

## Affinity Trust

# Affinity Trust - South West

### 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 – South West is a domiciliary care service providing personal care and support for people living in their own homes and seven supported living houses within the Mendip area. At the time of the inspection they were providing personal care for 17 people.

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.

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

People received care and support that was safe. The provider had a robust recruitment programme, which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in recognising potential abuse and how to raise concerns. Prospective new staff were matched to individuals with the same hobbies and interests.

Medicines were managed safely. Staff were trained in administering medicines and their competency checked regularly.

People received effective care and support that was focused on the person. There was a consistent staff team which meant people had regular support workers whom they knew well. Staff received mandatory training as well as training specific to people's individual needs. Staff demonstrated a good understanding of people's needs and how they preferred to be supported.

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.

People were involved in the planning and review of the support they received. People either wrote their own support plans or contributed ideas of how they would like their care and support delivered.

People were supported by caring staff who respected their independence and supported them with dignity and respect. People told us staff were caring and they had built meaningful relationships with them.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. Records showed people decided on what they did on a day to day basis.

There were systems in place to monitor the quality of the service provided, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and

complaints and learnt from issues raised.

People and staff spoke positively about the registered manager. Staff said they felt valued and supported by the registered manager and provider.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

This service was registered with us on 22 February 2019 and this is their first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 - South West

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team:

The inspection was carried out by one Inspector.

#### Service and service type:

Affinity Trust – South West is a domiciliary care agency. It provides personal care to people living in their own homes, flats and seven supported living houses.

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

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 5 February 2020 and finished on 6 February 2020. We visited the office location on 5 February. On 6 February we visited people in their homes and spoke with support workers.

#### What we did before the inspection

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

#### During the inspection

We visited four people who used the service. We spoke with six members of staff as well as the registered

manager and divisional director.

We reviewed a range of records. This included four people's care and medication records, three of which were current records kept in people's homes. We looked at three 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.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes safe all the time." Another person said, "Very happy."
- The registered manager and support workers understood their responsibilities to safeguard people from abuse and what actions to take to protect people.
- Records showed support workers had received training in how to recognise and report abuse. One staff member said, "I am very confident that anything I raise would be dealt with straight away and properly."
- Concerns and allegations were reported to the relevant authority, and action taken in a timely manner.
- The registered manager arranged for a local Police Community Support Officer(PCSO) to go to a community disco that most of the people they supported attended to talk about staying safe.

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their needs. These included the actions support workers should take to promote people's safety and ensure their needs were met.
- Where a risk had been identified a clear note at the beginning of the support plan highlighted to staff to read the specific support plan. For example, one person's support plan said, "Eating and Swallowing support plan to be read before supporting [the person]."
- Support plans included guidance on how to minimise risk to people, especially vulnerable people when out in the community or travelling in a car.
- The service helped people to stay safe in their homes. For example, support workers supported people to ensure they had regular checks on their fire alarms.
- There were also systems in place to protect staff from harm. Initial assessments identified if there were any risks relating to the property, location or pets.

Using medicines safely

- There were systems in place to monitor the management of medicines which included checking staff had signed records and that creams and lotions were still in date.
- All staff administering medicines had received training and had been assessed as competent.
- When people were prescribed as required medicines, such as pain relief medicines, there were protocols in place to ensure staff knew when to administer and how often.
- Care records contained clear guidance for staff and an assessment of the level of assistance they should provide.
- Records showed when people were supported to manage their own medicines, risk assessments had been carried out to ensure they were able to do so safely.

Staffing and recruitment

- People were supported by enough staff to meet their needs. People had a set team of support workers to assist them in their daily activities of living.
- When new staff were recruited, the interests of the person they were going to support were considered. For example, one person's support plan included a, "Staff profile, most suited to [the person]." It stated, "Calm confident approach, flexible minded and creative. [The person] responds better to confident staff."
- People were able to build up relationships with staff and they told us they knew the staff who supported them. One person said, "Yes same people all the time." When asked if they liked the people on their team they said yes and showed the Inspector some photographs.
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

#### Preventing and controlling infection

- All staff spoken with were aware of the importance of minimising people's risk of infection when providing care and support. All staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- Staff supported people to understand the importance of personal and dental hygiene.
- During our home visits we observed staff using PPE appropriately.

#### Learning lessons when things go wrong

- Accidents, incidents and complaints were analysed to look for trends or ways to prevent a recurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.



# 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 for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they received a service. Where appropriate, families were involved in planning and agreeing the level of care and support people needed.
- Following the assessment, a full plan of care was put together with the person or a family member if necessary. The registered manager told us how one person had written their own support plan. They then met with the person to discuss the things they thought important to them before providing a service.
- People told us how they had been involved in their support plans. One person said, "Yes, I did it [support plan] they [staff] asked me."
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion, which was recorded in their support plans.
- Staff supported one person who was in a relationship. They were supported to understand safe relationships and acceptable behaviours in public.

Staff support: induction, training, skills and experience

- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs.
- Staff told us training was thorough and there was plenty of opportunity to obtain health and social care diplomas. One staff member said, "The training is really good, and we get to learn about things that are specific to the person we are supporting."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred.
- All staff confirmed they received an induction when they started to work for the service. The induction training was also linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- New staff worked alongside regular staff before they worked alone. If a member of staff had not visited a person before, they worked with the person's regular team to get to know their needs.

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

- Some people needed help with eating and preparing meals. People told us they chose what they wanted to eat, and staff helped them prepare it. One person said, "They [staff] do it for me but I can help if I want to. I go shopping and choose what I buy."
- People were supported to plan their meals, do their own shopping and develop skills in the kitchen. One person's support plan read, "My Goals. To make drinks for myself without asking others." Records showed

staff were supporting the person to become independent in this area.

- Where necessary, staff recorded how much people had eaten and drunk in people's support plans. This meant the information was available for other staff who visited the person or their relatives.

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

- Staff supported people to access other healthcare professionals when necessary. During one visit a person received foot care from a visiting podiatrist. The care worker supported them to decide when their next appointment would be.
- Staff also supported people to attend age and gender specific health checks and recorded if a person decided they did not want to attend a health check.
- Staff told us they would highlight any changes in a person's health or behaviour to senior staff and would telephone for professional support if they were concerned about a person's health.
- The service worked closely with other health care professionals to ensure effective outcomes for people. For example, they liaised with the community nursing team and community mental health team when necessary, and helped people attend hospital appointments.
- One person was completing a short stay in another location due to a decline in health. To ensure consistency in their support the staff teams from both the services worked together. This ensured the person could maintain the relationships they had built with their regular staff team.

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.

- At the time of the inspection nobody was being deprived of their liberty. However, the registered manager was aware of their responsibilities in the event they did have a person under a Court of Protection order.
- Staff were aware of how to support people who lacked the capacity to make decisions. Where necessary support plans included capacity assessments and specific guidance if a person either lacked capacity or had fluctuating capacity.
- When a person lacked capacity to make a specific decision, a best interest meeting was held with professionals and relatives with authority. Decisions made on behalf of the person were then recorded in their support plans.
- Staff obtained consent from people before providing care and support.

# 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 for 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

- During our home visits we observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good understanding of what people liked to talk about and their preferred routine. One person told us, "Yes, I like them, [staff]." We asked them if there was anyone they did not want to see, they replied, "No I like them all."
- People were relaxed and cheerful in the presence of staff. We observed a very comfortable, friendly banter between people and staff.

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

- Staff enabled, and actively supported people to make decisions about their support. They knew when people wanted help and support. One person told us, "I said I wanted to go for breakfast at [local public house] and we went. I can say when I want to go out and where."
- There were ways for people to express their views about their care. Support plans indicated how much input a person had into producing and reviewing their support plan. From writing it themselves to contributing to ideas.
- A record of compliments was kept and shared with staff. Compliments received included, "Staff are very good, totally supportive and excellent at communicating." And, "We are extremely grateful for all you are doing to support, [person's name] and therefore to support us as we try to enable him to live the fullest and happiest life possible."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect with staff remembering to close doors and curtains before providing personal care.
- When staff were out with people in the community, they were aware of how to support them in a dignified way. For example, maintaining one person's confidence when out in the car, reducing their levels of anxiety.
- Staff had information cards they could give to members of the public if they were concerned when a person was displaying challenging behaviours.
- People were supported to be as independent as possible, with staff understanding how much support to offer and when to step back. One person told us how they were moving on to be more independent with less and less support provided by staff. They said, "I know they [staff] are there when I need to ask for help or advice but I am doing more for myself now."
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

# 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 for 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

- All the support plans reviewed were written in a person-centred way. They contained clear guidance and instructions for staff about how to meet the needs of the person and promote choice and independence.
- People received care and support from staff who understood their needs, preferences and interests, this was because there was a consistent team who visited the same people regularly.
- Regular reviews of support plans were completed with people and their views on their care and support sought. One person said, "Yes, we talk about those things and I say what I like."

• Meeting people's communication needs

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

- People's information and communication needs were identified and recorded in their care records. There was clear guidance on how people benefited from different approaches depending on their need. For example, one person had a variety of ways they and staff could use to communicate effectively. Staff were aware of the types of communication aids people had and how to use them.
- One person liked to use a range of visual prompts around the home to support them in their day to day routine. They also used a memory picture book with photographs of days out and activities. They would show this to staff and talk about what they had been doing and what they would like to do in the future.
- One person used their own sign language and had taught staff about the way they wanted to communicate.
- If people needed support with information in alternative foreign language formats this could be arranged.

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

- As a community care provider, the service is not responsible for providing and arranging activities for people. However, they supported people to go to activities of their choice.
- One person told us about their favourite activities and how staff supported them to attend. Another person told us how they enjoyed going swimming.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people in their support plans.
- People indicated they were happy to raise concerns or complaints if they needed to but told us they did

not have any complaints.

- Complaints and concerns had been reviewed and action taken. The registered manager had responded to people's concerns within the time scales of their policy and procedure and learning had been put in place.

#### End of life care and support

- Nobody was receiving end of life care at the time of the inspection however, end of life support could be provided. If necessary, staff would receive support to provide effective end of life care by the community nursing team and local hospices.
- The registered manager told us how they were exploring ways to support younger people to make informed decisions and choices around end of life care as part of their forward planning and decision making.

# 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 for this newly registered service. This key question has been rated good. 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 registered manager and all the staff spoken with told us how they ensured the care and support was person centred. They made sure it reflected the needs, likes and dislikes of the people. This could be seen in the way people were involved in their support and day to day decision making.
- Support plans showed staff involved people, the records maintained were about them as individuals and clearly described their experiences, so all staff would recognise if there had been a change.
- People had a consistent staff team who they got to know and build relationships with.

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

- There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged.
- The service was well managed. The feedback from one staff member said, "Our direct line managers are very approachable and are always encouraging and positive." A health care professional in written feedback said, "I just wanted to let you know how impressed I have been with the level of detailed knowledge the manager has about each service user, and the positive relationship she has with each of them."
- An on-call system was in place for staff working outside of office hours, so all staff could contact a manager at any time for advice and support.
- All staff spoken with said they felt listened to and involved in all aspects of the support they provided and development of the service.
- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings and unannounced spot checks [when providing care] by team leaders.
- Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.

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

- People and their families could comment on the service provided. The registered manager carried out satisfaction surveys. Comments were largely positive. Where issues had been raised action had been taken and fed back to people or their relative.

- Comments received were all very positive. One relative stated, "It takes a certain quality of imagination, combined with organisational skills to give the best support to our children who have special needs and this you have in spades." Another relative wrote, "They [staff] are all excellent in their own ways and [the person's name] responds very well to them all. In many ways they are his family more than we are."

#### Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training.
- The registered manager also attended meetings with other managers in the organisation. This meant they could share what worked well and what had not and how they had managed it.

#### 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 registered manager and nominated individual were aware of their responsibilities in relation to the duty of candour.

#### Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- The service was working with Mendip District Council on a "Four steps to independence programme." This identified goals and consisted of 16 weeks support for people with achievable objectives. The service liaised with the person's social worker on the progress they were making.