

Affinity Trust

Affinity Trust - Domiciliary Care Agency - Midlands

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

Affinity Trust - Domiciliary Care Agency - Midlands, is a domiciliary care agency. It provides personal care to people living in their own houses or flats. This service also provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This inspection started on 8 January 2019 and ended on 10 January 2019. At the time of the inspection the service supported 111 people using the service.

At our last inspection of 1 June 2016, we rated the service as 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe and were supported by staff who understood how to protect people from abuse. Risks related to people's care and support needs had been continuously assessed, monitored and their support reviewed to keep maintain their safety.

People were supported with their medicines in a safe way. People were supported with their health care needs when required. People were supported with their dietary needs. Staff worked with other professionals to meet people's care and health needs.

Staff had been recruited appropriately and had received the essential training and support for their role to provide effective care. There were sufficient numbers of staff available who worked flexibly to support people.

People continued to be involved and made decisions about all aspects of their care. People were encouraged to take positive risks. They 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 involved in the development and review of their support plans. These were produced in formats so that people could easily understand their care. Support plans were personalised and took account of their individual preferences, choice of lifestyle and cultural needs. Staff had clear information and guidance to support people in meeting their needs.

People were cared for by staff who were kind and caring. Staff respected people's privacy and dignity.

People were involved in the review of their support plan. People's independence was promoted by staff. People pursued their interests and hobbies and maintained relationships with family and friends.

The service had a registered manager. There was an open and transparent approach by the registered manager and the management team. People using the service and staff confirmed the management team were supportive. Concerns were acted upon promptly and any lessons learned were shared with the staff team to improve the quality of care provided.

Quality assurance processes were in place to monitor the quality of care delivered. People using the service, their relatives, health and social care professionals and staff had opportunities to give feedback and influence the development of the service.

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.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Affinity Trust - Domiciliary Care Agency - Midlands

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 checked 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.

The inspection site visit started on 8 January 2019 and ended on 10 January 2019. We gave the service two working days' notice of the inspection because we needed to be sure the registered manager would be in.

The inspection site visit was carried out by one inspector and an expert-by experience. The expert-by-experience had personal experience of caring for someone who uses this type of care service.

We used information we held about the service to help us plan this inspection. This included the Provider Information Return the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information we held about the service including statutory notifications and enquiries relating to the service. Notifications provide information about important events which the provider is required to send us by law.

We contacted the local authority who commission packages of care for people and Healthwatch Leicester City, who are an independent consumer champion for people who use health and social care services, for information they held on the service.

We had sent surveys to people who used the service and their relatives, staff and health care professionals. The completed surveys including the comments received were used to inform our judgement of the service.

During the inspection we spoke with 12 relatives of people who used service. We visited 7 supported living

houses where people who used the service lived. We spoke with 16 people and observed 5 people being supported in the communal areas of their home. This was so we could understand people's experiences. By observing people, we could determine if they were comfortable with the support they were provided with by the staff team.

We spoke with the registered manager and two operations managers when we visited the office on 8 and 10 January 2019. We also spoke with three support managers three team leaders and eleven support staff when we visited the supported living houses. We looked at the care plans and records of nine people. We looked at six staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff and they were support to stay safe. A person said, "I feel safe; if I didn't I can tell [support manager] or [support staff]." Another person said, "I'm not good with money so staff help me with that." Staff told us and records confirmed all financial transactions were documented and checked regularly.

A relative said, "I feel [name] is safe, is clean, fed and happy; and [name] is given [their] medicines [as prescribed]. The bungalow is clean and [staff] keep me informed about [name] medicines and any GP visits."

The provider's safeguarding procedure was clear and available in formats so that it was easy for people to understand. A staff member said, "We have zero tolerance on abuse and we must report everything to the head office and social services." Staff were trained in promoting people's safety, which included safeguarding adults, health and safety and the moving and handling of people safely. The registered manager had made referrals to the safeguarding authority where concerns were identified and action had been taken to investigate concerns.

People were cared for safely. One person said, "Staff help me to wash and cook but I manage to get around with this [walking aid]." Relatives said, "[Name] is safe. Staff understand [them] as [they] can't speak. [Name] has no sense of danger and risk assessments have been done. [Name] is looked after and [their] needs are taken into consideration." And, "[Name] is safe. [Name] is blind, in a wheelchair and can't sit up; they are very good to [them]. [Staff] also know how to deal with [name] epilepsy."

Potential risks had been assessed and managed to reduce risks and to keep people safe. For example, to manage behaviour that challenged the service, epilepsy and where people required the use of equipment such as a hoist. Support plans provided staff clear guidance to follow to protect people from risks and included key information such as signs prior to a seizure and the actions staff should take. Risks and support plans were reviewed regularly, which contributed to promoting people's safety.

Staff recruitment processes ensured people were protected from the risk of being cared for by unsuitable staff. Staff files contained evidence that the necessary pre-employment checks such as the disclosure and barring service (DBS), identification and references had been carried out before they started work.

People and their relatives told us there were enough staff available to meet their needs. One person said, "You always know whose working, so I know who will be helping me to make my dinner." A staff member said, "We work well as a team. It's important the [people we support] know the staff and feel safe." Staff rotas confirmed the staffing arrangements met people's needs. Staff worked flexibly so that people who required support to go out could do so. The on-call service was managed by support managers and team leaders meant staff could access support and guidance in an emergency.

People received different levels of support with their medicine dependent upon their needs and were happy with the support provided with their medicines. One person said, "My medicines are locked away here [in a

cupboard]. [Staff] will come to me in the morning and make sure I have taken the right ones because I'm not always sure." They showed us the support plan and the medicines administration records which staff completed to confirm the medicines were taken. Relatives said, "Medications are given to [name] safely. [Name] has dementia now and their care is absolutely excellent" and "I have watched staff administer [name] medicines and they are recording everything."

Staff received training on how to manage and administer medicines and their competence had assessed. People's support plans provided information about the medicine prescribed and the level of support they required. People had regular review of their medicines to ensure these remained appropriate to maintain good health. Medication audits were carried out to identify any errors so that action could be taken.

People were protected by the prevention and control of infection. A person told us, "They [staff] always wash their hands and wear gloves when they help to cook." Staff were trained in infection control procedures and used personal protective equipment (PPE) such as gloves and aprons to prevent the spread of infection. Staff were monitored to ensure PPE was always used.

All accidents and incidents which occurred were logged and analysed to identify any patterns from these events and try to prevent reoccurrence. Any lessons learnt were shared with the staff team. For example, following a medicine error staff had been provided with further training on safe handling of medicines and medicines administration procedure was updated.

Is the service effective?

Our findings

Staff were provided with a comprehensive induction and training considered essential to meet people's needs and their role. A staff member said, "The training is really good. I have 121 meetings monthly and we always have regularly team meetings. We do raise issues and will share ideas to help make life better for people." Training was based around current legislation, best practice and tailored to meet the needs of people. For example, how to support a person who received their food, drink and medicines via a feeding tube and managing behaviours that challenged services. Staff had also undertaken professional qualifications in health and social care to provide them with further skills and knowledge in caring for people. This demonstrated that staff had the key skills, knowledge and behaviours to provide effective care and support.

Staff received regular supervisions and appraisals which gave them the opportunity to discuss their work and identify training needs. Team meetings took place regularly. These were used to share information about changes within the service and ways to improve people's lives.

Assessment of people's needs were comprehensive. People and relatives confirmed they were involved in the assessment and review of their on-going care needs. The support plans were detailed and reflected people's health and social care needs and their preferences and cultural needs. Staff told us the support plans guided them to provide effective care, and enabling people to be more independent. Staff were aware of people's diverse range of needs and preferences and ensured they were not discriminated against.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection.

People's capacity to consent to their care and support had been assessed. People told us staff sought their consent. Staff involved people in the planning of their care and their decisions and choices made were recorded. Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interest. People were supported by an independent advocate or their relatives to make decisions about their care. That meant service continued to work within the principles of the MCA.

People told us they were happy with the support they received from staff to balance diet. One person told us staff prepared culturally appropriate meals that they enjoyed. Relatives told us, "[Name] absolutely loves [staff name] and they cook a Sunday roast" and "My [family member] has a special 'free from' diet as [name] is a celiac but the staff are able to cater for [them]."

The support plans had information about people's dietary needs, their preferences or cultural dietary requirements. For example, the guidance provided by the dietician was included to support plan for a person with a feeding tube. Staff told us they were trained in this area, which ensured meals were suitably prepared and nutritious. Records showed staff monitored people's intake to ensure they had sufficient

amount to eat and drink to maintain good health.

People were supported to access health care support as required. One person said, "I've been in hospital. I do tell the staff if I'm not feeling well; they will take me to see my GP". A relative said, "[Name] has input from the physio, GP, dietician, optician, dentist and hospital hearing service."

Staff were vigilant to changes in people's health and sought advice from health care professionals when required. A staff member said, "[Name] will push you away and point to where they feel any pain." The health action plans provided staff and health care professionals with the necessary information about people's medical conditions, their communication needs and how best to support the person. This supported the feedback we received from health care professionals who confirmed that staff followed their advice to enable people to maintain good health.

People's homes were adapted to meet their needs and decorated to reflect their taste and interests. One person said, "I've had a problem in the flat and [staff] helped me to tell the landlord to sort it out." A relative said, "[Name] has [their] own bedroom, and can eat out of the fridge when [they] want, [they] go out for meals and is happy and smiling. We have seen a dramatic change for the better since [name] has lived here."

Is the service caring?

Our findings

People were happy with the care and support they received. They said, "Staff are kind and respect me as a person." And "They always ring [doorbell] and wait for me to answer." Relatives comments included, "We are happy with the carers; they are excellent. Staff help [name] and I can't praise them enough. It's nice for me to report good things to you. We have good communication with staff and they are never in a rush to leave on handover." And "The staff are kind and caring and [name] is happy."

People had developed positive relationships with the staff and were confident in approaching staff when needed. One person said, "They listen to what I have to say and help me when I ask them." A relative said, "[Name] is looked after really, really well, [name] is washed, smells lovely and the place is lovely. The staff are lovely and they have done wonders for [them]." The relative added that staff encouraged their family member to exercise daily to improve their mobility.

People told us they made decisions about their care. The support plans included how people wished to be supported, their preference of food, drink, the clothes that they wanted to wear, their religious needs and the people who were important in their lives. For example, one person maintained a close contact with their relative and together went to a place of worship.

People were confident to express views, their emotions and told us they had not experience any discrimination. One person told us they often felt low in mood and said, "[Staff] encourage me to live my life the way I want to. I do feel they listen to me." Another person said, "We have meetings with [support manager]; you can tell [them] if there's a problem. I'm going to tell her that we want to go on a boat trip and stop at a pub for lunch." People were supported when required by their relative or an advocate to ensure individuals views and wishes were known.

People had been supported to be independent. One person used the public transport to go to different places and another person kept contact with family and friends. A third person told us they were always supported by at least one staff member who shared the same first language as them, which was not English.

People told us staff always respectful of their privacy and dignity. One person said, "I have a note on the door so [staff] knock and wait for me to answer." A relative said, "They treat [name] with dignity and respect." Staff told us encouraged people to maintain their dignity at all times whilst respecting their choices about what they wear. A staff member said, "I always make sure the door is shut if I'm helping someone with [personal care] and use a towel to cover them."

People's personal information was stored and managed securely. People knew that their information was treated confidentially. One person said, "It's to do with GDPR (General Data Protection Regulation); my information is private and can only be shared if I say so." People told us the support manager had explained to them what GDPR meant and that staff had been trained in confidentiality.

Is the service responsive?

Our findings

People told us staff provided them with care and support that was responsive to meet their needs. One person said, "[Staff] will help if they see I'm struggling with my mental health; they will talk to me - that really helps me." Staff knew people's needs well and recognised they had differing levels of needs, interests, their abilities and how they preferred to communicate and express their wishes. Staff worked flexibly, for example, to support a person who benefited from healthy eating to plan their meals and exercise regularly.

People were involved in the planning of their care. The support plans were personalised to reflect how people wished to spend their time, their interests, hobbies and relationships. The support plans were regularly reviewed and updated to ensure people's care and support was specific to their needs. A person said, "I go through my support plan with my key worker. [They] listen to me and if I feel something needs changing we talk about that and they write it down."

Support plans were produced in different styles so that people could understand their care. A staff member described how one person communicated and expressed their wishes using hand gestures, facial expressions as their speech was unclear. Staff were trained in Makaton to ensure people who communicated by signing could be understood. Information was made available in formats that people could understand easily which included pictorial and easy read. This showed the provider was complying with the Accessible Information Standard (AIS). It is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff told us they actively supported people to be more independent and involved in daily living activities. A staff member said, "If they can point or push with their hands then they can also press a button on the washing machine." We saw one person had placed their laundry into the washing machine, added the detergent and started it with support from a member of staff. We were shown photographs of other people who had achieved personal goals such as making a cup of tea and decorating their own flat with the support of staff.

People told us about their different hobbies and interests. One person liked to cook and told us their speciality was a cheese cake. Other people told us they enjoyed going to the disco, the gym and day centres. One person did voluntary work with animals. People told us staff had organised boat trips and holidays which they had enjoyed. People had developed links with the local community and took part in local events and functions.

Relatives spoke positively about their family member's quality of life and independence. They said, "[Name] went to the disco yesterday and [name] has been bowling and a couple of times [name] has been to church." "[Staff] encourage [them] to prepare her own food and make us a cup of tea which is a first for [them]. [Name] goes to Yoga. It's what we have always wanted for [them]" And, "[Name] has been to Lanzarote for a week."

People know how to make a complaint if they needed to. One person said, "If I had a complaint I tell

[support manager] or go to the boss [registered manager]." Relatives told us their complaints were addressed promptly. They said, "We have never raised a complaint; we definitely would have if needed" and "We are very happy, [name] is well looked after. We have nothing but praise for the carers, nothing is too much trouble for the staff."

There was an easy read complaint procedure and information available about advocacy support should people need help to make a complaint. Records showed the service had received nine complaints in the last 12 months and all were addressed and actions taken where required.

The provider had a policy in place and staff were trained to support people at the end of their lives. People's preferences and choices were documented in their support plan, where people had made decisions about their end of life care. At the time of our inspection visit no one was receiving end of life care.

Is the service well-led?

Our findings

The registered manager continued to provide good leadership and managed the service well. They understood their legal responsibilities, one of which was to display the latest CQC inspection report and rating at the service. The provider's website also displayed this information. This is so people, visitors and those seeking information about the service can be informed of our judgments.

The registered manager maintained their knowledge up to date through in-house training. They attended conferences, which looked at ways to continually improve the quality care provided. They shared information about new developments and any learning from complaints with the staff across the organisation.

There was an open and transparent culture. The registered manager, the operation managers and staff team were responsive to feedback and took action to ensure people continued to receive a safe and well managed service.

The registered manager, operation managers and staff team had a clear and consistent aim to ensure people were at the heart of everything the service provided. For example, people were involved in the staff recruitment process. People were involved in the newsletters, which provided information about developments in the service, staffing, local events and provided people with an opportunity to share their views.

The provider used the policies and procedures effectively. These were reviewed regularly and updated when there were any changes to in the best guidance such as National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. These were available to people in formats they could understand.

People told us and records showed they were involved in their care. People's views were sought about the service and they influenced how the service developed. One person said, "You can have your say about whether the changes [registered manager] is planning is good for us." A relative said, "If there is a problem the [support] manager will deal with it and come to our house to talk. [They] says we are free to just turn up at the bungalow. We are invited to meetings. There is good staff communication."

The provider gathered feedback about the service using surveys to enhance the lives of people they supported. These were produced in accessible formats. A sample of the surveys received from people and relatives included these comments, "Very professional and the care is person centred" "I cannot fault them [staff]" "[Staff name] sends photos and keeps me updated on [name] progress and wellbeing it is very much appreciated." The responses were positive and supported survey responses we received from people, their relatives and health care professionals.

Systems were in place to ensure staff continued to learn, were trained and supported in their role. Staff told us any issues raised with the registered manager and had been listened to. A staff member said, "We get all

the training and support we need, it's the best company I've ever worked for." Staff meetings were also held regularly and staff felt they could make suggestions and share ideas around good practice. This demonstrated the provider's vision and values to promote person centred care that enhances people's quality of life was put into practice.

The provider's electronic care management system was used effectively to monitor the quality the service. A range of quality audits were completed, which identified areas where the service was performing well and identified any trends. An improvement plan was developed from the audit to manage risks and to drive improvements. These included health and safety audits, monitoring staff training, checks on people's support plans and how complaints and incidents were managed. This enabled the registered manager to monitor the effectiveness of the service, for example, timely responses to complaints and ensure staff training was kept up to date.

The registered manager told us they acted on feedback from staff. For example, they were developing systems and processes to enable staff to be promoted internally where staff's abilities and desire to progress had been expressed. The management team had identified quality days to enable the support managers to work together, share lessons learnt and good practice. The introduction of staff reward and recognition awards demonstrated the provider continues to build a culture of valuing and celebrating staff achievements.

The registered manager and staff team worked in partnership with other professionals such as community nurses and commissioners to promote and maintain people's quality of life. Health care professionals told us they had confidence in the registered manager and staff team who all worked in an open, honest and transparent.