

Affinity Trust

# Affinity Trust - Domiciliary Care Agency - Norfolk

## Inspection report

Crome House  
231 St Faiths Road  
Norwich  
Norfolk  
NR6 7AP

Tel: 01603400321  
Website: [www.affinitytrust.org](http://www.affinitytrust.org)

Date of inspection visit:  
02 September 2019  
03 September 2019

Date of publication:  
02 October 2019

## 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 - Domiciliary Care Agency - Norfolk provides personal care to people living in shared supported living premises. The service provides support to people living in 11 supported living premises. The number of people living in each premises varied. Where multiple people lived in the premises, there were communal facilities such as lounges, kitchens, and dining rooms, and gardens. Accommodation for staff to stay in overnight was also provided. 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. At the time of our inspection 26 people were receiving a regulated activity.

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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported to stay safe. Risks were assessed, and mitigating actions taken in response. Adult safeguarding procedures were in place and effective in responding to any concerns identified. Staff took action to learn from and respond to incidents that occurred. People received support with their medicines as required. People and relatives told us staffing arrangements in the service were stable and people received support from consistent staff. The use of agency staff was managed so that people were familiar with the staff supporting them in advance.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People were supported to have maximum choice and control of their lives and 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 supported by trained staff who followed best practice advice and guidance. People were supported to live healthy lives, this included ensuring they eat and drank well and could access external health care services.

Staff treated people kindly and respectfully. In many cases they knew the people they supported well and this helped to ensure people were listened to about their support needs. Their cultural and spiritual needs were considered. People were encouraged to identify goals they wanted to achieve, and staff supported people to achieve these.

The support provided was personalised to people's needs and interests, this included supporting people to participate in activities of their choice. Staff had involved people in their care plans. These provided clear and detailed person centred information about each person's needs. People's communication needs were assessed and met. Concerns or complaints were investigated and responded to. Information on how to complain was available.

There was a positive inclusive culture and staff morale was good. The views of people, relatives, professionals, and staff were sought and listened to. Quality assurance systems and procedures were in place. The management team had a good understanding and oversight of the service provided. The management team was reflective and open to learning and improvement. They worked with other professionals to continue to learn and improve the quality of the service.

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 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 (and update)

The last rating for this service was good (published 8 February 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 - Norfolk

## **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 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

This service provides care and support to people living in 11 '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.

The service had a manager registered with the Care Quality Commission. This means that 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 we needed to make arrangements to speak with people using the service and seek their consent to do so.

Inspection activity started on 2 September 2019 and ended on 10 September 2019. We visited the office

location on 3 September 2019.

#### 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 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with 10 members of staff including the divisional director, registered manager, a support manager, and seven support workers. We also spoke with two health professionals who had worked with the service.

We reviewed a range of records. This included three people's care records and their medication records. We looked at two 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 additional records relating to the management of the service and spoke with the registered manager.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. Staff told us they had information accessible to them on where to report concerns and how to escalate these if needed.
- There was a robust system in place to report safeguarding concerns. Staff identified and reported concerns correctly, including to the appropriate external authorities. The registered manager and divisional manager reviewed these reports and ensured appropriate actions had been taken.
- Staff used positive behaviour support principles to support people in the least restrictive way.

Assessing risk, safety monitoring and management

- Risks to people were assessed and responded to, in collaboration with people using the service, relatives, and other healthcare professionals.
- People had clear care plans which provided detailed guidance for staff on how risks should be managed.
- People told us they felt safe using the service. A relative said, "I never imagined [name] would be so settled and so well cared for. I absolutely trust the staff with [name]."

Staffing and recruitment

- Relatives and staff told us in some premises there had been a lot of staff changes which had at times caused a feeling of instability and impacted on communication. The consensus was that this had now been addressed and people were now being supported by consistent staff. A relative said, "[Name] has the same core team. At the moment there are three male staff and they are like friends to [name]. They all get on very well."
- The registered manager and divisional manager had a good oversight of staffing levels in the service and a recruitment strategy in place to reduce the use of agency staff. Where agency staff were used the registered manager had taken action to ensure these were consistent staff who were familiar to people.

Using medicines safely

- Staff supported people to receive their medicines safely. Staff had received training and their competency assessed to do so. Records showed people received their medicines as prescribed.
- Staff audited people's medicines to ensure they had received these and that they were safely managed.

Preventing and controlling infection

- Staff had received training in infection control. Most relatives told us staff supported people to live in clean and hygienic premises.
- Two relatives raised concerns about the support given to their family members in relation to the

management of their physical environment, including cleaning. This related to the same premises. The registered manager told us they would visit this location following our inspection and take any action necessary.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents. These were analysed, themes or patterns identified, and actions taken in response.



# 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

- Staff carried out holistic assessments of people's needs, which covered areas such as their physical, mental, and social needs.
- Staff supported people in line with best practice guidance. For example, people had positive behaviour support plans in place.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas relevant to the people they supported. Staff training was up to date and a system was in place to ensure training was renewed when needed. Relatives told us staff had the right skills and knowledge. One relative said, "They look after [name] very well, I think [staff] are well trained and knowledgeable."
- Staff received both formal support, such as staff supervision, and informal support to carry out their role. This included support from their management team and within the staff team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff had a good awareness of practical support they could give people to be healthy, this included eating healthily. One staff member told us, "[Name] has lost a significant amount of weight, that's just been giving [name] healthier options for eating, portion control and exercise."
- Concerns about people's weight were assessed and monitored. Staff took action to address concerns related to people's diet and worked with the person and relevant healthcare professionals.
- Staff supported people to access foods that they liked, were safe and appropriate for them. A relative told us, "They all discuss meal choices and go shopping. [Name] helps with the cooking sometimes and they enjoy that a lot. The staff keep an eye on [name's] diet and weight."
- People had health action plans in place. These assessed and reviewed people's health needs, but we found they did not always fully evaluate and consider these needs in detail. For example, one person had a health condition which was not detailed in their health action plan and for another there was no detail regarding when the person had last seen a dentist and what support they would need to do so. The divisional director told us they would take action to address this.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with the person using the service and other agencies to help them understand the person's support needs prior to them receiving a service. A relative told us, "I couldn't be happier, my [family member] has got really challenging needs. I never thought I would see the day they would move in to

supported living, but the transition was brilliant."

- Referrals to other agencies for support were made appropriately. Staff worked with other agencies and stakeholders to review the support provided and ensure it met people's needs.

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.

- People's right to make decisions and their consent to care was respected. Relatives told us staff respected people's choices. Staff had a good understanding of how to support people to make their own decisions and their right to do so.
- Where there were concerns about people's capacity to make certain decisions, MCA assessments had been completed. If the decision was particularly complex staff had referred back to appropriate professionals for support.
- There was a good understanding and evaluation of any restrictions in place, this included assessing if people lacked the capacity to consent to any restrictions and if the restrictions in place might constitute a deprivation of the person's liberty. Staff took appropriate action if this concern was identified.

# 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 received support from kind and caring staff. One relative told us, "The staff are all excellent there. [Name] is not very verbal but they all are patient and understanding with them. Their ethos is very much having a considerate attitude." Another relative said, "[Name] has lived there for 10 years now and they have been nothing but kind and caring from day one. They are always very respectful in the way they speak to them. They never shout or talk down to them."
- People's cultural, religious, and other diverse needs were considered, and these needs incorporated in to their care plans. Staff had received training in equality and diversity.

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

- Staff supported people to express their views and make decisions regarding their care. One relative told us, "I know they chat to [name] all the time and give them choices about their day to day activities. We feel we have input too, if there are any big decisions to be made they always involve us and we attend the reviews of their care plan too."
- People were supported by a stable staff group who had got to know them well, this helped ensure their views and feelings were considered when planning the support provided. Care plans demonstrated that the person had had input in to them and contained individual and personal detail important to each person.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to complete goal plans, which identified goals the person wanted to achieve to develop their independence and how they would be supported to do achieve them. For example, staff had supported one person to attend a music event of their choice and another person had been supported to learn a skill they had expressed an interest in.
- Staff spoke respectfully about the people they supported. We observed some staff interactions with people and saw these were respectful and their privacy respected.

# 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 received personalised and individual care, that met their needs and preferences. People were involved in planning their care, staff knew them well, and this helped ensure the support provided met their individual needs. A relative told us, "[Name's] care is very individual to them and their own choices. Their activities are one to one and [name's] choice."
- Care plans were very person centred and updated when required. A staff member told us, "We do make sure our plans are really individual and tell you what you need to be doing.". Staff also told us that people's care plans were a collaborative document which involved the person, relatives and staff.

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 individual communication needs were assessed and met. Staff utilised different communication strategies and aids to support communication and people's understanding.
- Care plans were included pictorial illustrations to aid people's understanding.

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

- Staff supported people to participate in activities of their choice, activities were wide ranging, and person centred. A relative told us, "[Name's] seen more of Norfolk than I ever have, they go everywhere."
- People were also supported with important relationships. Care plans included people who were important to each person and staff supported people to have contact. One relative said, "[Name] does like going out and about and staff support them to do that. They like to visit us too."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people had this in an accessible easy to read format. Relatives told us they felt able to raise any concerns they had with the service. One relative said, "In all the years [Name] has lived there, we have never needed to complain about anything. Any niggles are sorted straight away by the staff."
- Any complaints that had been made were investigated and appropriate actions taken.

End of life care and support

- At the time of our inspection the service was not supporting anyone at the end of their life. We found some people had detailed end of life care plans which included consideration of any cultural and spiritual needs. End of life care plans were not in place for everybody, the divisional director told us they would review this and take action to address this.

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

- There was a positive culture in the service, staff understood the importance of involving and listening to people. Where possible, people were involved in decisions regarding their staff team and were supported to have a say on who they lived with.
- The provider had recently sent out questionnaires to people using the service, relatives, and professionals to ask for their feedback. The responses were being collated at the time of our inspection.
- A staff forum and newsletter was in place which helped to involve staff and share information. Staff told us they felt listened to and included in the service.
- There were no formal systems or strategies to involve people in the service at a wider level. The divisional director told us this was an area they were keen to explore and develop. They said the provider's strategy for next year would include this element.

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

- Staff were open and honest about incidents that occurred within the service. The registered manager had notified us and other relevant parties when other incidents occurred.

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

- Quality monitoring systems were in place. Regular audits and reports on the quality of the service provided were carried out. Some of the provider's audits did not fully capture all areas of the service that the management team wanted to understand and evaluate.
- Individual audits carried out on people's care generated separate individual action plans, however the action plans generated did not always record subsequent actions or evidence regular review. Identified actions were not collated within one action plan which meant it was difficult to assess and evaluate recurrent themes or trends.
- The management team had taken action to address some of the issues within the provider's governance system. The registered manager had implemented their own additional checklist and audit. They were fully aware of the additional areas they needed to assess on their regular visits to the supported living premises.
- The registered manager told us the provider was reviewing their governance systems in order to make improvements. The registered manager told us they were going to be part of the team reviewing these

systems. They had a good understanding of the improvements needed and how to address these.

- Regular quality reports submitted by the management team and management meeting minutes showed a good oversight and understanding of the service.

Continuous learning and improving care; Working in partnership with others

- The management team were open and reflective. They demonstrated that they learnt from incidents that had occurred in the service and used these to make improvements. For example, following issues raised in other services around the support given to people with nutritional needs, they had held their own thematic review on this topic, to help them assess and identify any similar areas for improvement. A relative told us, "I think they do their very best to meet everyone's needs. If something is not right they act straight away."

- The management team worked in collaboration with other professionals, such as the local authority quality assurance team. The registered manager attended external provider forums and the provider disseminated information about any change in social care.

- Staff researched and supported people to access community resources within their own communities.

The management team told us in the future they hoped to explore and develop relationships with community resources and networks, such as local learning disability support groups and advocacy services, for the wider benefit of people using the service.