

Affinity Trust

Affinity Trust - Domiciliary Care Agency West Kent

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Affinity Trust Domiciliary Care Agency West Kent provides care and support to people living in shared houses and individual flats called 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service supported 28 people living with learning and physical disabilities living in 15 locations across Kent.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People continued to receive a personalised service. Staff knew people well and care plans were comprehensive and detailed to guide staff in how to provide care in the way people preferred. People were leading full and active lives and were supported to express their views and to be involved in decisions and choices about their care.

Staff understood their responsibilities for safeguarding people from abuse. Alerts had been raised and investigated appropriately. Risks to people were assessed and managed. People were supported to take positive risks and were encouraged to remain as independent as possible. There were enough suitable staff to care for people safely. People were receiving their medicines in line with their prescription. Incidents and accidents were recorded and monitored to ensure that lessons were learned when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received the training and support they needed to be effective in their roles. New staff received a comprehensive induction. One new staff member described how this had helped them to feel confident in their new role. Staff described good communication and effective team work. Support from health care

professionals was sought when needed and people were supported to have enough to eat and drink and to maintain a healthy diet.

People were supported and encouraged to express their views and to make decisions about their care and support. Information was provided to people in accessible formats depending upon their needs. Staff respected people and treated them with dignity and respect. Staff spoke with affection about the people they were caring for and knew people well. People were treated with kindness and staff promoted and supported their independence.

Complaints and concerns were recorded and responded to appropriately. People were supported to maintain relationships that were important to them. Care was responsive to people's needs and preferences. People were supported to plan for end of life care.

The service was well led, there were effective systems in place to provide governance and oversight. Lessons were learned when things went wrong, changes were made to improve standards of care. There was a strong emphasis on engagement with people, their relatives and staff. It was evident that staff had developed positive links within the local community and that staff worked in partnership with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Affinity Trust - Domiciliary Care Agency West Kent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period of notice for the inspection to ensure that people would be available to meet with inspectors at their home. Inspection activity started on 14 November 2019. One inspector visited the office location on 14 November 2019, two inspectors visited people in their home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager.

We reviewed a range of records. This included nine people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records relating to medication. We spoke with two health care professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from avoidable harm and abuse. Staff described the signs of abuse and knew how to report any concerns. We observed that people appeared comfortable with the staff and a relative told us that they were confident that people were safe, saying, "There is no question about it, they are safe." Safeguarding concerns had been reported consistently in line with local procedures.

Assessing risk, safety monitoring and management

- Staff understood how to provide care safely. Risk assessments and care plans were detailed and comprehensive. Risk management strategies and measures for reducing the likelihood of risks occurring, included external and environmental risks and those risks linked to people's personal care and support needs. For example, one person needed support when out in the community due to their mobility and visual sensory loss. Their support plan identified risks that staff needed to be aware of to support the person effectively. There was detailed guidance for staff in how the person preferred to be supported with physical and verbal prompts. Examples included specific words and phrases that were known to be effective when supporting the person.

- Risks associated with people's needs were assessed and managed. For example, one person had a risk assessment and support plan for diabetes. This included measures to reduce risks and guidance for staff in how to identify signs and symptoms of blood sugar imbalance. Another person was living with epilepsy and their care plan identified clear guidance to reduce risks including when bathing. Staff we spoke with described people's needs and were aware of the risks identified within the care plans and the actions they needed to take to ensure people were cared for safely.

- People were supported to take positive risks and to remain as independent as possible. Action plans identified goals that people wanted to achieve, and staff completed risk assessments and care plans to support people to progress towards their goals safely. Action plans identified what had worked well and what needed to be reviewed to ensure that risks were managed in a safe and consistent way. Examples showed how people were supported with new experiences to enrich their lives such as being driven in an off-road vehicle.

- Staff had received training in positive behaviour support (PBS). This is a person-centred approach to people with a learning disability and/or autistic people, who display, or at risk of displaying, behaviours which challenge. It involves understanding the reasons for the behaviour and considering the person as a whole - including their life history, physical health and emotional needs - to implement ways of supporting the person. Staff described how PBS was used to support people and they were knowledgeable about possible triggers. One staff member said, "We don't have to use restraint because we understand what works well for people."

Staffing and recruitment

- There continued to be enough suitable staff to care for people safely. The registered manager explained how there continued to be use of agency staff to ensure any gaps in staff rosters were covered. A staff member told us that agency staff were familiar with people's needs because they worked with them on a regular basis.
- There were robust recruitment procedures in place to ensure staff were suitable to work with people. Prior to their employment commencing, staffs' employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. A new member of staff described how they had been supported with a comprehensive induction programme, saying, "I have been well supported and protected, not just in at the deep end."

Using medicines safely

- People continued to receive their prescribed medicines safely. Only staff who had been trained and assessed as competent could administer medicines to people. Some people were prescribed PRN (as required) medicines. There were clear protocols in place to guide staff to ensure these medicines were administered consistently. The provider undertook regular audits to monitor how medicines were administered and ensure that any mistakes or discrepancies were identified and addressed.

Preventing and controlling infection

- People were supported to maintain a clean and hygienic environment in their home. Staff explained how people who wished to be included were supported to take part in cleaning tasks and food preparation if appropriate. Staff had received training in infection control procedures and demonstrated a clear understanding of their responsibilities. One staff member told us, "We have access to aprons, gloves and special bags for soiled laundry to avoid cross contamination. "

Learning lessons when things go wrong

- There were effective systems in place for recording and monitoring incidents and accidents. Staff were aware of the importance of recording and reporting any incidents. The registered manager described how care plans were reviewed and amended following incidents to ensure improvements were made. For example, a safeguarding incident occurred relating to a person's finances. Following analysis of the incident and causes of the incident, systems for supporting the person to manage their money were changed, to prevent a similar issue from occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in a holistic way, taking account of their physical and mental health and their social needs. People's strengths and challenges were identified and included in the assessment. The outcomes and goals that people wanted to achieve were highlighted. For example, one person wanted to make their own cup of tea and there was clear guidance for staff in each step of this process so support the person to achieve their aim.
- Where appropriate, referrals had been made to health and social care professionals to support people's needs. Care plans were updated regularly and included guidance and advice from professionals.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- People continued to be supported by staff who had the knowledge and experience they needed to be effective in their roles. Staff told us that they had received the training and support they needed and said they felt well supported. Records showed that staff had received training that was relevant to the needs of people they were supporting. One staff member described having received training in supporting people with learning difficulties and said, "Some training is on the computer and some is face to face and very practical." Training included supporting people with behaviour that could be challenging to others and some staff who were supporting older people had received dementia training.
- Another staff member told us how staff worked with health care professionals to ensure effective care. They described effective communication within the team and with health care professionals. They explained how advice was sought about people's individual needs. For example, one person needed to be supported in a particular way to mobilise and staff had received training from a physiotherapist in how to support the person safely.
- When people had transferred between services staff had worked collaboratively to ensure that people continued to receive a consistent service. For example, people had hospital passports to provide important information to the hospital staff about what was important to the person and to explain particular needs such as communication needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. People were supported to prepare the food they wanted. We observed how staff were supporting one person to choose what they wanted for lunch. Staff showed them different options and allowed them time to make their choice known. Risks associated with eating and drinking were identified and managed. For example, some people were assessed as being at high risk of choking. Detailed guidance from the Speech and Language Therapist was included within their

support plan and staff were aware of the support they needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access the health services they needed. Records showed that staff were proactive in making referrals when they noticed changes in people's health. For example, one staff member told us about a change of medication that appeared to be making a person more sleepy than usual. They told us, "I'm a bit concerned so I will be ringing the GP to discuss this." Staff supported people to make and attend appointments.
- A health care professional told us how staff had supported one person to manage their diabetes and their health had improved as a result. A relative told us that they were very happy with the support their relation received around their health needs and felt that staff kept them informed of any changes.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities with regard to MCA. They had received training and understood the importance of checking with people before providing care and support. We observed staff were talking with people and asking for their consent, staff were familiar with people methods of communication and could interpret sign and body language to understand people's wishes.
- Where people lacked capacity to make certain decisions staff had included relevant people in making decisions that were in the person's best interests. Assessments included details of how any best interest decisions were made. This included consideration of the least restrictive options and identified who had been involved in the best interest decision making process.
- Some people were subject to Deprivation of Liberty Safeguards (DoLS) and appropriate applications had been made to the Court of Protection. This was reflected within people's support plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Staff knew people well and had developed positive relationships with them. We observed that people were relaxed and appeared comfortable with staff members. Staff spoke about people with compassion and respect. We observed that staff treated people with warmth and affection. People responded well, with smiles and clear enjoyment when engaged in activities with a staff member. We noted how staff took time to share a cup of tea with people and this created a convivial and inclusive atmosphere.
- Records showed how staff provided emotional support to people when they needed it. Some people reacted to situations that they found upsetting with distressed behaviours. There were clear guidelines for staff in how to support people in a personalised way. Staff had received training in positive behaviour support techniques to ensure they could support people with their emotional needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in making decisions and expressing their views about their care and support. Things that were important to people were recorded in their care plans. For example, one person preferred that specific words were not spoken, and this was recorded to guide staff. Some people were not able to express themselves verbally. Staff used a range of techniques to support people to communicate their views, including sign language, easy-read documents, pictures and symbols. Staff told us that they sat with people and supported them to develop care plans and where appropriate involved their relatives or advocates to support this process. Support plans were developed in formats that were accessible to people and included details about how the person had been involved.
- Staff told us that meetings were not appropriate for some people's needs and they had found other ways to ensure that people could express their views. One staff member explained how the registered manager or the operation's manager visited regularly to talk to people and gain their views.

Respecting and promoting people's privacy, dignity and independence

- A relative told us that staff were respectful and supported people's dignity and independence. We observed that people were supported to do things themselves with minimal support where possible. For example, one person was able to make their own cup of tea because staff had identified a one touch kettle that supported their independence.
- Care plans identified tasks and activities that supported people to retain their independence. For example, some people were supported to manage household tasks such as cooking, shopping and laundry. People were supported and encouraged with personal care tasks and staff understood the importance of

maintaining people's independence and dignity.

- People's privacy was respected, and staff understood how to maintain confidentiality. One staff member said, "We have to be really careful not to divulge personal information."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question had remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive a personalised service. Care plans guided staff in how to provide care and support in a way that people preferred and met their needs. People had been involved in developing personalised care plans that were clear and detailed. Staff told us that comprehensive care plans were important to ensure that people received a consistent approach. One staff member said, "Some people can have behaviour that is challenging, we need to understand the triggers and identify the techniques that work best to support them." We observed that staff were providing care to people in a way that reflected their care and support plans and was appropriate for their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported in line with the AIS. Care and support plans were written in a way that was accessible to people depending upon their needs. Information about how to support people with communication was passed to health care professionals. For example, hospital passports were used to provide hospital staff with important and relevant information about the person including about how they communicated their needs.
- People were provided with information in accessible formats. For example, information about what people could expect from the Affinity Trust was provided in an easy read format using photographs, symbols and clear, simple written text.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. One relative told us how staff enabled their relation to visit them at home and kept in touch with regular telephone calls. Care plans showed how staff were proactive in supporting people to develop and maintain relationships. For example, one person had been encouraged and supported by staff to invite their friends to their home. People were supported to remember important dates such as significant family birthdays and to keep regular contact with their family and friends. One person had been supported to purchase a tablet computer and staff had developed an action plan to support them to use it. Records identified how the person had made progress and could now communicate with friends using the internet.
- People were supported to follow their interests and were leading full and active lives. Staff knew people

well and were aware of their hobbies and interests. For example, one person had an interest in aeroplanes and staff were observed to be talking to them about their model aeroplanes. Another person enjoyed visiting National Trust sites and places with birds and animals. The care plan included these activities and identified how they also enjoyed feeding birds and wildlife in their garden at home.

- Records showed how specific goals were identified that were relevant to people's individual interests. For example, one person enjoyed going shopping but needed support with finances. Their care plan included a goal to become more independent with financial transactions and there was a specific action plan to support the person to achieve this aim.
- People's cultural and religious needs were identified, and staff supported them to take part in relevant activities were appropriate. For example, one person was supported to attend a regular church service and their care plan noted that they also enjoyed watching a religious television programme on a Sunday. There was clear and detailed guidance for staff in how to support the person if they chose to attend the church service.

Improving care quality in response to complaints or concerns

- People were supported to make complaints and to raise concerns. The provider had a complaints process and details of how to complain were available in accessible formats. A relative told us that they knew how to make a complaint and felt confident that any concerns would be dealt with by the staff. One staff member described how a complaint had been made and told us that the registered manager had taken immediate action to resolve the issue. Records showed that when a complaint was raised this had been recorded and people had received a written response.
- The registered manager told us that they were very aware that some people with limited communication skills might not be able to raise any complaints or concerns. They described how they undertook regular quality checks at each supported living location. The registered manager explained, "I try and pick up on things that I might raise as a complaint if it was my family member and ensure that we address any issue straight away."

End of life care and support

- People were supported to plan for end of life care. Staff told us that some people had detailed end of life care plans depending on their needs and preferences. The registered manager described the care that had been provided for one person who had been able to die at home as they had wished. They said, "It meant that they could maintain their daily routine as much as possible which was really important for them."
- End of life care plans were personalised and included details that were important to the person including religious or cultural considerations and wishes that people expressed. Where appropriate, people and their relatives had been involved in developing the end of life care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was clear leadership at the service and staff described a positive, open culture. One staff member said that staff understood the values of the provider and were committed to supporting people to pursue active and fulfilling lives. Staff told us how people were achieving good outcomes and we saw this reflected in people's records. A relative told us they felt the service was well run.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were clear about their roles and responsibilities. Staff knew who the registered manager was and told us they felt well supported in their roles. One staff member said, "We are very well supported, our manager is lovely and very approachable. We can talk to them at any time." The registered manager had oversight of systems for supporting and managing staff and explained how they were able to assure themselves that staff were receiving regular supervision and support. The registered manager understood their regulatory responsibilities including the duty of candour and appropriate notifications had been submitted to CQC about events that had occurred.

- There were effective systems in place to monitor the quality of the service. For example, the incident monitoring system had identified an increase in the number of medication errors. Issues with accessing medicines from the pharmacy had been addressed to resolve these errors and no further incidents had occurred.

- The registered manager and another operational manager undertook regular quality monitoring visits to each of the supported living sites. They talked to people, staff and relatives, observed care and completed audits to assure themselves of the quality of the service. Where shortfalls were identified, actions had been taken to ensure that improvements were made. The registered manager explained how the provider's electronic reporting system enabled them to check that identified actions had been completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were supported to express their views and be involved in developing the service. Operational managers met with people individually to talk with them and if appropriate, their relative or an advocate to discuss their experience of the service. This included identifying changes or improvements that could enhance their quality of life. Staff explained that this was the most effective way of engaging with

people and ensuring that their equality characteristics were considered. A relative told us their views had been sought through a quality assurance survey and that they were able to raise any ideas or concerns with the staff or team manager.

- Staff members told us they had opportunities to contribute their ideas through team meetings and felt that their views were welcomed. The provider had undertaken an engagement survey with staff which had identified that not all staff felt that good practice was recognised. In response to this the provider had introduced a number of initiatives including a thank-you reward scheme, long service rewards and employee awards. Staff we spoke with were aware of the new schemes and spoke positively about this recognition for their contributions. One staff member said, "It has been very positive for staff morale and given us all something to aim for and to celebrate."

Continuous learning and improving care

- There were effective systems in place to support continuous learning and improvements. The registered manager had oversight of incidents and accidents, complaints and safeguarding events. They described how the electronic reporting system provided reports which enabled analysis of patterns and trends and helped to identify where improvements were needed. For example, when analysis identified that some incidents were related to poor communication appropriate actions had been taken to improve systems and prevent further occurrences.

Working in partnership with others

- Staff and managers worked collaboratively with other agencies to provide effective care to people. There was good partnership working with healthcare professionals such as GP's, dentists, Speech and Language Therapists and specialist nurses to meet people's needs. One health care professional spoke positively about communication with staff and described how well they followed guidance and advice.
- Some people were renting their homes from a Housing Association. The registered manager described how staff supported people with housing related issues including working with landlords.
- Staff supported people to maintain links with their local community including local places of worship, shops, restaurants and other facilities that people visited on a regular basis.