Affinity Trust

# Affinity Trust - Domiciliary Care Agency - Tameside

## Inspection report

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Date of inspection visit:
13 June 2017
15 June 2017

Date of publication:
01 August 2017

## 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

This inspection took place on 13 and 15 June 2017 and was announced to ensure someone would be present at the service to provide us with any information we needed to support the inspection process.

This was the first inspection since the service was registered with the Care Quality Commission in June 2015. Affinity Trust is a national charity providing support for people with learning disabilities, autistic spectrum conditions, physical disabilities and other associated needs. 29 people used the service at the time of our inspection. People either lived on their own or with other people.

The registered manager of the service had recently left their employment with Affinity Trust, but at the time of this inspection was still registered with the Care Quality Commission. 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. The service had a recently recruited a new operations manager who had applied to become the new registered manager of the service.

Procedures were in place to minimise the risk of harm to people. Support workers were trained and were aware of how to report any issues of concern regarding people's safety and welfare. People received their medicines safely and as prescribed by their doctor. Staff were recruited following a safe and robust process to make sure only suitable people were employed to work with vulnerable people.

Risk assessments had been developed in line with each part of the person's support plan. These risk assessments gave support workers clear directions in what action to take in order to minimise any risk identified, especially when supporting a person to maintain their safety, and that of others, when out in the community.

People's health needs were closely monitored and each person had a health action plan document in place.

Staffing levels were planned to incorporate supporting people to participate in their chosen activities, either in-house or in the local community.

People using the service had been provided with a complaints procedure which was also in a format suitable to support people with a learning disability to understand how the complaints procedure/process worked.

## 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.

People felt safe and support workers knew how to keep people safe within a risk management framework.

Medicines were safely managed.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

### Is the service effective?

Good

The service was effective.

People's needs were met by a suitably skilled and trained staff team.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

People's individual health was closely monitored and staff knew how to access the support of healthcare professionals when required.

### Is the service caring?

Good

The service was caring.

People were helped to make informed decisions about their care and support.

People were observed to be supported in a dignified way, with their privacy also being respected.

### Is the service responsive?

Good

The service was responsive.

People were encouraged to participate in developing and

reviewing their support plans.

Support workers knew people well and would report any concerns or complaints raised with them to the relevant support manager.

## Is the service well-led?

Good

The service was well led.

Support workers we spoke with told us that they felt very well supported by the management team.

Effective systems were in place to monitor and evaluate the quality of the service provided.

# Affinity Trust - Domiciliary Care Agency - Tameside

**Detailed findings**

## Background to this inspection

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

This inspection took place on 13 and 15 June 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Affinity Trust provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records. The inspection was undertaken by one adult social care inspector.

Before we visited the service we reviewed the information we held about the service, including the Provider Information Return (PIR) that the provider had completed in May 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events.

We visited six people in their home, spoke with two people who used the service and one family member over the telephone. We spoke with the operations manager, divisional director, two support managers and four support workers. We looked at three people's care records, five staff personnel files and staff training records. We looked at three people's medicines records and records used by the provider to monitor and assess the quality of the service being provided.

Good

# Is the service safe?

## Our findings

We spoke with people who used the service when we visited them in their own homes. One person said, "The staff are good, I do feel safe." Another person, when asked if they felt safe gave two thumbs up, indicating they were happy and felt safe living in the home. Some people did not want to speak to us during our visit but observation of the way they interacted with their support worker's and support worker's with them indicated that they were comfortable and felt safe.

Those support workers we spoke with told us they felt people were kept safe. Their comments included, "The support we provide makes sure people are kept safe without being overpowering. What we do is make sure people can live as independently as possible but also as safely as possible" and "We look at what people need to keep safe, how we support them, especially when going into the community and how we do this without impacting on their choices and daily lives." Support workers confirmed and records indicated that training had been provided in how to recognise types of abuse and how to keep people safe from the risks associated with abuse on a day-to-day basis. Support workers were able to describe clearly the action they would take to make sure people were kept safe and the process they would follow to report any concerns. One support worker said, "I understand what the whistleblowing procedure is and wouldn't hesitate to use it if I thought it necessary."

Prior to a person using the service they would be assessed and this would include developing an initial support plan and identifying any known risks that could compromise the person's safety if not managed appropriately. In those care files we looked at, we saw that these records had been reviewed on a six monthly basis or sooner if a person's needs or circumstances changed. Risk assessments had been developed in line with each part of the person's support plan and included keeping people safe, mobility, personal care, health and medical conditions, accessing the community, behaviours that may challenge and any other risk that may be applicable to meeting the person's needs. These risk assessments gave support workers clear directions in what action to take in order to minimise the identified risk, especially when supporting a person to maintain their safety, and that of others, when out in the community.

We saw that all accidents and incidents were recorded and the data analysed via the services electronic monitoring system. Evidence was available to demonstrate any lessons learnt were followed through and if necessary, support plans were updated to reflect any changes that were required.

Staffing levels were based on the individual needs of each person and were agreed during the initial pre-service assessment and with the commissioners funding the service and also included an element of any one to one support the person may need, for example, to access the community or participate in activities of their choice. Most people using the service were supported in houses they shared and staffing rotas were planned by the service managers or team leaders responsible for the house and were planned four to six weeks ahead to maintain appropriate levels of staffing cover in each house at all times. We looked at people's individual planned activities and saw that staffing levels were arranged to incorporate supporting people to participate in their chosen activities, either in-house or in the local community.

One person using the service told us, "The staff supports me very well". The support workers we spoke with in both houses we visited confirmed that they had not started working for the service until all the required pre-employment checks had been fully completed. The personnel records we looked at confirmed that a robust recruitment procedure was in place. An electronic system is used by the organisations personnel department which tracks the progress of a person's application to work for the service and will not allow a person to start work until all required checks and documentation are in place and have been confirmed as being satisfactory, following which the person would be approved for employment.

Support workers we spoke with told us they were confident in their abilities to support people with medicines as they had received the right training and had the right skills to do this safely. People in both houses we visited required the support workers to help them take their medicines. Each person had a medication administration record (MAR) that included details of the medicines prescribed and how each medicine should be administered. Medicines were safely locked away in a cabinet in each person's bedroom. Where people had been prescribed 'as and when required' medicines, for example, paracetamol, information was available to guide staff in what to look for (signs or symptoms) that may indicate a person needed this medication. The MAR's we examined indicated that people had received their medicines as prescribed.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living in each house. PEEPS give staff or the emergency services the information needed to help people to be evacuated from the building safely, whilst describing the support the individual person would need to do so.

Risk assessments were in place relating to the health and safety of the premises and of any equipment used to support people, such as hoists. We saw that portable appliance testing (PAT) had been carried out on electrical equipment, fire alarm testing had been carried out weekly and monthly health and safety checks of the premises had been conducted. We also saw that gas safety checks had been completed and were up to date, along with checks on Legionella and five year electrical safety checks. A fire risk assessment for each house had been carried out by an approved independent assessor and a fire evacuation plan was in place.

The organisation had an emergency contingency plan in place in the event of an emergency or incident potentially disrupting any of the services (houses) that clearly informed all staff of their responsibilities and action to take should such as situation arise. The plan covered what to do in the event of a chronic staff shortage, pandemic (flu), adverse weather conditions, and forced relocation of people being supported and extended loss of utilities, for example, loss of gas, electricity, heating or water. This demonstrated that robust systems were in place to support and protect the health and safety of both people using the service and staff.

Good

# Is the service effective?

## Our findings

One person who was able to speak with us told us, "I like the staff, they help me." Relatives we spoke with told us they thought staff had the right skills to support their relative and to meet their needs. A relative said, "They [staff] are very good, they do their best and they got to know [name of relative] and how to best meet [name of relative] needs." Other comments from relatives included, "I just wish the staff didn't keep changing, but I suppose that's the nature of the service."

People using the service had a range of diverse needs and support workers told us at the start of their employment they completed a full induction to make sure they could meet those needs. The induction programme for new staff included policies and procedures, staff handbook, safeguarding, record keeping, moving and handling, infection control and medicines. One support workers told us, "The induction and training we get is really very good and our training has to be updated on a regular basis."

We were provided with details of staff training to date, including a training matrix. The systems used to monitor training identified when training was out of date, due for renewal and future planned training. The training had been planned and provided to make sure support workers had been equipped with knowledge and skills they needed to provide safe and compassionate care.

The manager told us that newly employed staff and staff who were new to health and social care would complete the 'Care Certificate'. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed by Skills for Care, Health Education England and Skills for Health and while undertaking the Care Certificate is not mandatory it is considered good practice.

Support workers and service managers we spoke with confirmed they received formal supervision on a regular basis and in line with the organisations One to One Meeting Policy, which states that all staff will have regular formal One to One meetings, at least every six to eight weeks. Records seen indicated that the majority of staff were up to date with their supervision and the electronic system used to monitor supervision informed the line managers and the divisional director if dates were overdue.

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. The application procedure for this is called Deprivations of Liberty Safeguards (DoLS).

In the staff personnel files we reviewed, we saw staff had completed the specialist award in mental capacity and deprivation of liberty awareness. One support worker we spoke with told us, "It is really important that

we understand the MCA to help people make their own decisions. Best interests meetings need to be held if they [person using the service] can't make the decision for themselves." We saw evidence of one meeting that had been held which involved the person's social worker, the specialist dementia nurse, a behavioural services nurse and the person's relatives.

We were provided with details of applications for DoLS authorisations that had been made for people who used the service. Such authorisations help to make sure that people were being looked after and supported in a way that did not inappropriately restrict their freedom and also protected their rights.

Some people did not have capacity to understand their lack of safety in the community should they leave their home unsupported and therefore restrictions were in place to prevent people leaving alone.

People were encouraged to be as independent as possible and support workers provided encouragement with things such as preparing meals and going out to buy the weekly food shopping. We saw one person had prepared leek and potato soup and home baked bread with staff support. We saw people being supported to get ready to go out shopping in the local community and their excitement was evident from their interactions with the support workers.

Some people were required to be on special diets due to medical conditions, such as diabetes and we saw that their support plan and risk assessments identified how staff could and should meet that need effectively. We also saw that people's nutritional intake was monitored and their weight recorded to make sure their needs were being appropriately met.

People's health needs were closely monitored and each person had a health action plan document in place. This document highlighted areas of the person's health that may need specific consideration, for example, pain relief. In one person's document it indicated the person would be unable to tell you if they needed pain relief, so how would staff know? The document detailed signs and symptoms the person would display, such as holding their head in their hands, if they had a headache. Such information is important in order to maintain person centred care.

We saw information in care files to demonstrate that people were receiving input and interactions from other health care professionals such as district nurses, speech and language therapists (SALT) and general practitioners. For example to make sure that people at risk of choking received a soft or pureed diet. SALT provides treatment, support and care for people who have difficulties with communication or with eating, drinking and swallowing.

We also saw that people were supported to attend hospital and other practitioner appointments that were important to the person's health and wellbeing. Records were kept of all such appointments and outcomes in the health action plan which then informed the staff team, the person and their representatives of the up to date health status.

Good

# Is the service caring?

## Our findings

Not all the people we met living in the houses we visited were able or wanted to speak with us, but those that did, told us they were happy with the staff that supported them. Those that could not verbalise their views gave us the 'thumbs up' to indicate they were happy with the care and support they were receiving. One relative told us, "I find the staff very caring and have no worries about the care [person using the service] receives."

Whilst visiting people in their homes we observed the way support workers and people interacted with each other, and the way in which support and care was being provided. We also saw the positive relationships that had developed and that people were comfortable in the presence of support workers, enjoying laughing and sharing banter. We also saw support workers empowering people wherever possible to make decisions about what they wanted to do, for example, make their breakfast, tidy their room or play on a games console. Whilst in one house we were visiting, one person was excited to show us their bedroom and gave us permission to enter and look at the way their room was decorated and to show us some of their personal possessions. This particular room had been decorated and personalised to reflect the person's likes, choices and interests.

We observed support workers speaking with people in a kind and compassionate manner, which also reflected their knowledge and understanding of each person's individual needs, including their likes and dislikes. People had various ways of communicating with the staff team, either verbally, using sign language, such as Makaton or using assistive technology, such as an iPad or laptop computer. In one person's support plan it clearly stated that the person 'enjoyed sitting down with my support worker looking at the laptop and communicating with them about me!' Information in the support plans was provided in accessible formats (pictures) to help people using the service to understand the care available to them.

In our discussions with the support workers it was clear they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, also respecting their privacy when providing and supporting them with personal care tasks. In support plans we saw that people had identified their preferences in respect of the gender of staff they would like to provide the support, especially regarding personal care support.

We observed support workers promoting people's independence and their encouragement of people to carry out tasks independently wherever possible. For example, we saw staff encouraging one person to use the toilet independently, reminding them to close the door and wash their hands when finished. The support worker re-assured the person from outside the toilet that they were still there and not to worry as they would wait for them.

Support workers were observed to respect people's personal space and did not encroach if the person indicated they were happy without any support, for example, whilst playing an electronic game or watching television. One support worker told us, "We respect people's need for time on their own sometimes, and for them to maintain as much of their independence as possible within their capabilities."

Good

# Is the service responsive?

## Our findings

One person who used the service told us, "The staff are there for me." A relative we spoke with told us, "The staff really do know [name of person] very well. They know how to respond to [name of person] in the best way."

Consideration was given to the different ways in which people using the service would be able to communicate. Any person with a level of communication difficulties had a Communication Passport in place which clearly identified the best and most appropriate method of communication for that person. For example, one person communicated effectively using a laptop and another by using an iPad.

Each person had a support plan that was tailored to meet their individual needs. We found support plans to have been developed in a person centred way, containing relevant details about how the person would like their care and support to be provided. The expectation in the plans was to achieve an agreed goal or outcome. Regular updates indicated that the progress towards achieving the identified goals or outcome was closely monitored.

On a monthly basis the keyworker along with the person using the service, would review the personalised support plans and evaluate how well (or not so well) the person had been supported to work towards achieving some of their goals and aspirations. A keyworker is a nominated support worker who has been given the responsibility of making sure the person they support keeps up to date with any health appointments, participates in their chosen activities and makes sure support plans and risk assessments are kept up to date.

We observed support workers putting people first during their caring duties. Any tasks being carried out, such as report writing, were left to one side if a person indicated they wanted staffs attention, particularly to participate in activities such as making jigsaws or looking through magazines.

In each person's file was a 'background profile' that identified the most important things to remember for the person when providing them with support. For example, one person liked their bedroom to be kept in a certain way and this was really important to them and support workers we spoke with clearly understood and respected that. Other important things included visiting relatives and friends and participating in activities in the local community.

Support workers said that any concerns or complaints raised by a person using the service would be taken directly to the service manager. Support workers knew people well enough to know when people with limited verbal communication were unhappy or were showing signs of distress. For example some people became withdrawn, others presented behaviour that may challenge or may refuse to interact with the support workers. People using the service had been provided with a complaints procedure which was also in a format suitable to support people with a learning disability to understand how the complaints procedure/process worked.

We saw that any complaint made was logged onto the electronic management system and details were available to demonstrate the responses made to complaints raised, the actions taken with outcomes reported back to the complainant or relevant agency.

We saw evidence of a number of compliments received by the service from both healthcare professionals and relatives of people using the service. All were complimentary of the support and service being provided to people.

Good

# Is the service well-led?

## Our findings

At the time of our visit an operations manager was in post who had applied to be registered manager of the service. At the time of the inspection, the previous manager was still registered with the Care Quality Commission. To support the operations manager during the first day of inspection, the divisional manager attended the offices of the agency and provided the inspector with supporting information about the service.

One of the two support managers arranged for us to visit people living in the local community. When we arrived people answered the door to us and invited us into their home. We could see that people were comfortable in the presence of the support workers and had developed a good relationship with the support manager who visited each service on their 'patch' on a regular basis to check on the support being provided to people. Our discussions with the support manager and support workers in each house demonstrated that they knew people well and how to cater for people's specific needs.

One relative we spoke with told us, "I find that the managers respond to anything I ask about [name] care. I do think the service is well managed and senior staff are all very approachable."

All of the support workers we spoke with told us that they felt very well supported by the management team. They told us that both the new operations manager and existing support managers were very well liked and respected and provided a well-managed service. They also told us that the management team listened and responded to any matters raised that related to people using or working for the service. One support worker told us, "The support we receive [from management] is fantastic. I've never worked anywhere where you've had such good, well-led support."

We saw that regular team meetings had taken place and minutes from these meetings were made available. The operations manager told us that they visited each service on a six to eight weekly basis to ensure people are receiving the service that has been agreed and to gain any feedback from people and the support workers. We saw that records were kept of these visits and any action points raised had been addressed.

We asked the operations manager and the divisional director what system(s) were in place to monitor quality assurance and the governance of the service. Information provided indicated that a Key Quality Audit was completed within three months of a person starting to be supported by Affinity Trust. We were provided with a copy of an audit carried out by the divisional manager of the service in May 2017. The audit identified the person's participation in the process, the quality and standard of staff's involvement, supporting documentation (support plan), health and wellbeing and management. Each section had been scored and rated green, amber or red with a percentage score and any follow up actions required being identified with timescales for completion. Following this initial audit, further audits would then be carried out at least annually. All completed audits were required to be sent to the Quality Manager of the organisation to enable the score to be updated in the Key Quality Audit Report and to make sure the health, safety and welfare of people using the service was being satisfactorily maintained.

The electronic monitoring system provided both the operations manager and the divisional director with direct access, at any time, to a real time 'dashboard' that provided up to date information on any part of the auditing system and enabled any actions needed following auditing processes to be monitored until completed.

When we spoke with the operations manager and divisional director about service provision, both were knowledgeable about the staff teams working in people's homes and about the people living there.

There was a clear structure of accountability within the way the service was managed. The operations manager was supported by support managers who were, in turn, responsible for the support provided to people that lived in a designated area. Senior support workers worked alongside support workers and also had responsibility for making sure people's needs were being appropriately met on a day to day basis and for making sure all relevant documentation was completed and kept up to date.

People using the service and their relatives were provided with opportunities to say how the service was performing in relation to meeting people's individual needs, what was working well within the service, and what not so well. We saw that a 'Tea at three' meeting had been held for people at the offices of the agency. Tea and cakes were provided and people had the opportunity to chat to each other and also provide feedback on what they thought of the service being provided.

Annual surveys were also used to obtain people's feedback and the latest returned surveys indicated that overall feedback about the service was positive.