

Affinity Trust

Affinity Trust Domiciliary Care Agency Suffolk

Inspection report

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Affinity Trust Ltd is a national organisation which provides support to people in their own homes. People being supported would primarily have a learning disability but might also have another disability or mental health diagnosis. Staffing is provided according to the person's individual assessed needs. At the time of this inspection Affinity Trust - Suffolk was supporting 27 people.

The service did not have a registered manager in place. 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 last registered manager left their employment with the service in September 2014. The service employed an operations manager who informed us that they managed the service, and had begun the process of applying to be registered.

Summary of findings

The Commission had been made aware of an incident that had occurred at the service which was being investigated by the police. We will continue to liaise with the provider and police on this matter until an outcome is reached. Part of this inspection considered matters arising from that incident to see if people using the service were receiving safe and effective care.

Staff were trained and understood the service's policy and procedures for responding to concerns about abuse. The staff we spoke with were able to talk about how they would recognise when people were distressed and knew what action to take to report concerns.

Some plans guiding staff how to respond in situations that included risks to people were not detailed enough, were vague and open to misinterpretation. This placed people at risk of receiving inappropriate care from staff who may not know them well. This was a possibility because agency staff had been relied on to cover on a regular basis, meaning people were not provided with the continuity of care they needed, or care from staff with the right level of training.

Permanent staff that had access to a programme of training which linked to the needs of the people they cared for. Refresher training was not always completed in line with the services own guidelines or expectations but the manager was taking action to address this.

Where people lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support. People were provided with a variety of meals and supported to eat and drink sufficiently.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

Staff knew and were able to talk about the values of the service and expectations about the care they provided. They felt the leadership was open and approachable. They also felt listened to and as a result staffing and training had improved.

The service provided care and support for people who often had complex and changing needs. We were concerned that the provider had not fully considered the challenges to ensuring robust managerial oversight of the activities they were providing across a large geographic area. The absence of a registered manager for over eight months and failure to notify us about this showed poor governance and understanding about the requirements relating to the management of regulated services. The provider acknowledged this and took steps to address it during our inspection.

During this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people were identified and management plans put in place to mitigate these; however the plans guiding staff how to respond to risks, were vague and open to misinterpretation. This placed people at risk of receiving inappropriate care.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

There were arrangements in place to ensure people received medication in a safe way.

Requires improvement



Is the service effective?

The service was not consistently effective.

Not all staff had attended refresher training in line with the service's expectations. Agency staff had been relied on to cover on a regular basis, meaning people were not provided with the continuity of care they needed, or care from staff with all of the required training.

Staff ensured people had choices and that care was delivered with consent

People were supported to make choices in relation to their care.

People were supported to maintain good nutritional health and had access to healthcare professionals and services.

Requires improvement



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Good



Is the service responsive?

The service was not consistently responsive.

Planning was person centred, however staffing shortages had resulted in the service not being able to deliver the care in line with its plans.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well led.

Staff worked in an open culture, and were supported by a management team. However the service had been without a registered manager for over 8 months without informing the regulator or submitting an application for a replacement manager to be registered.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

Requires improvement



Affinity Trust Domicilliary Care Agency Suffolk

Detailed findings

Background to this inspection

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

This inspection took place on 23rd and 24th June 2015, and was unannounced. The inspection was carried out by two inspectors and a specialist advisor. The specialist advisor was an approved social worker with a background in working with people who had learning disabilities and/or mental health needs.

During the inspection we visited three of the supporting living services where people who used the service lived. We were unable to speak directly with people due to their

complex needs and because others exercised their right to not be spoken with as part of the inspection. We spent time with four people who used the service, observing the care provided and the interactions with care staff. We spoke with six members of care staff, the manager of the service and the divisional director of the provider, who had oversight of the management. We looked at records relating to the management, recruitment, the training plan, and systems for monitoring the quality of the service.

We tracked the care and support of five people which included looking at their plans of care. We looked at staff recruitment and training records and other records in relation to the investigations of safeguarding incidents, staff training, staff guidance documents and quality monitoring audits.

We looked at information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

Is the service safe?

Our findings

Staff were trained and had access to information so they could read about and understood how to identify the signs of abuse and how to respond if concerns about abuse occurred. Staff demonstrated that they knew how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff were aware that the people they cared for may not always be able to recognise risk or communicate their needs. Staff spoke confidently about their understanding of keeping people safe, one staff member said, “I would always report any concerns I had to my manager or the designated person if my manager wasn’t available.”

The service had procedures for ensuring that any risks about a person’s safety within their home and community were assessed, and plans were in place to show how staff should work to mitigate and minimise the risks identified. People were being supported and enabled to remain living safely in their own home as risks were appropriately assessed, managed and reviewed. The assessments reflected each person’s specific risks, including, “reasonable levels of risk to enable [person] to participate as far as possible in household tasks, choice of food and travel.” There were Risk assessment relating to missing persons, choking, and risks associated with activities that people enjoyed doing such as swimming.

Records showed relatives and other professionals had been consulted as part of the process of drawing up plans to enable people to live as safely as possible but take risks that had been agreed and were planned for. This helped them to ensure that they did things which they enjoyed and supported their overall independence and wellbeing. However, some plans were insufficiently detailed and could be misinterpreted by staff. For example, one person had a plan for staff to support them with oral hygiene which stated, ‘Must hold [person]’s lower jaw/chin gently to keep the mouth open’. However, when we looked at their care records it stated staff were merely encouraging the person to brush lower and upper teeth to remove plaque. Given that many people had limited communication skills there was a risk of receiving inappropriate care from staff if they were unfamiliar with their needs

In another case one person’s risk assessment included an emergency contingency plan which prompted staff to guide the person to a safe place ensuring a staff member

was with them, but no more information. We brought this to the attention of a senior member of staff, who told us the plan did not reflect the measures staff would include, such as ensuring they have a drink with them and using the car as a distraction to remove the person from an unsafe environment. The senior member of staff agreed that more detailed information was needed and confirmed that they would update it.

Accidents and incidents forms contained detailed information about what had happened, and the action that had been taken as a result to reduce the risks in the future. These reports were also shared with people at different levels of responsibility within the organisation, and others involved in the support of the person affected, for example social workers and other health care professionals. Staff were very clear of the process to report any changes in people’s care and behaviour to protect their safety and ensure the most appropriate care was provided.

Staff rotas showed that minimum staffing levels of one member of staff to each person who used the service had been maintained. We were told by senior staff that, where people had been assessed as requiring two staff members, for example whilst in the community, requests had been made to the funding authority concerned for additional resources to allow the service to provide the staff.

Whilst staffing levels were sufficient, there had been a reliance on bank and agency staff to maintain the required safe levels of support. One member of staff told us the situation was, “Very grave 3 months ago, staff not turning up, always the same regular people working. I would ring in and check someone had come in.” This meant that people were unable to experience the continuity of care associated with a regular staff group. We spoke with the manager about this. They assured us that the service was recruiting on an ongoing basis and had managed to reduce the percentage of agency staff used, however they accepted there was still some way to go to achieve the consistency of care they would like to see.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Interview records demonstrated prospective staff members’ employment histories had been reviewed in detail as part of the recruitment process. Disclosure and Barring Service (DBS) checks had been completed before staff were appointed to positions within the service.

Is the service safe?

Suitable arrangements were in place for the management of medicines. Although people were provided with care in a supported living service their care records confirmed that they needed their medication managed by the service on their behalf. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received and when they were disposed of. Medicines were provided to people as prescribed, for

example with food or at certain times. Staff recorded that people had taken their medicines on Medicine Administration Records (MAR's). Records showed MAR charts were checked and medicines audits regularly carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on.

Is the service effective?

Our findings

Permanent staff had a good understanding of the needs of people who used the service and responded to these needs appropriately. For example, we saw staff consulting about people dietary preferences and ensuring the expressed choices were provided for. However, the service had been relying on large numbers of agency staff to cover for unfilled positions and staff who were absent. Agency staff did not always have the same training as permanent staff and were unable to carry out all of the required tasks to meet people's needs. For example, agency staff could not administer medicines unless they had undertaken the provider's competency assessments. Whilst it was positive that the service ensured the level of competency for all staff it was not effective because the staff were not deployed based on their skills. For example on some occasions it resulted in trained staff taking people who used the service with them in order to support untrained staff at other supported housing services. There were no policies or procedures for staff to follow in the event of being asked to facilitate the movement of one person from their home to another location, albeit for short periods of time, to enable care staff to administer medicines to other people. There were also no records evidencing whether consent had been obtained from people to this practice. We spoke with the manager about this and they confirmed the service was recruiting more permanent staff to mitigate this problem.

This is a breach of Regulation 18(1) because the service had failed to provide sufficient numbers of suitably qualified, competent, skilled and experienced persons

Staff received an induction to the service, and provided the Care Certificate, a nationally recognised qualification for staff in the health and social care sector. The manager told us they were adapting the content to suit a supported living scheme so it was relevant and meaningful for people living in their own homes. Staff had access to a training programme covering the basic areas of care and support to people with learning disabilities. However, the records of staff training showed that several staff had not attended refresher training within the timescales identified by the service as required to ensure people's skills and knowledge were up to date. The manager was able to demonstrate that training was currently being organised for all staff that were out of date.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS referrals had been made to the local authority as required to ensure that any restriction on people were lawful, and staff confirmed they were aware of how to implement these in the least restrictive way. Staff gave us good examples of how they encouraged choice, such as offering alternatives when discussing activities and meal choices and other aspects that supported people with their daily living and wellbeing.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent, this was identified in their records and the arrangements for decisions being made in their best interests.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. Staff told us that it was people's choice but they will prompt and encourage healthy snacks, for example by suggesting fruit instead of crisps and encouraging the person to by low fat cheese instead of normal.

People's records showed that people's dietary needs were being assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician and their advice was acted upon. Care plans provided information about people's eating habits, for example one plan stated, "Appetite varies, do not be concerned if [person] doesn't eat, but ensure plenty of fluids". Records provided information on what people had eaten at meals times.

Records showed that people were referred to health agencies when necessary. We saw evidence of people being referred to, and seeing, speech and language therapists, GP's, mental health services and dieticians.

People were provided with 'hospital passports' to ensure their needs were easily communicated to health professionals in case of emergency or planned admission to hospital. These included colour coded 'things you need to know about me' which the person had completed on their own with support from staff.

Is the service caring?

Our findings

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful way. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. The atmosphere was easy and people were clearly comfortable with the staff. We saw a staff member compliment a person on their appearance and how they looked nice, which made the person smile.

Staff had a good understanding of verbal and non-verbal communication and what action to take to support people when showing signs of distress. We saw people seek out staff for comfort and reassurance, for example they would come and find the staff member and sit next to them. We saw staff ensured that the people who used the service was the focus of their attention, and included them in everything they did.

Records, and discussions with staff showed good rapport with a person's relative, including asking the relative for feedback when the person using the service was being supported by a new care worker during their induction. This showed that changes to a person's care were considered and supported through actively seeking feedback.

Staff were observed supporting people to express their views. For example, one person who used the service, who was deaf, had been matched with a member of care staff who themselves wore hearing aids and could communicate using Makaton with the person concerned. This showed that the staff were considerate of people's needs and identified opportunities to improve how they worked together.

We saw that staff respected people's privacy and dignity. Staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We observed staff encouraging people to maintain their independence, respected their choices and supported people to live their lives as they chose. This included providing personalised activities with access to go out into the community and support to be with people important to them. For example, one person had expressed an interest in cars, and had been matched with a member of staff who shared the interest and had taken them out to car shows as an activity.

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. Staff were attentive to people's needs, checking on them in the communal areas of their home and bedrooms. Requests for assistance were answered promptly and support given immediately.

The service operated a person-centred quality audit system, whereby individuals care and the management of the team of staff who supported them was reported on each month. The audits reflected regular reviewing of care and health support plans with a clear emphasis on the individualisation of plans and checks to ensure people had access to opportunities and support to meet their goals and stay healthy and safe within an environment that was well managed and efficiently run. Each audit we saw also contained an action plan, identifying the work that needed to be undertaken in order to respond to any changing need or identified shortfall, for example, in respect of plans needing to be updated. We saw that the service was looking into arranging trips to the zoo for one person based on feedback received that this was something they enjoyed doing.

People received individualised care through the provision of individualised plans, providing staff with information about the person's preferences and needs. Plans included guidance on preferred methods of communication and

were written in the first person, for example, 'I like', and 'I don't like' etc. They included pictures, symbols and clear language rather than written wordy styles so they were easy to understand and where possible the person could agree and participate in their development. They included detailed information regarding people's health needs and specific protocols that were in place, such as contingency if a person wakes up in the night.

The manager kept records of all ongoing complaints and investigations, showing that the service did adapt as a result of experience and people's views. For example, following complaints into staffing levels and practice, the service introduced changes to processes which supported staff to ensure that they provided the service needed. In addition action had been taken to target and train new permanent staff as they recognised that consistency of staff had a positive impact this had for people and their wellbeing. Further guidance had also been provided for staff to refer to if they needed it. For example in relation to responding to unplanned staff absences.

The service ensured copies of the complaints procedure were produced in a format accessible to people with learning disabilities and was displayed in the supported living services we visited. Plans of care also included details of how people communicated and how they expressed choices and could say if they were unhappy about anything. Staff were able to tell us about this and how they escalated concerns to the manager.

Is the service well-led?

Our findings

The last registered manager of the service left in September 2014. The service employed an Operations Manager, who told us they had taken on the role of the manager, and would be submitting their application to be registered once they had obtained the necessary documentation and completed the vetting procedures. Services are required to notify the commission if registered managers are absent for periods over 28 days. We spoke with the divisional director, who confirmed that the organisation had relied on the former manager to notify the commission. This left the service without a registered manager at a period of high staff turnover and high use of agency staff usage. During this period of time there was a lack of management actions to address staffing shortfalls and the impact on people, in the form of staff being provided inconsistently, and with varying amounts of experience and skill.

The lack of notification regarding the manager's absence also indicated a lack of governance in respect of responsibilities of the service under relevant regulations. The divisional director and manager both informed us that the service was aware of the problem and had taken steps to ensure an application for the manager to be registered was submitted as soon as possible.

The leadership at the service were open about shortfalls identified around levels of permanent staffing and showed that this had been acted on. They were now starting to see the benefits of new staff being trained and starting in the service. There were three supported living locations where the service was providing care at the time of our inspection. There was a reliance on the team leaders in each of the locations to oversee and manage day to day issues, with the manager primarily based at one of the services and traveling between the others. The manager was reliant on the team leaders to ensure the quality and safety across all of the supported living services. It was not clear how the service was using its governance systems to ensure that the delegation or responsibilities were clear. Whilst we found

that staff were very positive about the service provided there were some gaps in records which had not been identified as needing to be addressed to ensure that potential risks were minimised. Given the service provided care to people with complex and often changing needs the provider needed to be clear about how they would ensure the robust oversight of the activities they were providing across a large geographic area.

Staff told us there was an open management style and they had access to the manager via an 'open door' policy, where staff could offload and discuss any concerns if necessary. Staff told us that they had, "Got quite an open management team." Staff were able to describe some of the services' values as, "Trust, quality of care, promoting independence", and told us that they tried to exercise those values in their own work.

People, relatives and visitors had expressed their views about the service through meetings and through individual reviews of their care and/or their relatives care. The service took action where feedback about the service identified a need for action. For example, a senior member of staff described how staff feedback about a person's safety and freedom had resulted action being taken to ensure the concern was identified and assessed as being in the best interests of the person using the service.

The service used a system of regular checking of key performance indicators as a way of measuring the quality of care provided. These included regular checking of incident reports and audits by the manager to ensure the correct actions had been taken and people were receiving safe care of a high quality. For example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered persons must employ sufficient numbers of suitably qualified, competent, skilled and experienced persons.</p> <p>Regulation 18 1, 2 a)</p> |