Caring Alternatives Limited

Caring Alternatives

Inspection report

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12 September 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an announced inspection of Caring Alternatives on 06, 07, 08 and 12 September 2017. The service had recently re-registered due to moving locations and this was the first time it had been inspected at the new location.

Caring Alternatives is a domiciliary care and supported living service that provides support to adults with mental ill health and/or a learning disability. People using the service are supported in their own home and have tenancies at properties in Bolton, Northwich, Barnton and Ellesmere Port. The service's office is located in Atherton. At the time of the inspection 25 people were using the service.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Whilst we were undertaking this inspection, we were aware that Wigan's safeguarding team were carrying out investigations into a number of safeguarding incidents and other allegations in relation to this provider that had been reported by several whistle-blowers. The people and properties that the allegations relate to are no longer part of this service so did not form part of this inspection, however we are still monitoring the outcome of the investigation into these allegations.

People using the service told us they felt safe. We saw the service had appropriate safeguarding policies and procedures in place, with all referrals recorded on a matrix. Staff had all received training in safeguarding vulnerable adults and were able to demonstrate a good understanding of how to report both safeguarding and whistleblowing concerns.

Both people using the service and staff members told us enough staff were employed to meet people's needs. Staffing was allocated based on people's needs and plans, to ensure one to one activities could be facilitated at a time that suited each individual.

We saw robust recruitment procedures were in place to ensure staff employed by the service were suitable to work with vulnerable adults. This involved all staff having a Disclosure and Baring Service (DBS) check, at least two references and full work history documented.

We saw there was both a policy and systems in place to ensure safe medicines management was maintained. People we spoke with confirmed they received appropriate support to ensure medicines were taken when required and as prescribed. People who wanted to take responsibility for managing their own medicines were supported to do so. We saw the service carried out regular audits to ensure medicines had been administered correctly.

Staff were complimentary about the induction and refresher training, and confirmed they received an appropriate level of training to carry out their role effectively. We saw all staff completed a comprehensive induction which included shadowing experienced care staff, before working in isolation with people who used the service. Systems were in place to ensure that staff received regular refresher training to ensure their skills and knowledge remained up to date and staff reported being able to request any additional training they wished to do.

People using the service spoke positively about the standard of care. People told us that staff treated them kindly, with dignity and respect whilst also promoting their independence. People were fully involved in all aspects of their care. People made their own choices about what they wanted to do, when and where they were supported. People were encouraged to set and achieve their own personal outcomes.

We looked at ten care plans, which contained detailed and personalised information about the people who used the service. The care plans also contained comprehensive risk assessments, which were regularly reviewed and helped to ensure people's safety was maintained. We saw that people had been involved in planning their care and were asked for their feedback through completion of care plan reviews, tenant meetings and surveys.

We found a range of systems and procedures in place to monitor the quality of the service. Audits were carried out by the quality and compliance manager and monthly reports sent to the commissioners covering a range or areas including people's progress, key performance indicators and staff training. We saw that action points generated through the auditing process had been carried through and documented.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

The service had systems and procedures in place to protect people from harm and keep them safe.

Staffing levels were appropriate to meet the needs of people who received support.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

People we spoke with told us they received their medicines safely and when necessary.

Is the service effective?

Good

The service was effective

Staff reported receiving enough training to carry out their roles successfully and were provided with regular support and supervision.

The service was working within the legal requirements of the Mental Capacity Act (2005).

People had consented to their care or decisions had been made in their best interest by their next of kin or representative.

Staff were respectful of people's right to choose but gave people appropriate information and encouragement to plan a healthy balanced diet.

Is the service caring?

Good

The service was caring

People told us that staff were kind and caring and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting independence and providing choice.

Meetings were held with people who used the service and they influenced what was discussed.

Is the service responsive?

Good

The service was responsive

Care plans were person-centred and individualised with information about people's likes, dislikes and how they wished to be supported.

The service had a detailed complaints policy, which was clearly displayed in each property. Where appropriate this had also been supplied in an easy read format.

People were supported to complete social activities of their choice and also supported to develop new and existing skills in areas of their choosing to increase their independence.

Is the service well-led?

Good

The service was well-led

Audits and quality assurance checks were carried out regularly and in a number of areas, to ensure good practice was maintained.

Spot checks and competency checks were carried out by the quality and compliance manager to ensure staff worked to high standards and they addressed any issues noted with care provision.

Staff told us they enjoyed working for the service and felt supported in their roles.

People using the service spoke positively about their experiences and said they would recommend the service to others.

Caring Alternatives

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 06, 07, 08 and 12 September and was announced. We gave the service 24 hours' notice, to ensure the registered manager would be in the office to facilitate the inspection, as well as allowing time to arrange for us to visit the various properties, speak to people using the service and staff members.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

We had not asked the provider to complete a Provider Information Return (PIR), which 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.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from Bolton and Cheshire West and Chester local authorities, who commissioned services for people at Caring Alternatives.

As part of the inspection, we spoke with the registered manager, the quality and compliance manager, seven staff members and eight people who used the service.

We looked at ten care plans, eight staff files and eight Medication Administration Record (MAR) charts. We also reviewed other records held by the service including audits, meeting notes and safety documentation.

Good

Is the service safe?

Our findings

During the course of the inspection we spoke with eight people who used the service and each one told us they felt safe in the presence of staff and also as a result of the care and support they received. One person said, "We all get on here. Staff are doing well with me." Another told us, "The best thing [about being here] is I get on with all the girls and I feel safer." Whilst a third stated, "It's safe here yeah, because of the fire bells and the signs saying mind the step."

We looked at the safeguarding systems and procedures in place. Due to the service providing support to people in two different geographical areas, the reporting procedures for each local authority were different. We noted the service had a file containing each local authority's policy and procedures, to ensure staff were aware of how to report any concerns. A safeguarding database was in place which was used to record all referrals. Information recorded included the date, description of incident, who had been notified, actions taken, lessons learned or outcome and any other pertinent information. The database was also used to record minor issues which did not meet safeguarding criteria and warrant a referral but enabled the service to capture this information to monitor patterns and trends.

We noted the Cheshire services had their own safeguarding matrix and also completed and submitted monthly low level safeguarding reports to the local authority, which detailed any minor issues or incidents, who had been involved, what action had been taken and the outcome. This ensured professionals who commissioned services were fully aware of anything which had occurred at the service.

We asked staff about their understanding of safeguarding and whether the service provided training in this area. Each member of staff told us they had received training and displayed a good understanding of how they would report concerns. One said, "Yes I did the care certificate right at the beginning. I did an online course plus in house training with [quality and compliance manager]." Another told us, "Yes, I did this at the beginning of the year, was a half day course run by the local authority. I have also done online training. Any concerns I would pass on to senior staff, if none available I would phone safeguarding myself." A third stated, "We've done loads of training on this, online and external courses. I definitely know what to look for and how to report any concerns."

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. We also saw a training course had been provided, to ensure staff were aware of the policy and procedures. Staff told us they knew how to raise concerns and would feel comfortable doing so. One member of staff stated, "We have done a training course to make sure we was aware. I would speak to [quality and compliance manager] or [director] then go above them to the local authority or CQC." A second said, "I would follow the policy. I have done this a couple of times since being here. I felt listened to and saw the issues I had raised were acted upon and addressed."

We checked to see if safe recruitment procedures were in place. We looked at eight staff personnel files and saw these contained each person's application form, full work history, interview questions and answers, proof of identity and at least two references. Disclosure and Baring Service (DBS) checks had also been

carried out with the DBS number clearly documented. A DBS check is undertaken to determine that staff are of suitable character to work with vulnerable people.

We looked at how accidents and incidents were managed. We saw a spreadsheet was in place which was used as an audit tool to oversee any issues, what had been done, lessons learned and whether the incident or accident had been raised as a safeguarding, police incident and referred to CQC. A separate file was in place for each property where people using the service resided, into which all incidents and accidents had been recorded. These files also contained a section for 'notes of concern', near miss incidents and duty of candour. In regards to the notes of concern section, we were told staff were encouraged to record any changes in behaviour or things which are out of character, that could be the pre-cursor to an issue arising. This would help the service in pre-empting potential incidents and putting things in place to minimise the risk of these occurring.

We noted completed incident forms were very detailed containing information about the person involved, description of where the incident occurred, what occurred, reporting process, remedial action taken and an Antecedent-Behaviour-Consequence (ABC) Charts had also been completed to review the incidents, which were also very thorough and descriptive. An ABC chart is an observational tool that allows staff to record information about a particular behaviour. The aim is to assist in understanding the function that a particular behaviour serves for an individual.

We asked staff members about what they would do if they witnessed an incident or accident. Each member of staff confirmed they would report this to the manager or senior staff on shift, and complete the necessary documentation. One told us, "We have an accident and incident form. I complete this here and then email to head office. We also write in the person's notebook as well." A second stated, "Record it, report it to the senior and fill in any other paperwork."

We asked staff for their views and opinions of staffing levels. All staff spoken with told us enough staff were employed to meet people's needs. One said, "Yes, there are enough staff. People are quite independent here." Another told us, "No problems [with staff], works like clockwork here, more than enough." Whilst a third stated, "Yes, we have enough staff, never any problems with shortages. Staff will come in to help out if ever needed."

People using the service also told us staffing levels were adequate and they received the support they needed. One said, "Got better recently, putting two staff on more often." A second stated, "Yes, I think so, don't have to wait if I need any help." Whilst a third told us, "Yes, there are staff here all the time."

We looked at staffing levels at the service and saw they employed twenty six full time staff who were spread across each of the properties where support was provided. A service manager was responsible for completing the rotas for services in Northwich, with the remainder being completed centrally at the office in Atherton. People's dependency had been assessed, however staffing levels were not allocated using a dependency tool, but based on people's plans and when they had requested one to one support. Staffing at the property in Bolton varied between one and two staff members during the day and one at night, who completed a sleep in. Whereas staffing at the three properties in Northwich varied during the week depending on people's needs and plans. A senior support worker was always supernumery and based at one of the properties, as was the service manager. This provided flexibility to cover for any sickness or absence.

In all of the care plans viewed, we saw comprehensive risk assessments, which were detailed, easy to read and follow and were person centred. Prior to admission, a mental health risk assessment and screening tool

had been completed to identify what risk management plans were required. A number of other risk assessment tools had been employed such as the violence/aggression indicator, which contained 15 questions. The answers provided each had a numerical value attached which was used to determine the level of risk, if management plans were needed and how often they required reviewing. We noted in each case where the tool had indicated a management plan was needed, this had been drawn up and reviewed as per recommendations.

Each person's risk management plan was individualised dependent on their needs and specific risks. The management plans all contained a rating of the risk level before and after the plan was put in place. We saw examples of positive risk taking being included in assessments, with these explaining reasons why some risks needed to be taken, as this was something the person had said they wanted to do, and how the person could be supported to achieve set goals yet remain safe.

We looked at infection control practices across the service. Appropriate hand hygiene systems were in place, including the use of liquid soap dispensers, paper towels and hand washing guidance. We saw gloves, aprons and hand gel was readily available. Daily and weekly cleaning logs were in place, which covered a range of areas in people's properties including bathroom, kitchen and appliances. On the rear of the form was a section for staff to sign to record who had supported the person to complete the cleaning tasks and confirm all had been done, along with a section for any comments, such as if the person refused help or had shown greater levels of independence.

Each property had a repairs or maintenance file in place, in which staff recorded any issues which were then passed onto the respective landlord, usually via email. We saw a health and safety weekly inspection checklist has recently been introduced at the property in Bolton, after already being trialled it those in Northwich. This involved a full inspection of the property, including décor, flooring, electric and gas equipment, furniture, fixtures and fittings to check for any issues. Fire safety and infection control procedures were also reviewed. The checklist contained individual sections for each person's flat or room, to record any specific issues or concerns and the action that had been taken.

Within one of the properties in Northwich we noted two wall lights in an alcove in the lounge had signs attached stating do not touch. We were told this was due to a long standing electrical fault, which had been reported to the landlord but not been addressed. We were provided with copies of correspondence between the service and the landlord to show the issue had been continually reported, along with a copy of a health and safety inspection report from an external company the service had employed, which had also been sent to the landlord, highlighting this and other issues of concern. We were told despite also requesting a copy of the electrical safety certificate, to ensure a copy was on the premises, this had also not been provided. At the time of inspection, we saw no evidence these issues had not been escalated to other agencies, such as the local authority, to ensure people's rights as tenants were being met.

Staff members had received training in fire safety and a number of staff had also trained as fire wardens. We noted fire alarm checks were being completed on a weekly basis and regular fire drills completed. Fire drills and people's responses to these had been used to inform the completion of personal emergency evacuation plans (PEEPS), which detailed the support people required to safely evacuate their home in an emergency.

We looked at medicines management and saw the service had robust systems and procedures in place. People we spoke to told us that they were satisfied with the support received from the service. One told us, "They give me my medicines in the office. I am happy with this arrangement." Another stated, "Happy with this, I get my medicines when I need them."

Staff told us they had received training in medicines management and had their competency assessed before being allowed to administer medicines. One said, "I completed a medication course, did a competency test and also shadowed experienced staff." A second stated, "Have to do competency checks monthly. I was given extra training after I made an error."

We found medicines were managed slightly differently across the different properties, due to both people's needs and abilities and the setup of each 'service'. For example the majority of people in the Bolton property managed their own medicines, which were stored in a safe in their flat, whereas people in the Northwich properties predominantly had their medicines administered by staff. We saw support needs assessments were in place, which had been used to assess a person's ability to self-medicate.

'How I like to take my medicine' documents had also been completed, on which people had recorded their support preferences and routines. These documents also detailed where medicines were stored, how prescriptions were requested and medicines collected and what checks were in place to ensure people had taken their medicines. For people who self-medicated, weekly checks were in place to ensure medicines had been managed safely and taken as prescribed.

People's care files contained information on each medicine prescribed, reason for use, any potential side effects and possible interactions with other medicines. Allergy information was also documented both here and on people's medicines administration record (MAR) charts.

As part of the inspection we checked eight MAR charts across three properties to ensure these had been completed fully and accurately, as well as checking stock levels of seven people's medicines. We noted all medicines had been signed for, with relevant codes where appropriate. All medicines checked tallied with the MAR chart, onto which running balances had been recorded to assist with the auditing of medicines.

We saw 'as required' (PRN) protocols were in place, these explained what the medication was, reason for taking, if person is able to request it and knows what it is for and staff responsibilities. These had been drawn up with each person. PRN medicines were recorded on a separate sheet, which listed the name and dosage of medicine given along with the time and reason for administration.

We saw medicines audits were completed on a weekly and monthly basis, to ensure medicines had been administered safely and documentation completed correctly.

Good

Is the service effective?

Our findings

We asked people who used the service if they thought staff were well trained. One told us, "Yes they are." Another said, "Yes I would say so. They all know what they are doing." A third stated, "Yes definitely." A fourth person we spoke with told us, "I think they need a bit more help to understand my needs." We looked at what the provider had put in place and were satisfied that staff had the relevant information to provide effective care.

The staff we spoke with were also complimentary about training provided. We asked staff to tell us about the induction training process. One said, "It covered policies and procedures, reading care plans, completing online training and completing the care certificate. I also shadowed for two weeks as well." Another told us, "This was intensive. Online training, reading policies, procedures, and care plans and shadowing." Whilst a third stated, "Spent a week going over policies and procedures, online training, reading care plans before shadowing for two weeks."

In terms of ongoing training, one staff told us, "Done a few in the last 12 months. If you request any training they will arrange this for you. Lots of new courses have been uploaded onto the online training system." Another stated, "We've recently done safeguarding, ligature training and a session in understanding personality disorder." Whilst a third said, "I enjoy the training, I think we get plenty."

The service had a training matrix which included all staff members and the training they had completed, whether internally or externally with the local authority. The service also used an online training provider, through which they also maintained a record of training sessions completed, date of completion and score achieved. Overdue or out of date training sessions were clearly highlighted on the matrix, with refresher sessions arranged for these staff members. We noted from the matrix that over 95% of staff were up to date with their training, including key sessions such as safeguarding, moving and handling, infection control and medication. We saw a new training course was being introduced in October 2017 titled 'person centred active support training in mental health and learning disabilities', which consisted of seven mandatory and 10 bespoke modules. All staff would be expected to complete the seven mandatory modules.

We saw evidence that the Care Certificate was in place at the service, with new staff that did not have previous experience in a care setting being enrolled on the course. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. Employers were expected to implement the Care Certificate for all applicable new starters from April 2015.

The staff we spoke with told us they received regular supervisions and appraisals. One told us, "Yes we have these. On induction was once per week, since then I have had two supervisions and two appraisals in last eight months." Another said, "Yes we have these. Supervision was always good and regular, went a bit astray a while ago, but now back on track" A third stated, "We have supervision every three months or so and appraisals twice a year. Supervision is a place where we can rant about things, I find them useful." Another staff member told us, "We have supervisions regularly, however this is the type of place where you're

encouraged to discuss stuff all the time, so by the time of the supervision meeting, there's usually not much for me to discuss."

The service had a supervision matrix in place. We saw each staff member had completed at least three supervisions so far this year, with appraisals completed in July.

Support provided to people to assist with nutrition and hydration varied depending on individual needs, some people only required support to go grocery shopping, whereas others needed help with meal planning and preparation. Care files contained detailed information about each person's needs, wishes and abilities. People we spoke with were positive about the support they received in this area. One told us, "If I'm unsure about what to do, they will help me cook a meal. They also help me do my shopping." Another stated, "Staff help me do my shopping. I choose what I want to eat and they help me to get it." Whilst a third said, "I happy with the support I get. If I wasn't I would ask them to change what they were doing and they would."

Staff were aware of the importance of encouraging and promoting a healthy balanced diet, but accepting of the rights of people to make their own choices. One staff said, "It's their choice. We discuss meal planning; provide support to shop, advice on healthy options but ultimately it's down to them what they eat." Another said, "I sit down with people and do a one to one. Give them advice, help them to plan a healthy menu, some agree, some don't but it's their choice." A third stated, "They are all pretty good with healthy eating in this house. We have a takeaway at weekends as a treat, but for the rest of the time they take pride in eating well."

People we spoke with told us they had been involved in decisions about the care and the support they received. One said, "I chat to staff about what I want, I'm involved in my care." Another told us, "My [relative] does most of this at my request. I am happy with this and what has been put in place." A third stated, "We all have individual care plans. I know what's in them and I am happy with them." During the inspection we reviewed a person's care file with them. It was evident they were familiar with the file and care plans within, as they were able to turn to specific pages and point out key areas of note.

Care files contained consent forms, which people had signed to consent to the care provided as well as the use of their photograph and for people, such as visiting professionals, to access their care file. People we spoke with confirmed staff sought their consent before providing any care. One said, "Yes they always ask me first." A second stated, "Yes, they ask me all the time." All staff we spoke with were clear on the importance of seeking consent, both verbally and through gestures or other physical signs for people who have difficulty with verbal communication.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards only apply to care homes and hospitals, so if a person who lacks mental capacity is being deprived of their liberty in a community setting such as supported living placement, an application must be made directly to the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had received training in this area. One staff member told us, "Yes, I know about these. Have to assume people have capacity until proven otherwise. People can have capacity in one area but not another." A second stated, "I have done the online training and have a good understanding of capacity." A third said, "It has been covered but not in a great deal of detail, as everyone here has capacity."

We saw evidence within care files restrictive practice screening tools had been used, to assess whether people were being restricted in any way as a result of the care they received. We also saw a copy of a Court of Protection decision, following submission of an application as the person lacked capacity to consent to their placement, however this had been deemed to be in their best interest. We also saw meetings had been arranged with the Court of Protection for another person who had a deputy in place to manage their finances. This was because the person wanted access to a large sum of money to purchase a computer.

People's health needs were being met with each person registered with a local GP. At the property in Bolton we noted a specific document was located at the front of each person's daily notes booklet, which was used to record all medical appointments or services received, such as GP visits and dental appointments. This included who the appointment was with, date, time and location, reason for appointment, outcome and if further action was required. People we spoke with confirmed staff supported them to make medical appointments when needed or requested.

Good

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring and they were happy with the support they received. One person told us, "Staff are very friendly." Another stated, "[Staff's name] is kind and helpful, helps sort my money out and helped me clean my flat earlier." A third stated, "The staff are great, they make me laugh." Whilst a fourth told us, "I am very happy here, no worries at all." People also confirmed they felt treated with dignity and respect by the staff that supported them and their privacy was always respected. One person said, "I would say so, they have never disrespected me."

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. One staff told us, "Speak to people as you would anyone else, respect boundaries and decisions. Listen to people's views and opinions." Another said, "I treat people how I'd like to be treated. Include them in all decisions, listen to and hear them." A third added, "If providing personal care, ensure doors are closed, blinds closed and cover with a towel. Make sure they are comfortable with what you are doing." We saw the service had certified dignity champions in place. A dignity champion is a designated person who is passionate about maintaining people's human rights; person centred care and provides support to the team to achieve this

People told us staff were keen to help them maintain their independence and encouraged them to do things for themselves. We asked staff about this, one told us, "We do all sorts here, transport training, budgeting, shopping, just try to get people doing as much for themselves as they can." Another said, "People can come and go as they please. We try to encourage people to do the things they can and just support alongside, in case they need any help." Whilst a third stated, "People get up when they want, can get dressed on their own. We may prompt or advise with this, such as putting on a coat if it's raining or something warm if it's cold."

People we spoke with told us that they were regularly offered choice by the staff. Often this was done through one to one's, where they sat with staff and discussed what they would like. One person told us, "I do my one to one's and choose what I want to do." Another said, "Pretty much I choose everything, what I want to do, when I want to do it." Staff also confirmed people were responsible for choosing what they wanted. One said, "We discuss with people what they want, what they would like. People are involved in all their care plans and any reviews." Another told us, "We spend a lot of one to one time with people when we discuss what they want, we then help them to plan this."

Each person using the service had been allocated a keyworker and had been involved in choosing which staff they would like. People we spoke with said they liked having a key worker, as this was someone who knew them well and who they felt comfortable talking to.

Over the course of the inspection we observed the care being provided at three of the properties where people using the service resided. We saw staff interaction with people was warm and friendly and it was apparent staff knew people well and had formed positive relationships. We saw people were encouraged and supported to form or maintain relationships, if this was something they wished to pursue.

We saw tenant meetings were held on a monthly basis, with meetings advertised in advance. At the Bolton property we noted the last meeting had been held in August, with the next one scheduled for 13 September. People we spoke with confirmed attendance at the meetings was voluntary, however they found them useful. We looked at the minutes from the August meeting and saw options for outings and activities had been discussed, as well as people raising property related issues, which had been reported to the landlord. We noted the minutes for meetings in Northwich were quite brief and not written in a person centred manner. For example 'now that it's summer everyone needs to shower and wear deodorant.' We were told the minutes were kept simple and written in this way, as people using the service found this easier to understand. People we spoke with had no concerns about how the meetings were run or how the minutes had been written.

Good

Is the service responsive?

Our findings

We saw people received care that was personalised and responsive to their individual needs and preferences. Prior to admission a needs assessment had been completed involving the person, relatives and any associated professionals. We saw evidence of care needs assessments being completed both upon admission, to confirm what support the person required and again once the person had settled in to their tenancy to ensure the placement was meeting their needs.

The content of the care files varied between the different properties, due to the differing needs of the people residing there, although core components remained consistent throughout. We saw care files contained 20 sections covering a range of areas including referral documentation, background history, needs assessments, risk assessments and management plans, care plans and correspondence.

Each person had an outcome focussed support plan in place which had been reviewed regularly. Timescales of reviews varied from each month to quarterly. Each support plan contained specific information staff needed to know about a person's preferences and how support was to be delivered. The plans were written in first person narrative and clearly described the needs, wishes and support requirements of each person, the expected outcomes as well as information on signs to look for which would indicate things were breaking down.

People had also been asked to list three personal outcomes they considered most important. The service had then recorded how they would support each person to achieve these outcomes. We also saw the outcomes had been incorporated into care planning. For example one person had said they wanted to engage in activities, so an activity schedule had been implemented. Another person wanted to self-medicate, so a programme had been put in place to facilitate this and the person was now managing their own medicines.

We saw other examples of person centred practice within care files and associated documentation. People using the service had completed information sheets which listed what they liked and disliked, what people liked and admired about them, how best to support them and what was important to them in the future. This document was kept at the front of each person's care file.

Care files contained a list of the one to one sessions people received and what this time was used for. Examples included, shopping, 'free choice', cleaning, hygiene and skills development. The latter provided people with the opportunity to work on areas in which they wanted to develop and improve their skills and abilities, such as money management, computer literacy and hand writing.

We asked staff how they ensured care provided was person centred. One told us, "It's about having them at the forefront of everything we do. Each person is an individual, what fits one doesn't necessarily work for another." Another said, "Making sure each person is the focus of what we do."

We also asked staff how they knew what people liked and was important to them. One told us, ""Speak to

them about this. I recently did the hospital passports with everyone. They told me lots of information when we did this." Another stated, "Getting to know people, they will tell you." Whilst a third said, "Through experience, reading care plans and by getting to know people over time."

Each care file contained a number of individual care plans covering areas such as communication, mobility and dexterity, daily living, social activities and religious observance. Each care plan captured the person's needs and preferences and indicated what staff needed to do in order to meet the person's needs.

We looked at activity provision within the service. We saw people were funded for varying amounts of activity allocation each week, largely facilitated as part of their one to one time, although the service also completed some group activities. As people chose how to spend their time a daily activity schedule was not required or in place. People we spoke with confirmed they were able to complete activities of their choosing, at a day and time that suited them, albeit these needed to be planned in advance to ensure a staff member was allocated. One person said, "Yes, I go out individually. I choose what I want to do and where I want to go and the staff support me."

During the course of the inspection we observed one person approach a staff member to ask if they would accompany them to a local pub for a meal. Although this had not been planned, the staff member agreed and the person asked where they wanted to go and what time. We also saw people accessing the community unsupported to complete activities of their choosing, including visiting friends and family.

During the first week of this inspection a number of people who resided in the properties in Northwich had been supported to go on holiday to Center Parcs in the Lake District. This was the second year this had occurred. We were told Center Parcs had been chosen due to it being a safe environment, with all entertainment to hand. Each person had paid a set amount which covered the cost of food, travel and accommodation. People who attended the holiday reported having had a great time and looked forward to the next holiday.

We looked at how complaints were handled. The service had a complaints policy and procedure in place. At all properties we visited we saw the complaints procedure was clearly displayed, and included an easy read format containing words and pictures, to ensure all people living there knew how to complain. The service had a complaints matrix, onto which all complaints received were documented along with action taken, the outcome and any additional information relevant to the complaint. We noted only one recent complaint had been received, which involved a person using the service complaining about a staff member's conduct. The matter had been dealt with appropriately and the person involved throughout the process.

People we spoke with knew how to complain, although none had raised any concerns to date. One person told us, "I would speak to a member of staff, not had to do that though." Another said, "I would tell my [relative], let them report it, but I know I could speak to the staff myself if I wanted to. Not had any complaints since I have been here." A third stated, "I'm very happy here, not had any concerns or complaints, but know I can speak to staff if I do." A fourth told us, "I would speak to [service manager], but I haven't needed to."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a management structure in place, which staff were fully aware of. All of the properties in Cheshire were run by a service manager, who was supported by the company's quality and compliance manager. The quality and compliance manager also provided support and was the first contact for staff at the Bolton property. The registered manager and a company director provided oversight to the service manager and quality and compliance manager. As a result of this structure and staff and people's familiarity with the service manager and quality and compliance manager, they referred to them when asked questions about the management of the service and support received.

People using the service spoke positively about the management at their particular property. One person told us, "The boss is [service manager], I like her." Another said, "The manager is [service manager's name], she is very nice." A third person confirmed they knew the service manager and felt comfortable approaching them with any concerns. Within the property in Bolton, one person told us, "I have met the manager but can't remember her name. She visits quite a bit." Staff told us the person was referring to the quality and compliance manager. Another person said, "One manager is [director's name], otherwise I can't remember any other names but do know their faces."

Staff told us they enjoyed working for Caring Alternatives and felt supported. One staff member told us, "Yes I do. It's got much better here since Caring Alternatives took over, a lot better for the service users. They do much more now than when I started at this property and another provider was involved." Another said, "I'm not great at staying in jobs, as I get bored, but here if you work hard you can move up and progress, it makes you feel wanted." A third stated, "Yes definitely. When I started here I was new to the area. They were very supportive, helped out with my shifts patterns and were really accommodating." A fourth told us, "Yes, I feel listened to and supported. The manager here has an old head on their shoulders, they are a very good listener." Whilst a fifth said, "Yes I do, they work around me with my shifts, so I can continue to work here but also study."

We also asked staff for their opinions on the culture of the service. Each of the seven staff spoke positively about this. One told us, "Completely different experience here, than where I used to work within the company. Everyone here is open and friendly." Another said, "No other way to describe than happy. We all have a good laugh together." A third said, "There is sometimes a bit of bitchiness, but you get that everywhere. However if anything crops up, it gets sorted straight away, everyone gets along really well." Whilst a fourth stated, "Brilliant, very welcoming."

We asked people who used the service if they would recommend it to other people requiring the same level of care and support. They told us they would, with one saying, "Yes I would recommend it, it's pretty good

here. I'm happy with everything." Another said, "I would recommend it, it's a good place to live." A third stated, "I would recommend them, definitely.

As part of the inspection we contacted external professionals who commissioned services from or worked closely with Caring Alternatives. The feedback we received was positive and included comments such as, "To date we have been happy with the support they have provided." "Following safeguarding concerns raised last year….we asked all our care co-ordinators to review and monitor the placements we had made. During that process no-one raised any concerns, most have been glad of the liaison and support Caring Alternatives provide". "They take a pragmatic approach to supporting clients at their own pace and work successfully with some clients we know to have complex needs. They have taken opportunities to intervene in a recovery focussed way where they can and been proactive in keeping our clients safe and helping them maintain their tenancies."

We looked at whether the service held regular staff meetings and saw these were completed every four to six weeks. We viewed minutes from the last three meetings and noted that agendas covered a range of areas including people using the service and information about their care plans, changes or any issues they were experiencing, upcoming staff training, information about the running of the service and anything staff wanted to raise. We saw minutes were circulated to staff who had not attended, to ensure they were up to date with what had been discussed. One staff member told us, "We have one every six weeks, get minutes sent to us as well." Another said, "Try to do monthly, however this gets more difficult in the summer with increase in annual leave, so tend to be every six to eight weeks during that time." A third stated, "Yes we do every couple of months or so, or if any changes occur or if there is information we need to know about, we will hold an extra meeting to discuss."

We saw the quality and compliance manager completed spot checks and observation of staff's practice, as did the service manager in Northwich. Staff we spoke with confirmed this took place, one said, "[Quality and compliance manager] comes up and does spot checks on things." Another said, "Yes, they carry out random spot checks of what we are doing."

The home's policies and procedures were stored electronically and included key policies on medicines, safeguarding, MCA, DoLS and moving and handling. We noted policies contained dates of completion and dates for review, to ensure the most up to date information and legislation was included. Staff were made aware of key policies and any changes through training and team meetings.

We looked at the systems in place to monitor the quality of the service. Monthly reports were completed for the commissioners of all people residing in properties in Cheshire. These consisted of a general overview of the service provided, a report on each individual person including any issues of note, challenges and achievements, staffing information, quality improvement projects and information, key performance indicators which included supervisions, appraisals, care plan reviews, satisfaction surveys, staff training, incidents and accidents. These reports ensured ongoing monitoring and assessment of the service was completed.

The quality and compliance manager completed a range of additional audits on a monthly or quarterly basis, in areas such as complaints, hand hygiene, medicines management and supervision. They also monitored key performance indicators (KPI) and produced a monthly report which was kept in a dedicated file. For any issues identified either through the auditing process or reported directly by staff or people using the service, a quality action plan (QAP) had been drawn up. These action plans covered the area the plan covered, date of implementation, action required, who was responsible for actioning and if completed.

The service also employed a colour coded rating system known as RAG, which stands for red, amber and green to rate completion of a number of areas of practice such as monthly competency assessments, allocation of key workers and completion of team meetings. Action plans had been generated for any areas with an amber or red rating.

The service also sent out annual satisfaction surveys to all people using the service. The surveys consisted of eight statements which people were asked to rate. The statements included 'staff listen to me', 'staff are kind', 'I have a choice in what I do' and 'I feel safe when I am with staff'. We saw the survey had been adapted into an easy read format, with both simple text and pictures, such as a smiley face with yes written underneath or a face with thumbs pointing down, with no or I don't like them written underneath, which people had circled to represent their views. We looked at 10 of the most recent surveys and noted that nine people had all provided positive feedback, with one person circling both positive and negative answers.

We found accidents; incidents and safeguarding for people residing in the properties in Bolton and Cheshire had been appropriately reported as required. We saw the registered manager or quality and compliance manager, ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements and copies of all notifications submitted were kept on file.