

Affinity Trust

Affinity Trust - Domicilliary Care Agency - Cambridgeshire

Inspection report

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Tel: 01354696009

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10 May 2018

16 May 2018

22 May 2018

20 July 2018

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This service provides care and support to people living in '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. At the time of this inspection care and support was provided to 39 people who live with a learning disability and who may have mental and physical health needs.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good overall, with the responsive domain being rated as outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This comprehensive, announced inspection took place on 10, 16, and 22 May, and 20 July 2018.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported by staff who were aware of their responsibilities in reducing the risk of harm occurring. Processes were in place to protect people from harm or poor care. Staff used equipment and technology to help promote people's independence safely. Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely. Medicines were managed safely by trained and competent staff. The provider had effective procedures in place to support the prevention and control of infections. The provider had robust systems in place to manage accidents and incidents and lessons learned were shared across the organisation.

People's assessed needs were met effectively by staff who had the right training, knowledge and skills. Staff encouraged people to use technology to help keep them safe and promote their independence. People were enabled to access healthcare services and to eat and drink a healthy balanced diet and lead healthy lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported and cared for with compassion, empathy and kindness. Staff treated people with dignity and respect. Staff empowered people to make their own choices about things that were important to them. Staff encouraged people to maintain and maximise their independence. People had access to information that was available in alternative formats to enable peoples' understanding.

Staff supported people to maintain their links with the local community to promote and develop social inclusion. Staff used creative ways to help people maintain and develop their hobbies and interests. The registered manager and staff had an excellent understanding, and were very responsive to, each person's individual needs. Staff provided care that was person-centred and tailored to people's individual needs.

People's care arrangements took account of people's wishes and choices, including their likes and dislikes, what was important to them and any future goals. Staff were proactive in supporting people to develop and maintain relationships that were important to them.

People had access to the provider's complaints policy and procedure that was provided in an appropriate format to support people's communication needs. The provider had a process in place to receive and manage people's suggestions, concerns and/or compliments.

People had a say in how the service was run. People and their relatives were given opportunities to feedback on the quality of the service provided and felt listened to.

The registered manager provided good leadership. They and senior staff, made sure that the values of the service were embedded and promoted by staff. The provider's governance, quality assurance systems and audits were effective in monitoring that the service complied with legislative requirements and promoted best practice. Staff worked in partnership with other professionals to ensure that people received joined-up care.

Further information is in the detailed findings below.

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 remains safe.

People were supported by staff who were aware of their responsibilities in reducing the risk of harm occurring.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Medicines were managed safely by trained and competent staff.

The provider had robust systems in place to manage accidents and incidents and lessons learned were shared across the organisation.

Is the service effective?

Good 

The service remains effective.

People's assessed needs were met effectively by staff who had the right training and skills.

Staff encouraged people to use technology to help keep them safe and promote their independence.

People were enabled to access healthcare services and have enough to eat and drink.

The provider was acting in accordance with the principles of the Mental Capacity Act 2005. Staff supported people to make decisions to be as independent as possible.

Is the service caring?

Good 

The service remains caring.

People were supported and cared for with compassion, empathy and kindness. Staff respected people's right to privacy.

Staff empowered people to make their own choices about things that were important to them. Staff encouraged people to

maintain and maximise their independence.

Is the service responsive?

The service was very responsive.

Staff supported people to maintain their links with the local community to promote and develop social inclusion. Staff used creative ways to help people maintain and develop their hobbies and interests.

Staff provided care that was person-centred and tailored to people's individual needs. Staff were proactive in supporting people to develop and maintain relationships that were important to them.

People had access to the provider's complaints policy and procedure that was provided in an appropriate format to support people's communication needs. There was a process in place to receive and manage people's suggestions, concerns and/or compliments.

Outstanding 

Is the service well-led?

The service remains well-led.

People had a say in how the service was run. People and their relatives were given opportunities to feedback on the quality of the service provided and felt listened to.

The registered manager provided good leadership. They and senior staff, made sure that the values of the service were embedded and promoted by staff.

The provider's governance and quality assurance systems and audits were effective in driving improvement.

Staff worked in partnership with other professionals to ensure that people received joined-up care.

Good 

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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 10, 16, and 22 May, and 20 July 2018 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that staff would be available.

Before the inspection we looked at all the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also asked for feedback from representatives of a local authority contracts team, commissioners of the service, Healthwatch, and local safeguarding teams.

On the first day of the inspection we visited the provider's office and visited one person in their own home. On the second day we received information from a commissioner of the service. On the third day we visited two people in their own home and spoke to three staff members. On the fourth day of the inspection we spoke on the telephone to one person's relative and five staff members.

In total we spoke with three people who used the service and one person's relative. We spoke with seven support workers, a team leader, two support managers, three service managers and the registered manager. We looked parts of the care records of five people, along with other records relevant to the running of the service. This included quality assurance audits, training information for staff and arrangements for

managing complaints.

Is the service safe?

Our findings

Processes were in place to help protect people from harm or poor care. Staff had received training and understood the procedures they needed to follow to help maintain each person's safety. This included reporting concerns to their line manager and how to escalate the concern if they were not satisfied with the response. When required the registered manager followed the multi-agency safeguarding procedures appropriately.

People told us they felt comfortable with staff who supported them and in raising any concerns they had. People's body language also showed us they were comfortable with staff. A social care professional told us that people "Clearly felt happy and secure with [their] staff team".

People were involved in discussions about how risks associated with their needs were managed and reviewed. These included those risks associated with eating and drinking, bathing, travel in the community, behaviours which could challenge others and medicines' administration. Risk assessments and support plans gave detailed guidance for staff. They were personalised and focused on the individual and their preferences. Staff used equipment and technology to help promote people's independence safely. For example, one person had a one cup drinks dispenser so they could safely make a hot drink.

Where people needed support to manage their anxieties and behaviours, staff had clear and detailed information of how to support them safely using best practice guidance. Staff received training that helped them to manage people's behaviour effectively and competently. Staff knew people well and were aware of anxiety triggers that may affect a person's mood or behaviours, such as certain environments or topics of conversation. A relative told us, "The staff recognise the triggers and handle [my family member] carefully and diplomatically. They know when to step aside and when to stand their ground."

The staff recruitment process included robust checks that helped the provider ensure new staff were suitable for the role. Staffing levels were based upon people's individual support needs. They fluctuated on a day to day basis according to the type and level of support each person needed throughout the day in relation to going out and planned activities. People told us they had a regular team of staff that understood their needs. One person said, "I'm friendly with [my staff team]" and told us they like the staff who supported them. The service had recruited more permanent staff which enabled people to have a stable core team group they knew well. A staff member told us that this consistent approach reduced people's anxieties. Another staff member told us, "There's nothing worse than being supported by a stranger. Cross working [staff working with a small number of people] limits the disruption to people." A relative told us, "Overall it's an excellent service well suited to [my family member's] needs. Staff have been pretty consistent over time."

The provider had robust systems in place to ensure medicines were managed safely and staff were trained and competent to administer medicines in a safe way. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria to guide staff on the purpose of PRN medication and when it should be offered. This ensured people received PRN medicines appropriately.

The provider had effective procedures in place to support the prevention and control of infections. Staff confirmed, and records verified, that they had received training in the prevention of cross contamination, infection control and food hygiene. Staff followed the provider's policies by, for example, wearing protective clothing such as disposable, single use, gloves when providing personal care. Staff told us how they supported people to maintain good standards of hygiene and cleanliness within people's homes, to reduce the risk of cross contamination and the spread of infection.

The provider had robust systems in place to manage accidents and incidents. Staff were aware of their responsibility to report accidents and incidents and act to help prevent them recurring. Senior staff and the registered manager reviewed and monitored incidents and accidents to ensure that staff took appropriate action. Staff within the provider's organisation analysed the reports for any patterns. For example, they identified an increase in safeguarding referrals in one area of the service. Investigation found the staff were referring matters that did not meet the safeguarding threshold. Lessons learnt were shared across the organisation and contributed to staff members continued learning and development.

Is the service effective?

Our findings

People's physical, mental health and social needs were all assessed before they started using the service. This helped to ensure staff could meet people's needs and inform their first care plan. People's care was person-centred and based on national and best practice guidance. For example, positive behaviour support. This is a supportive and positive approach to explore strategies to reduce the incidence of behaviour that may be challenging to others for people who may experience difficulties in communicating or managing their emotions.

Staff received a range of training to ensure they had the right skills to meet people's individual care needs. People and relatives were confident staff were appropriately skilled, competent and knowledgeable about their, or their family member's, needs. A relative said, "Yes, the staff are well trained... and know [my family member] well." Overall, staff made positive comments about the training and support they received. One staff member said the training they received was, "Brilliant. I can't fault it. It's one of the things we pride ourselves in." Another staff member told us, "The training is really good." They described how their induction had included e-learning, classroom training and shadowing an experienced staff member for six weeks. During their training they had met staff from the provider's other services and had an opportunity to share learning and experiences. They said this induction had prepared them to confidently support people on their own.

Staff were supported in their role. They told us, and records confirmed, they received regular supervision which gave them support in their day to day work and an annual appraisal to address their professional development.

Staff encouraged people to use technology to help keep them safe and promote their independence. One person said that when they accessed the community without staff support, "I take my watch. My GPS [global positioning system] watch is hooked to the phone." They explained that if they needed assistance when they were alone in the community, they could press a button on their watch. This then enabled staff to know where they were and to provide necessary assistance.

People were supported to have sufficient amounts to eat and drink. Staff promoted healthy eating and supported people to balance choice with healthy options. Staff also supported people to plan, shop, prepare and cook meals. One person said, "Staff are helping me to lose weight. I shop [weekly] ...with my support worker." They showed us that staff had made a folder of healthy, low calorie recipes that they could choose their meals from and told us how "lovely" these meals were. Another person told us, "I'm getting to know how to cook different meals and writing down food like mince. I have a recipe folder. I do shopping with a staff member. They help me get better at shopping. I aim to do my shopping on my own."

Staff encouraged people to take regular exercise in the form of person-centred activities they enjoyed. For example, rural walks, trampolining and swimming. An external care professional said that staff supported a person to, "maximise [the person's] levels of physical activity to manage their weight" and supported the person to follow guidance about their food intake.

People's care records included a Health Action Plan (HAP) which detailed the actions needed to support and improve the health of the individual and any help needed to achieve it. Regular routine and specialist health checks and appointments were attended. A staff member told us, "[People's] health action plan is all written down so we all know what happens at [healthcare] appointments."

The 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Detailed records showed how staff had determined whether people lacked the mental capacity to make specific decisions. Where people lacked the mental capacity to make specific decisions, best interest decisions had been made and recorded. This showed staff understood the principals of the MCA and respected people's ability to make decisions. Where concerns had been identified in relation to a person's freedom being restricted, the registered manager raised this with the local authority with a view to an application being submitted to the court of protection. Staff had supported another person to demonstrate they had the mental capacity to make specific decisions. One staff member told us, "We fought [the decision] for [the person]. It's [the person's] life, [the person's] rights. A social care professional said the service had been "highly effective [and] protective" in supporting and protecting a person's rights. This showed people's legal rights were protected and understood by the staff supporting them.

Is the service caring?

Our findings

People, relatives and external professionals made very positive comments about the staff and their approach to meeting people's needs in an individualised way. Staff provided people's care and support with understanding, compassion and empathy. One person told us, "[Staff] are just so kind to me. They are really sweet. My support is really good." A relative described to us how staff had taken "a great deal of time to get to know" their family member and their needs. They said staff had put in, "A lot of hard work to set up a system that worked for [my family member]." They said this had made, "A huge difference" to their family member and that, "What's in place works." An external care professional confirmed that staff knew the people they supported well and what was important to them.

The registered manager was aware of their responsibilities in relation to The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability. Staff assessed people's communication needs and looked for the best ways to support people to communicate. Information was available in alternative formats to enable people's understanding, such as an easy read pictorial format. A relative told us how over the years staff had used pictures, Makaton (a form of sign language), signing and objects of reference and that staff were always "searching for ways for to communicate." They said staff had, "Adapted to [my family member's] specific way of communication and [their] communication style." A social care professional told us that staff had tried various communication aids to help a person to express them self and had worked with a speech and language therapist to develop a communication passport. This had improved communication with the person, had made a positive impact, reduced incidents of challenging behaviour and enabled them to make more complex decisions than they would otherwise would have been able to.

People's support plans were detailed, and gave staff sufficient information to provide individualised care. For instance, using people's individual life histories, future goals and known preferences to set up effective means of support that promoted people's wellbeing. For example, one person leaned their head against a staff members shoulder. The staff member explained that the person wanted reassurance. They stayed still and stroked the person's hair, a known calming measure, until the person felt reassured. They then sat upright again and happily resumed to their activity.

People who used the service said that staff treated them with dignity and respect. This included giving them personal space when they wanted to be alone, and checking before they entered the bathroom to support the person. Staff encouraged people to talk with us, using their knowledge of the person to stimulate conversation and enabling people to express their opinions. Staff were aware of respecting people's information and followed the Data Protection Act. A care professional told us that staff had taken the right action when visitors to a person's house had tried to access their confidential information.

Staff encouraged people to make decisions and maximise their independence. One person told us staff were supporting them with a personal decision. A staff member told us their role was to, "Support people, not coerce them" in their decision making. The staff respected where people had requested a staff gender and periodically revisited the decision to ensure it was still current.

Senior staff told us that people used independent advocacy services make important decisions and decisions in relation to the management of their finances. Advocacy services support people to make decisions and communicate their views and preferences.

Is the service responsive?

Our findings

The registered manager and staff had an excellent understanding, and were very responsive to, each person's individual needs. The staff team were committed to aiding each person to live as meaningful and full a life as possible based upon their wishes. People told us about the holidays and experiences staff had supported them with. This included both holidays abroad and in the UK. One person wanted to visit the area where their family had lived. Staff worked with them on increasing the distances they travelled and after three years they had taken a holiday in the area their family came from. Another person's dream was to jump out of an aeroplane and drive a car. Staff supported the person to work towards achieving these goals and the person had experienced indoor sky diving and had the experience of driving a car at a driving centre. Staff had also enabled the person, who loved music, to attend a music workshop and produce their own music and album cover and promoted the service on radio. Staff helped another person to research and access areas of their interests such as archery, golf, fencing and martial arts courses and groups. We found that staff had used their imagination, creativity and understanding of what was important to the person to empower them to experience new opportunities and achieve life-long goals.

Care and support records were detailed and included guidance for staff to follow so they could give care and support safely and in the way people preferred. Examples included guidance on supporting people to communicate, eat, drink, access the community safely and pursue work opportunities and interests. Staff helped people to work towards achievable goals. One person told us, "[Staff] help me a lot with everything for my future. I'm trying to get a girlfriend and a job. That's important to me. Staff are guiding me." They explained the steps they were taking to achieve this including completing job application forms and joining online dating websites. Staff supported another person, who loves animals, to apply for work at an animal rescue centre. The person told us they had also visited a farm recently with staff. They said, "We had a brilliant time!"

Staff gave examples of how they supported people to become active in their local community. This included developing friendships outside of the service and supporting people to get to know people within the local community such as neighbours and local shop keepers. During a visit we saw how a person took pleasure from several neighbours waving to them as they passed by their window. This had increased the person's social network and boosted their self-esteem.

People, relatives and external care professionals made very positive comments about the service. They said how staff supported people in a person-centred way focusing on their individual needs. A relative told us, "They treat [my family member] very much as an individual. A good culture has built up. Changes [for my family member] have to take place carefully. [Changes] have been managed very well." Staff used a person-centred approach to respond to people's individual needs including those for communication and the management of each person's anxieties. An external care professional told us that since receiving support from the service, "[The person] appears more settled in the environment and her level of mood is stable, which makes [the person] happier."

We saw a compliment from a healthcare professional thanking staff for their hard work and dedication

which had impacted very positively on a person and resulted in a significant reduction in their medicines. They described this as a 'massive achievement' leading to the person's life being 'completely transformed' as this had led to the person being able to access the local community and enabled an increase in the person's activity. This, they told us was due to staff members' hard work, dedication and commitment to the person's care.

Staff were proactive in supporting people to develop and keep relationships that were important to them. People, relatives and two social care professionals explained that staff had worked hard to support people to maintain the level of contact they wanted with their relatives. One professional commented that staff had supported the person "very well through family disputes...advocating [the person's] right to family life." They said that supporting the person to keep their connections with their family had "enhanced [the person's] emotional wellbeing."

People had access the provider's complaints procedure, including in an easy to read and pictorial format. People told us they felt confident to raise any issues or concerns. One person told us, "[The service manager] says if you have any trouble come and tell me about it." People said they felt listened to and were confident their concerns would be taken seriously and acted on. Another person said, "Everything [I raise] gets sorted out straight away." Relatives told us that the service responded quickly and efficiently to any issues they raised. Staff members were aware of the provider's complaints procedure and how to support people to raise a complaint. The registered manager had received one complaint in the last 12 months. They had responded to and resolved the complaint in line with the provider's policy and procedure and to the satisfaction of the complainant.

No one using the service needed end of life care at the time of our inspection. Information was available that gave guidance on the services that may be involved in people's end of life care including various health professionals. Senior staff told us this was an area they had identified for further development, including the need for more staff training. Information was recorded about people's end of life wishes, where these were known, and included in their hospital passports, so this information was available to healthcare professionals.

Is the service well-led?

Our findings

The service had a registered manager. 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 registered manager was very experienced and demonstrated a passion for ensuring people received a personalised service. They were aware of their legal responsibilities and had notified us about events that they are required to such as safeguarding concerns. The registered manager was supported by care and management staff and by the provider's range of departments. These included, for example, health and safety and quality assurance departments.

Staff were positive about the registered manager. One staff member described the support they received as "Very good." Another told us, "I couldn't wish for anything better." They described clear management strategies and all staff were aware of their roles and responsibilities within the organisation. Staff were committed to providing a good service. One staff member told us, "If I could afford not to be paid, I'd still do this [job]."

All new staff attend an induction into the organisation run by the registered manager. This provided an opportunity to explore the provider's values and expectations and an opportunity for staff to discuss any concerns they had. Staff members spoke positively about the induction and training they received.

People knew who the support managers and service managers were. They told us they were approachable and listened to them. Most staff told us they found their line manager's responsive to suggestions. One senior staff member said, "It's about being transparent. If there's an issue we deal with it." However, some staff said they did not always receive feedback to the suggestions they made. Staff told us that the on-call system to support them outside of office hours worked well.

The registered manager encouraged and valued staff members views and opinions. Representatives met at a staff forum six times each year. This was an opportunity for staff to raise issues, concerns or suggestions with senior managers. Changes that had come about from the staff forum, positive achievements for teams and the people supported, and lessons learnt within the organisation were discussed, for representatives to cascade back to their teams. The provider conducted staff surveys and told us the feedback influenced the organisation's strategy, which in turn led to changes locally within this service. Staff were encouraged to attend and contribute to staff meetings. One staff member commented, "[Staff meetings] are useful. They are a chance for everyone to say what's going on." Staff told us that senior staff also used meetings to update the team on changes and important information, and provide reminders to staff on working to best practice.

The registered manager and staff team showed great commitment in enabling people to live as independently as possible and reach their full potential. Staff understood people's care and support needs

and were empowered to have choice and control of their life through the person-centred staff approach.

The provider's governance and quality assurance systems and audits were effective in driving improvement. These included the monitoring of staff management systems and visits to people's homes. Visits were carried out by different managers across the provider's organisation to ensure consistency. They checked people's care records and asked people for their views about their support. Various departments across the provider's organisation had clear responsibility for auditing specific areas. Actions were taken where areas for improvement were identified. For example, that people were offered the opportunity to engage in end of life care planning.

Senior staff told us that they only recruited staff who showed the right aptitude. Staff were employed where they exhibited the values of the provider in providing care that was to the right standards. People were encouraged to be involved in deciding how the service was run. For example, where possible, people were involved in staff recruitment and received payment from the provider for this.

The service provided the right support which gave people a sense of belonging within the local community. Staff enabled people access to local facilities included educational establishments, work placements and leisure centres.

Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included the local safeguarding authority, social workers, educational providers and health professionals. External professionals were highly complementary about how the service was run and how staff worked to achieve good outcomes for people. One healthcare professional told us, "It has been a pleasure to work with such a professional team.... Staff are really professional and respond really promptly. They work really well with [us and provide] really person-centred care.

The registered manager kept up to date with current research and best practice and received updates from professional organisations such as the local authorities and CQC. They used this information to review the service provided to make sure it met the required standards.

External care professionals made very positive comments about the management of the service. One told us the service was, "one of the most professional providers that I have worked alongside. [staff have] an open approach to working with others and they work in partnership to achieve the best outcomes for [the person]."