

Affinity Trust

Affinity Trust Specialist Division South

Inspection report

1 Copton Ash
18 Billa Barra Lane
Markfield
LE67 9PD

Tel: 01530249120

Date of inspection visit:
22 March 2023
23 March 2023

Date of publication:
07 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Affinity Trust Specialist Division South is a supported living service, registered to provide personal care and support to people in supported living settings, so they can live as independently as possible. The service provides support to people with a learning disability, autistic people and people with mental health needs. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection, there were 5 people in receipt of the regulated activity.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Potential risks to people had not always been fully assessed so actions could be taken to ensure these risks were mitigated. The management team were working with staff to develop and improve care plans and assessments. They were providing staff with relevant and good quality training in positive behaviour support, so they could support people in safe way. People's medicines were regularly reviewed and they were supported to take these safely.

People were mostly 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. However, records relating to capacity needed improving and we have made a recommendation about this.

Right Care:

People's needs were assessed and developed into a support plan. Some improvements were needed to care plans to reflect people had accessed and attended appointments to ensure their healthcare needs were met. The management team was in the process of updating and developing care and support plans at the time of our inspection.

There were enough staff to meet people's needs and keep them safe. The service was flexible and adapted to meet people's changing needs. Staff understood how to protect people from poor care and abuse. Staff referred to people in a caring and respectful way. People had access to meaningful activities and support plans were person centred.

Right Culture:

The provider was working on recommendations and requirements made by external agencies following their concerns about the service. The management team had identified additional improvements in terms of

staff approaches and understanding in how to meet people's needs. They had acted on requirements as a priority and were in the process of implementing additional improvements. These were not fully embedded at the time of our inspection. This demonstrated the provider had learnt lessons from incidents and taken action to keep people safe.

Staff described an improving service which was open and transparent about where things had gone wrong and what improvements needed to be made. Staff felt supported and informed in their roles, which in turn gave them confidence and understanding to meet people's needs.

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

Rating at last inspection

This service was registered with us on 21 October 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included concerns about the overall management of the service. A decision was made for us to inspect and examine those risks.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Affinity Trust Specialist Division South

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Affinity Trust Specialist Division South provides care and support to people living in 3 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager. A new manager was in post and was in the process of submitting an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 March 2023 when we visited the location's office and ended on 23 March 2023 when we made telephone calls to people, relatives and staff.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 1 relative to understand their experience of the service. We also spoke with 8 staff including the manager, support manager, operations director, positive behaviour support lead and support staff.

We reviewed a range of records. This included 3 people's care plans and care records, including medicine records. We looked at 3 staff files in relation to recruitment and staff training records. A variety of records relating to the management of the service, including incident management, improvement plans and policies and procedures were reviewed.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people had not always been fully assessed so actions could be taken to ensure these risks were mitigated. For example, one person had put themselves at risk of harm in the community. There was no guidance for staff to enable them to understand and take any actions to reduce this risk.
- Care plans and risk assessments contained conflicting information. For example, one person's care plan detailed potential ligature (strangulation) risks in their home environment but did not cover risks in the community. Staff told us they didn't feel there would be any risks, but there was no information in the care plan to support this conclusion.
- Outcomes from risk assessments were not always supported by clear rationale. One person was identified as 'high risk' in relation to behaviours in the privacy of their own room, but information did not identify for staff why this was high risk.
- People who experienced emotional distress had detailed positive behaviour support strategies (PBS) in place to enable staff to provide appropriate and timely support. Records showed several incidents for a person where staff were at risk due to the level of the person's distress. Incident forms did not identify if prescribed medicines had been considered or offered to the person by staff when they reached crisis, as outlined in their PBS. This presented a risk that the person did not receive the support they needed at times of heightened distress.
- A relative told us they did not feel staff had taken timely action in supporting their family member with a health issue which put them at risk. They told us, "Staff just let [Name] choose what they wanted without proper intervention or education and now they need equipment. They are helping [Name] now but it's taken a long time to get staff to understand this."

Risks relating to the safety and welfare of people were not always effectively managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The management team had recognised inconsistencies in records and staff approaches prior to our inspection. They were in the process of updating and developing records onto a new system which was due to be completed following our inspection.
- The management team were working closely with people, staff and other agencies to support more robust and informed risk management and responses.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken timely action to keep people and staff safe from harm following requirements from safeguarding agencies.

- A new management team was in place at the time of our inspection. Records showed they raised safeguarding concerns when required and had supported staff understanding of safeguarding.
- People and relatives told us they felt safe using the service. One person told us, "I do feel safe. They (staff) keep me out of trouble."
- Staff received safeguarding training and had access to relevant policies and guidance. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member said, "I do feel people are safe because we have a better understanding of interventions. I can make suggestions and raise concerns if I need to and I understand the whistleblowing process now."

Using medicines safely

- People received the right medication at the right time by trained staff and medicines were reviewed when required. A relative told us, "Staff help [Name of family member] take their medicines safely. They have never made any mistakes with medicines."
- People received support from staff to make their own decisions about medicines wherever possible.
- Staff maintained records around medicines they had administered or prompted.

Staffing and recruitment

- Enough staff were deployed to maintain people's safety and meet their individual needs.
- Staffing levels were determined by the number of people using the service and their individual needs. The provider had taken action to maintain staffing levels at the service following a recent turnover in staff leaving.
- The provider operated safe recruitment procedures to ensure applicants were suitable to work in at the service. Pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service (DBS) certificates were checked. DBS checks help employers to ensure staff are safe and suitable to work in the service.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date

Learning lessons when things go wrong

- Areas of improvements required had been identified by the provider and external agencies to ensure lessons were learnt when things had gone wrong.
- For example, the provider had received an action plan from the local authority to improve support and approaches for people with distressed behaviours. The provider had allocated resources to develop and enhance staff skills and understanding and improve oversight and governance in the service. One staff member told us, "We no longer feel isolated and benefit from meetings, increased support and sharing information to make sure lessons are learnt."

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Prior to our inspection, external agencies had found staff failed to have the necessary training, knowledge or support to meet people's needs effectively
- The provider had taken action to improve support and ensure all staff were fully trained and skilled in their roles. Improvements were not yet fully embedded in staff working practices at the time of our inspection. For example, we found some recent incidents of distress for people had been triggered through some staff lacking awareness of their actions as triggers for incidents.
- A staff member told us, "Before the management changes, we felt very isolated. After incidents, there was no one to de-brief or discuss issues with. We now have access to a wealth of resources and a management team who know about specialist services and people's complex needs. Staff are slowly re-gaining confidence to support people more effectively."
- The provider had reviewed and refreshed staff training and staff were positive about their induction and training. One staff member told us, "Our training has improved a lot. For example, we have really good training and support around positive behaviour support. This has supported better interactions with people and reduced the amount of distressed incidents people were experiencing."
- The provider was providing supervision to staff as a team and individually to develop their skills, confidence and abilities to provide effective care for people.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records relating to consent and capacity needed improvement. For example, one person was regarded as having mental capacity. Their care plan contained no mental capacity assessment, other than a reference to an assessment undertaken whilst they were using children's services. There was no evidence of this assessment or that it had been kept under review.
- Records did not reflect people's fluctuating mental capacity, particularly at times when they were experiencing distress.
- Despite the issues with records, we saw no indication people's rights were restricted. Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.
- People and their relatives confirmed people's right to make their own decisions was respected.
- Care plans clearly detailed any legally authorised restrictions under the Court of Protection and records showed these were understood and followed by staff.

We have made a recommendation that the provider review records to ensure they meet the requirements within the MCA legal framework.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans detailed people's healthcare needs and included details of routine health check appointments, although the quality of records varied. For example, one person had a detailed management plan to support effective oversight of their health condition. However, records failed to capture if an appointment for a review had been followed up or attended. A second person had been referred to a specialist to support oral health care. Records failed to show if this referral had been made or attended.
- The management team had recognised inconsistency in records and introduced a new electronic system for capturing this information. We reviewed recent records which were detailed and provided a clear audit of appointments, feedback from health professionals and follow ups.
- A relative felt staff had made improvements in supporting a person to manage their dietary needs more effectively. They told us, "Staff were letting [Name] do exactly what they wanted which was not good. Now staff are encouraging and supporting them and they are improving and getting healthier. I am really happy about that." We spoke to the person who confirmed staff were helping them more effectively to achieve their health goals.
- People's dietary needs were detailed in their care plans and staff supported people to menu plan and prepare meals where this was required.
- Records showed staff worked with other healthcare professionals to support people's well-being. For example, staff had undertaken monitoring to ensure the timing of a person's prescribed medicines was optimised to enhance their well-being.

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

- Staff worked with people, their relatives and health and social care professionals to ensure holistic assessments were undertaken prior to people using the service. People were encouraged to spend time with staff at the service before moving in to get used to routines and support the development of care planning.
- Care plans were generally detailed, and reviews were taking place, although work to update records was still in progress at the time of our inspection.
- People's cultural and religious needs were considered in their support plans, and people and their relatives were involved in this planning. This meant people's individual needs and preferences were

recognised, respected and met.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 felt valued by staff who showed genuine interest in their well-being and quality of life. One person said, "I like [Name of staff member] and I usually get the staff I like to support me. They [staff] are all lovely people. They are fine and kind in their own selves and keep me out of trouble."
- Staff spoke about people with respect and care. One staff member told us, "We take time to get to know people and build trust. I have seen how people have developed and progressed here in terms of their abilities and how they manage their distress." Another staff member told us they chose to work at the service because it provided truly personalised care for people which helped them to achieve positive outcomes.
- People were supported by a team of staff including a regular main carer. This meant people were supported by staff who were familiar to them and understood their likes, dislikes and preferences.
- People were asked about their religion, race, and sexuality during the initial assessment. This was clearly documented in order to respect the person's needs when providing care and support

Respecting and promoting people's privacy, dignity and independence

- One of the aims of the service was to enable and encourage people to do more things for themselves thus maximising and promoting their independence. This aim was understood by care staff. Care plans included guidance for staff about what things people could do for themselves and when they needed assistance.
- People told us they could choose how they spent their time and staff respected this.
- Staff demonstrated they were respectful of people's choices, decisions and home environment. For example, staff consulted with a person to identify if they wished to meet or communicate with us. Staff respected their decision when they declined to do so. A second person declined staff assistance which staff respected and agreed to go back later at the person's preferred time.

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

- Staff supported people to express their views and make their own decisions about their support needs.
- The management team were in the process of holding reviews with people that were described as 'person centred'. This supported people to express their views on their care and any changes or improvements they wanted to discuss.
- People had regular access to an in-house specialist who provided positive behaviour support. Records showed people readily engaged with this resource to express their views which in turn supported positive engagement and interactions with staff.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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 had been asked about the outcomes they wanted to receive before being provided with support. This information, together with pre-placement assessments, was used to form the basis of care plans.
- Staff worked with other health and social care professionals as part of on-going assessment and evaluation of people's needs. For example, one person had recently received a diagnosis which had a significant impact on how staff communicated and interacted with them to provide the support they needed. Their care plan was under constant review to ensure care and support was personalised to meet their current needs.
- People's care plans included information around their lifestyle choices, cultural interests and beliefs and preferences. This supported staff to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of the Accessible Information Standard. The provider had a range of resources available to aid with people's communication needs.
- Care plans reflected people's preferred methods of receiving information and communication.
- Care records and staff confirmed people received information in their preferred format. For example, one person preferred to receive information electronically, whilst another person used a range of Makaton signs. This helped to ensure effective information sharing with people.

Improving care quality in response to complaints or concerns

- The provider had a complaints process which included investigating concerns raised, reporting back the findings to the complainant and using outcomes to improve the quality of care provided.
- Care records showed staff and the management team were responsive to people's concerns and complaints, took time to listen to them and resolve where they were able to do so.

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 develop relationships, take part in activities that interested them and be a part of their wider community. One person told us, "I like it here because staff take me out shopping and into the

community to do activities." A second person described how staff supported them to make meals that they liked.

- People's care plans included important dates and events which helped them to maintain links with friends and family.
- People were supported to identify and achieve goals and outcomes from their care and support. The management team had implemented monitoring and evaluation to ensure people were receiving the right amount of support and encouragement to develop their confidence and independence.

End of life care and support

- The service was not supporting anyone with end of life care at the time of inspection. People were given the opportunity to discuss their end of life wishes if they felt able to.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider had focused on making required improvements in response to concerns and requirements from external agencies. This meant some improvements were not fully implemented or embedded in staff working practices. We could not assess if systems were fully effective in ensuring the management team had full oversight of the service as improvements were still in progress at the time of our inspection visit.
- The provider had taken action in response to recent concerns and safeguarding incidents around care and support for people. They had engaged a new management team at the service who were experienced in managing services for adults with complex needs and behaviours. This had improved leadership and governance within the service.
- The service had been aligned with the provider's primary quality assurances systems. There were robust processes in place to analyse information to identify trends and patterns to make improvements. For example, accidents, incidents and near misses were regularly monitored and analysed by the service and by provider representatives. This meant timely action could be taken in response to any deviation from usual events.
- Additionally, the provider had installed a new electronic system which highlighted if any care and support had not been provided with people.
- Staff felt lessons had been learnt and were positive about on-going improvements and changes. One staff member told us, "Things have been difficult because of unstable management. Things have now improved and lessons have been learnt. We have assurances the management team in place are here to stay. They tell us what we should be doing and discuss how it should be done. This makes us feel consulted and involved." A second staff member told us, "We now feel part of Affinity and no longer isolated. The staff culture is improving. We are building a staff team and taking time to understand how we all work together."

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

- The management team was open during the inspection and explained the service was going through a transitional period of change with members of the staff team.
- The management team explained they were in the process of reviewing the culture of the service to make sure staff understood, valued and promoted people's individuality. For example, regular de-brief meetings were held with people and staff post incidents to ensure lessons were learnt and staff were clear on their role in supporting people to achieve positive outcomes.
- People told us there were improvements in the consistency of support staff provided overall. One relative

felt further improvements were needed to ensure consistency in approach of staff.

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

- The management team and the provider were clear about their duty of candour. They recognised the requirement to be transparent and apologise for mistakes.
- When incidents or areas of concern had been identified in the service, the provider and their representatives were open and honest and had shared this information with people, relatives, staff and stakeholders. This open approach was shared by the management team during our inspection visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a system in place to involve people, relatives and staff to share their comments and suggestions about the service. Methods included face to face and surveys. People met with staff to complete 'What's working' reviews. This enabled people to review their care and support and make suggestions for changes and improvements.
- Staff felt involved and consulted following recent management changes. They felt able to make suggestions and contribute to discussions around improving and developing the service.
- Staff liaised with health and social care professionals to coordinate better care and achieve positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to the safety and welfare of people were not always effectively managed.