monthly to discuss quality of care issues. We looked at the minutes of the meetings held in May and July 2014. These showed topics had been discussed such as staffing, training and health and safety.

The care co-ordinators told us they regularly checked the views of people and their family members about the quality of care and support provided. Questionnaires had just been sent out and we were shown eight that had come back. Comments made were very positive and included: "All the staff are good with me. Am happy to be here."; and "I like all the staff." As the questionnaires had not yet all been received back, the overall analysis of the responses had not yet been completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010 Cooperating with other providers **The registered person did not have suitable arrangements in place to ensure that people were supported to access appropriate health and social care support.**