

Affinity Trust

# Affinity Trust - Domiciliary Care Agency - Tameside

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Affinity Trust Tameside is a Domiciliary care and supported housing service providing personal care to 32 adults with learning disabilities and other complex needs at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

Overall people and relatives felt the service was safe, staff were safely recruited and there were processes in place to ensure the environment was safe for the people living there. People were safely supported with their medicine and work was ongoing to reduce the use of prescribed medicine to control behaviours which might challenge others. When things went wrong, action was taken to learn from this, share the learning and prevent future risk where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. Staff told us they had received all the relevant training and understood people's needs and preferences. People were supported to access health care services as needed and any guidance was incorporated into plans of care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent. Care plans identified peoples wishes and aspirations and how these could be met by staff. Complaints were being investigated and the service worked closely with those involved to resolve any complaints.

The service had a clear management structure and systems for oversight and a commitment to drive ongoing learning and improvement. People, relatives and staff spoke positively about the management overall and felt involved in service development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 01 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

# Affinity Trust - Domiciliary Care Agency - Tameside

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by two inspectors. One inspector visited people in their own homes and spoke with people and staff and the other inspector looked at records in the office, spoke with office staff and telephoned family members and staff to obtain their feedback regarding the service.

#### Service and service type

This service provides care and support to 28 people living in nine 'supported living' setting, 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. This service is also registered as a domiciliary care agency. It provides personal care to three people living in their own houses and flats

Affinity Trust also provides specialist support for people with complex needs. One person who needed this had their care co-ordinated from the Tameside office.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was an operation manager in post who was in the process of registering with the CQC.

### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 14/01/2020 and ended on 05/02/2020. We visited the office location on 14/01/2020.

### 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with three people who used the service. We spoke with ten members of staff including the division director, operation manager, support manager, team leaders and support workers. We spoke with five family members to obtain their view regarding the service.

We reviewed a range of records. This included nine people's care records and two people's medication records. With appropriate permission we visited five people in their homes to observe how staff supported them. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- The service completed comprehensive assessments of risk. We saw each individual had a number of risk assessments specific to their needs which included behaviour, health and environmental risks. Each risk assessment contained guidance for staff on the actions to take to reduce the risk. These were reviewed and updated as needed.
- Systems for ensuring the completion of appropriate checks of the environment and equipment were in place. This included environmental checks and maintenance of utilities such as the gas, electric and water and detailed risk assessments specific to each location. Each location had a health and safety file on site which contained the relevant information and guidance for staff.

### Staffing and recruitment

- The service followed safe recruitment practices when employing staff. All new members of staff had checks with the disclosure and barring service and reference checks regarding their character prior to beginning working for the service.
- Each person had a small team of staff specifically arranged around their individual needs and preferences. This helped provide continuity of support to people. One person told us they liked one member of staff and thought they were "Nice" but didn't want to be supported by that person. We saw that this was respected. One staff member said, "The people who used the service choose the staff, and that's respected."
- Overall there appeared to be sufficient qualified staff available to meet people's support needs. However, for one person whom specialist support was co-ordinated out of the Tameside office, there were some vacant posts, and attempts to recruit appropriate staff was ongoing.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. Overall relatives told us the service was safe and said, "I feel confident in staff. They know what they are doing." However, one family member had concerns about the services ability to keep their family member safe.
- Staff had received training in safeguarding people from abuse. Staff were aware of their responsibilities and were confident if they raised any concerns they would be dealt with appropriately.
- The provider worked closely with the local authority to investigate and address where safeguarding concerns had been raised. We saw that action plans had been developed and the provider was taking steps to address these actions and improve the service.

### Using medicines safely

- There were systems in place to ensure people received their medication as required. Audits helped to ensure the service followed best practice and we could see that action was taken when shortfalls were

identified. For example, it was identified that in one person's file there was no guidance for 'as required' medicine, such as paracetamol for pain. We saw that this had been addressed and a detailed protocol was available to guide staff on how and when to support the person to take this type of medicine.

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. Staff had completed training and had checks of their competency when supporting people to take their medicine.
- Staff worked proactively to reduce the use of medicines prescribed for the control of behaviours that might challenge others.

#### Preventing and controlling infection

- There were systems in place to protect people from the risk of infection. The homes we visited were clean and tidy and people and relatives confirmed this was always the case. People were supported to do as much as possible for themselves to keep their home clean and tidy and staff supported this.
- Staff had completed training in infection control. Staff had access to the equipment they needed, such as disposable gloves and aprons, and understood how to reduce the risk of people becoming poorly by promoting good infection control practices.

#### Learning lessons when things go wrong

- Systems were in place to learn when things went wrong, Managers told us they were committed to learning lessons and focusing on how things could be improved and spoke honestly about some of the challenges the service face. There were regular meetings for staff in various roles including operation managers, and team leaders across all the provider's services. These meetings allowed information to be cascaded across the service and opportunities to discuss and plan for service improvement.
- Lessons were shared across the service and supported living locations. We saw where things had gone wrong and lessons were learnt these were discussed and shared with staff during team meetings. Where actions were identified progress was reviewed at the following team meeting.



# Is the service effective?

## Our findings

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

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

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

- Where people had behaviours that at times challenged the service, managers and staff ensured people received the support they needed. Detailed assessments were completed in line with positive behaviour support (PBS) principles. These identified what might upset the person and how they might show they were upset or angry. They guided staff on how they could help de-escalate situations. Staff told us they always had an opportunity to talk with a manager after any incidents. Detailed records were kept of any incidents, staff and managers looked at what happened and what could be done to try to prevent future incidents.
- We saw that if physical intervention was identified as possibly needed, it was identified as being part of a staged approach and was clearly identified as only to be used as a last resort. All the staff we spoke with were confident that staff followed PBS principles and always used the least restrictive option when supporting people who used the service.

Staff support: induction, training, skills and experience

- Staff were trained and supported to undertake their roles. Staff completed a variety of training which was tailored to the needs of the people they were supporting. Overall training was up to date. One staff member said, "Training is good." and overall families confirmed that they felt staff were well trained.
- Staff had regular supervision and told us they felt supported and were always able to speak with a manager. One staff member said, "Support is brilliant. I can just get hold of my managers anytime."
- Staff spoke positively about the induction process. They told us, "Induction was really thorough. Any questions I had were answered. I got everything I needed."

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

- People's nutritional needs were met. People's preference was identified, they chose what they ate and were involved in shopping for their food. People were encouraged to do as much as they could in preparing and cooking meals and some people would invite their friends over for meals.
- Care plans contained detailed information about people who required specialist diets. We saw in one person's case there was detailed information from the speech and language therapist for a person who required a modified texture of diet. Care plans contained information about how to support people who required a Halal or Kosher diet.

Adapting service, design, decoration to meet people's needs

- People's homes had been furnished and decorated specifically to meet their needs and preferences. Rooms were personalised, and specialist adaptations and equipment obtained to ensure the environment was suitable for the person living there.

- Adaptations were in place to support people to remain as independent as possible. For example, we saw adapted utensils and kitchen equipment had been sourced to enable the person to participate in preparing and cooking meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives. People's health action plans (HAP) contained information about their health conditions and support they needed to promote good health.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and routines. This would help ensure important information staff might need was transferred with the person if they went into hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Where people were subject to restrictions, the service had made suitable referrals. Some people were still awaiting assessment from the local authority. The operation manager had oversight of this.
- People's capacity was assessed and where people lacked capacity, best interest meetings were undertaken with the relevant people. For example, we saw that there were best interest meetings held regarding a person's care, medication and finances.

# Is the service caring?

## Our findings

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

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

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

- People were supported by staff who were kind and knew them well. We spoke with staff who knew people really well and spoke in respectful and caring ways about people who used the service. They spoke with passion and pride about people's achievements. Interactions we saw were relaxed and respectful. There was also lots of gentle humour and laughter. One person clearly enjoyed joking and having fun with staff. A staff member said of people who used the service, "I love supporting them. They are lovely lads. They are really nice."
- People told us they liked the staff that supported them and that the staff were nice and caring. One person said, "I like all my staff." One relative told us, "The staff are lovely. They meet [family member] needs and are really good at supporting them."
- Relatives spoke positively about the support delivered by the service overall. One relative said, "I'm very happy. I like the staff and they all manage [family member] very well. They [staff] are all very caring." One relative spoke about concerns they had about staff, but these were primarily historical concerns which the service had taken steps to address.

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

- People were supported to express their views and their choices were respected. Staff took their time and ensured people were given the time they needed to express themselves. Where people did not always use words to communicate staff had used their knowledge of the people's non-verbal communication to help them understand how the person wanted to be supported.
- People told us staff listened to them. One person said, "I can talk to any of them." People's views and preferences were clearly recorded, and care was being delivered in line with these.
- Relatives told us they were involved in developing their family members care plan. One family member told us, "I get involved with things. They include me and keep me informed."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain and develop their independence. In one house we saw that a colour coding system had been used on the washing machine so that people could easily identify for themselves which programmes their clothes needed to go on.
- Staff respected people's dignity and privacy. Staff had clear guidance on how to balance people's privacy and promote people's safety and this was reflected in people's care plans.

# Is the service responsive?

## Our findings

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

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

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

- People had person-centred care plans in place. Care plans were detailed and covered people's individual strengths and support needs. Staff understood people's care needs and these were reviewed regularly.

Meeting people's communication needs

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

- The service was meeting the requirements of the AIS. Individual communication styles and methods were respected and encouraged. Staff understood these different communication styles and told us, "If people can't talk you know what people want by seeing little eye flickers or little signs."

- Staff had received specific training around individual's communication systems. Staff had a very good understanding of people's communication systems and were able to tell us about how people who didn't always use words communicated their wishes. We saw this included the use of pictorial and easy read formats.

- A variety of tools to aid communication were in place. One person had a daily planner they showed us, this included which staff would be working with them and what activities were planned. They clearly enjoyed talking about this with staff. If they didn't want to do the planned activities, they put the board in a particular place which staff knew meant to try other activities.

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 took part in a wide range of activities both at their homes and in the wider community. Activities were based around people's individual preference, interests and hobbies. We saw photographs of a garden project people had been involved in developing at their home. With staff they had built a patio area. One person we spoke with was clearly proud of this work.

- People were given a variety of opportunities. For example, people were supported to access voluntary and paid work. Staff worked closely with people to maximise these opportunities and ensure they were successful.

- Staff supported people to maintain regular contact with their friends and relatives. One person attended a family member's medical appointments with them and helped them do their shopping. Another person invited friends over for meals at home on a regular basis.

#### Improving care quality in response to complaints or concerns

- People knew how to raise concerns and these were responded to. People and relatives told us they knew how to raise concerns and overall felt confident that these would be addressed and resolved. One family member told us, "I feel able to raise concerns and they are responsive. I have always felt fully involved."
- The service had a complaints policy and where concerns had been raised these were investigated, steps taken to prevent the risk of future reoccurrence and resolve the complaint. In one case we saw the complaint had not been fully resolved and the service was working with the local authority and complainant to resolve the complaint as much as possible.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, we saw that people and their representatives had been asked about their preferences and choices and detailed plans had been put in place for those who wished to have these discussions.
- A support manager gave us an example of how the service had supported an individual with end of life care. This has involved undertaking best interest meetings, respecting the person's choices and working closely with the GP, district nurse and specialist MacMillan nurses to provide the right support for this individual.

# Is the service well-led?

## Our findings

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

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

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

- The provider had developed a positive work culture. Staff we spoke with, and our observations during the inspection, showed that staff were highly motivated and shared an enthusiasm, commitment and passion for providing a person-centred service. Staff spoke positively about managers within the service. Staff said, "[line managers name] is brilliant. Really encouraging and is on the ball" and "[line manager] is brill." Staff from another of the service locations told us, "Any problems I am 100% the manager will support me."
- All the staff we spoke with said they would recommend the service. One staff member said, "Yes I think I would recommend it. It's one of the best services I have worked in."

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; Continuous learning and improving care

- There were systems in place to ensure management had oversight for each of the people being supported. A member of the management team frequently visited each location to complete audits and checks of the location including the environment and paperwork. Where shortfalls were addressed steps were put in place to address them.
- Accidents, incidents, safeguarding's and complaints and concerns were investigated and apologies offered and action to reduce the risk of future reoccurrence when possible.
- The manager of the Tameside branch understood their regulatory requirements and had submitted relevant statutory notifications to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management and staff were clear and their roles and responsibilities. Staff told us, "We work well together. We know what to do." and "The team is good. There is lots of laughter." A staff member said, "I am proud [of working at the service]. You can really make a difference."
- People and relatives spoke positively about the service, staff and the management team. A relative told us, "Staff are lovely. We have regular staff and they work well as a team. The management are good, they are involved and keep you informed."

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

- People, relative and staff were involved in service development. Staff told us they had regular staff

meetings and that they were encouraged to bring forward ideas for improving the service they provided. Minutes from meetings showed a wide variety of topics were discussed and staff actively participated in discussions

- People and families told us they felt involved in the service. We saw annual surveys were sent out to people, relatives and staff and that overall the feedback received was positive. Where areas for improvement were identified an action plan was put in place to address these areas.
- The service worked closely with other services to support people towards independent living and community participation. This included supporting people in education and health and social activities run within the community. People and relatives spoke positively about how the services worked closely to deliver opportunities to people.