Affinity Trust

Affinity Trust - Domiciliary Care Agency - Central & Bedfordshire

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

We carried out an announced inspection on 13 April 2016. Between this date and 5 May 2016, we contacted the relatives of four people by telephone, but we were unable to speak with any of them. This was because three of them did not answer the phone despite us trying at different times of the day and the other relative was busy.

The service provides care and support to people with physical disabilities, learning disabilities and/or autistic spectrum conditions who live in 'supported living' premises. At the time of the inspection, there were 27 people being supported by the service, within three premises.

There was a registered manager in post. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely. People's medicines were now being managed safely.

The provider had safe recruitment processes in place. Although they had an ongoing recruitment plan, they had not been able to recruit sufficient permanent staff. This meant that they used a group of regular agency staff to ensure that there was always sufficient numbers of staff to support people safely. Staff had received regular supervision and support, and they had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this had been managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by kind, caring and respectful staff. They were supported to make choices about how they lived their lives. People's health and wellbeing was promoted, and they were supported to access other health and care services when required.

People's needs had been assessed and their care plans took account of their individual needs, preferences, and choices. They enjoyed happy and fulfilled lives because they had been given opportunities to pursue their hobbies and interests. They had also been supported to maintain close relationships with their family members and friends.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, people's relatives, staff and health professionals. They acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive improvements. People and staff we spoke with described the service as 'good'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had a robust recruitment procedure in place. However, not being able to recruit sufficient numbers of permanent staff has meant that people were regularly supported by a group of agency staff. This put people at risk of not receiving consistent care.

There were systems in place to safeguard people from the risk of harm.

People's medicines were now being managed safely.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, staff understood their roles and responsibilities to provide this in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and care services when required to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring towards them.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them in a way that helped them to develop and maintain their

independent living skills.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints and concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager provided effective support to staff, and promoted a caring and inclusive culture within the service.

People who used the service, their relatives and staff had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these had been used effectively to drive improvements.

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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 13 April 2016. We gave 24 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the registered manager and looked at care records for four people who used the service. We looked at six staff files to review the provider's recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

We spoke with six people who used the service when we visited them in their homes. We visited people because it would not have been possible to speak with the majority of them by telephone. The expert by

experience used pictorial symbols and Makaton sign language to communicate with people who were unable to communicate verbally. We spoke with six members of staff. Between the date of the inspection and 5 May 2016, we contacted the relatives of four people by telephone, but we were unable to speak with any of them. This was because three of them did not answer the phone despite us trying at different times of the day and the other relative was busy.

Requires Improvement

Is the service safe?

Our findings

Prior to the inspection, we had received concerning information that people's medicines had not always been managed safely in order to provide effective treatment. There had been three incidents in September 2015 where people had not been given their medicines because these had not been ordered in a timely manner. The manager showed us that there had been improvements in how they managed people's medicines. This included stock levels being checked daily so that staff re-ordered medicines before they ran out. In addition, after people had been given their medicines, a second member of staff re-checked the medicine administration records (MAR) within an hour to ensure that any issues including missed medicines could be rectified quickly.

We saw that staff who administered people's medicines had been trained to do so safely. People we spoke with had no concerns with how their medicines were being given to them. People's medicines were stored safely in locked cabinets in their bedrooms. The medicine administration records (MAR) we looked at had been completed correctly, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their GPs. The manager was happy with their current medicines supplier because their MAR charts were much clearer and colour coded to match each administration period on the medicine boxes. They found this reduced errors.

The duty rotas showed that sufficient numbers of staff were always planned to support people safely. The service did not have sufficient numbers of permanent staff and therefore, they had a number of agency staff working at the service. Although staff told us that there was always sufficient numbers to support people, they said that having more permanent staff would be beneficial to how they worked as a team. A member of staff said, "Working here is quite challenging and some staff leave because they can't cope. Once we get more permanent staff, we can have stability in how we work. It is not always easy with agency staff." We found this put people at risk of not receiving consistent care. The manager told us that the challenging nature of the service meant that they were not always able to retain staff. However, they ensured that a regular group of agency staff worked at the service so that people were supported in a consistent way by staff who knew them well. The manager told us that they had an ongoing recruitment plan, but they were not always able to get suitable staff. They were working with the provider to explore new ways of attracting the right staff to the service and support mechanisms that would ensure that they remained working there.

Staff records we looked at showed that the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that they felt safe using the service. One person said, "I do feel safe here. My flat makes me feel safe and staff help me." Another person said, "I am really happy here. Look at my room, it's nice." A third person said, "It's perfect here. I feel very safe and staff look after me." A fourth person signed and pointed to symbols to tell us that they were "safe and happy".

The provider had processes to safeguard people, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Training records showed that staff had been trained on how to safeguard people. Staff we spoke with confirmed that they had been given information on how to report concerns they might have about people's safety. A member of staff said, "Service users are safe here. I have done safeguarding training and I would report to the manager if I was concerned about anything." Another member of staff said, "Service users are safe. I will report concerns to the management or the safeguarding team if I felt that no action had been taken." A third member of staff said, "I would have no hesitation about reporting any kind of abuse."

The care records we looked at showed that potential risks to people's health and wellbeing had been assessed and there were personalised risk assessments in place for each person. For example, we saw that one person had risk assessments to address a number of areas including keeping safe while in the community, kitchen safety, mobility, meal planning and food shopping, personal care, and when carrying out household tasks. We noted that the risk management plans included detailed information on how staff could support people in a way that minimised the risks. The person's risk assessments had been last updated in December 2015 and a further review on 23 March 2016 showed that they had been no changes in the person's support needs. We noted that other people's risk assessments had also been updated regularly or when their needs had changed.

We saw that records were kept of incidents and accidents that happened at the service. A number of these involved a person whose behaviours put them at risk of harm, and the processes in place to minimise these had not always been effective in preventing further incidents. We had a long discussion with the manager about changes they could make to reduce the likelihood of the person being injured. The manager told us that they had also sought professional advice to ensure that they supported the person safely, and in a way that did not infringe on their human rights. Additionally, they had been incidents where people had been physically aggressive towards other people who used the service. Positively, we saw that staff had been trained to manage these incidents without a need to restrain people. A member of staff told us how the 'Strategies for Crisis Intervention and Prevention (SCIP)' training had helped them to better support people with behaviours that may challenge. They said that they had learnt ways of identifying triggers early, so that non-physical interventions could be used to prevent an aggressive incident from occurring. They added, "The training is really good. The behaviour of a service user I am keyworker to has improved since I did the training. I think it is because I have learnt to deal with this better."

Good

Is the service effective?

Our findings

People told us that staff supported them well and in a way that met their individual needs. One person told us, "Staff talk to me all the time and they look after me well here." Another person said, "I get help all the time." A third person told us that they needed very little support. They added, "Staff don't need to watch over me, but I can get help if I need it. I know [Support manager] will help me if I need it."

The provider had a regular training programme for all staff in a range of subjects relevant to their roles. Staff said that the training had been effective in helping them to develop the skills and knowledge necessary for them to support people appropriately. They also said that the training was sufficient for them to learn skills they could use when supporting people. A member of staff said, "I have done a lot of training and it is good." Another member of staff told us, "I have completed my training and I do annual refreshers. I have just refreshed my training on MCA." We noted that some members of staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Frameworks (QCF). The manager kept training records for the agency staff who worked there and they received updates when they had redone their training. They also told us that all agency staff new to the service completed the provider's induction programme and where required, they provided them with other training too so that they had the right skills and knowledge to provide effective care to people who used the service. We saw evidence of this in the staff records we looked at.

In addition to an induction and mandatory training, we saw that members of staff who were new to care had been registered to complete the 'Care Certificate'. The manager told us that they would only be offered additional training when they had completed this and had met the requirements of their probation. A member of staff who had recently started working at the service told us that they had a 'very good' induction and they found the training provided quite useful. They added, "From the very first day, I read service users' support plans and shadowed other staff. I have done both theory and practical training, and I have met with the team leader to review my induction records."

Staff told us that they had regular supervision meetings and we saw evidence of this in the records we looked at. We saw that this was provided by the support managers for each team of staff they managed. We noted that some staff called them 'team leaders'. The support managers' supervision was in turn, provided by the manager. A member of staff said, "I get regular supervision and appraisals." Another member of staff told us, "I have had one to one meetings and I speak with the team leader regularly." A newer member of staff said, "I have had really good few weeks so far, everybody is very supportive."

Some people were able to consent to their care and support. However, the majority of people's complex needs meant that they did not have capacity to make decisions about some aspects of their care. We saw that where required, mental capacity assessments had been carried out to check if people were able to manage their money, understand their tenancy agreements, and consent to their care and support. Also, we saw that a decision had been made to lock away a person's kettle after each supervised use because they were at risk of scalding if they used it without staff supervision. These processes ensured that any decisions made to provide support were in the person's best interest and in line with the requirements of the Mental

Capacity Act 2015 (MCA). 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager had taken appropriate steps to refer people for assessment if the way their care was provided could result in their liberty being restricted. For example, we saw that this had been done where people required constant supervision by staff, were unable to leave their homes unsupervised and had other restrictions placed on them, such as locked doors. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Authorisations can only be granted by the relevant local authorities, who are called the 'Managing Authority' in the Act. However, authorisations in supported living services, extra care services and shared lives placements can only be made through the Court of Protection.

People told us that they always had enough to eat and they enjoyed their food. One person said, "I get nice food here." Another person said, "I have nice dinners here." A third person told us that they hated doing their food shopping, but staff helped them with this. A member of staff told us how they did someone's food shopping because they were not always keen to go out. They added, "It has been difficult to get the service user to go out, we have referred them to a psychologist to help us with this." None of the staff we spoke with were concerned that people might not be eating enough to maintain their health and wellbeing. A member of staff said, "We support service users to prepare their own meals as much as possible, but it is sometimes difficult to provide daily one to one support with shared kitchen facilities." Another member of staff said, "We help service users to choose and eat healthy food they like."

We saw that people had been supported to access other health and social care services, such as GPs, dentists, chiropodists, and opticians. There was evidence that staff worked collaboratively with other professionals to ensure that people's health needs were being met. Where required, staff supported people to attend their health appointments. One person told us, "I get help if I need the doctors and staff take me to see the doctor. They help me sort these things." Some people also received mental health support from community learning disabilities teams, made up of psychiatrists and learning disabilities nurses. Some people also had support from specialist teams to manage complex health conditions like epilepsy and we saw that where required, they also had equipment needed to provide support safely and effectively.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person said, "Staff are nice and caring." Another person said, "Staff are lovely here." A third person told us, "Staff are kind and they are really nice." A new member of staff we spoke with said, "Staff provide good care and are caring to service users. I can recommend this place to anyone."

When we visited people in their homes, we observed that staff interacted with them in a positive and respectful manner. A new member of staff said about the service, "The atmosphere here is relaxed, but professional." People we spoke with told us that staff respected their views and choices. One person said, "They treat me with respect and listen to me." Another person said, "They respect me." Although the majority of people's complex needs meant that they were not always able to communicate their views and choices, staff told us that they tried as much as possible to enable people to make choices about how they lived their lives. They said that their main role as people's keyworkers was to make sure that their preferences were respected and they had opportunities to do things they enjoyed. A member of staff said, "The service users' opinions, choices and decisions are a priority and we ensure that these are respected. All service users are really treated with respect." Another member of staff told us that they always worked closely with people who used the service and their families to ensure that they involved them in decision making. They also ensured that people maintained close relationships with their relatives. We saw that people's relatives could visit them whenever they wanted and some people also visited their families regularly. This included a person who spent every weekend with their relatives.

People told us that staff supported them to gain independent living skills so that they could do as much as possible for themselves. One person told us, "I can do a lot for myself, but staff help me if I need help." They also told us that they did most of their shopping online and staff helped them with this." The manager told us that they were currently supporting a person to move to their own flat in the local area. A person who had recently moved to a self-contained flat they would share with another person in the future told us that they liked their own space, and they found staff to be pleasant and helpful. They said that living on their own meant that they were sometimes lonely, but they were happy with how they lived. They told us that staff occasionally checked if they were fine and we saw that they had been visited by a friend in the afternoon. The manager had visited the person with us so that we could speak with them. While we were in the person's flat, the manager asked if the person had everything they needed, and they lent them some pots and pans until they were able to buy their own.

Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. We saw that a person who was attempting to remove their clothing in the communal area was quickly supported to go to their bedroom. Staff supported them to be appropriately dressed before they came back out in order to preserve their dignity. We noted that the person's bedroom had a large window that overlooked a communal garden area which meant that people in the garden could see them if the curtains were not closed. The manager told us that in agreement with the person's relative, they had arranged for a 'privacy film' to be fitted on the window so that no one in the garden could see into their bedroom. Staff also understood how to maintain confidentiality. They told us that they would not discuss

about people's care outside of work or with agencies that were not directly involved in their care.

Most of the information given to people was in 'easy read' format so that they could understand it in order to make informed choices and decisions. People had been given information about the service, including the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. People could also have the support of an independent advocate if they needed this support. We saw that one person had an advocate who supported them to make decisions about their care.

Good

Is the service responsive?

Our findings

We saw that people had been assessed prior to them using the service and this information had been used to develop their care plans so that they received appropriate care and support. The care plans we looked at showed that people's life history, preferences, wishes and choices had been taken into account. A range of support needs had been identified for each person and the care plans included staff's interventions necessary to ensure that people's needs were being met. For example, a support plan for a person who used non-verbal communication had details of what gestures and noises they used to communicate certain things. The person also had an easy read 'Essential Lifestyle Plan' that included things that were important to them. Some of the issues covered in this included areas such as, important people to me; what I like doing; food and drinks I like; things that make me worry; things I like staff to help me with. There were eight goals identified for the person including increasing activities they would take part in so that they were not socially isolated.

People told us that they received individualised care and that staff made the necessary changes when their needs changed. One person said, "I am happy here, staff support me with everything." Another person said, "I get the support I need." Some of the people told us that they had been involved in planning and reviewing their care plans. One person said, "Yes, I do the care plan. Staff talk to me and help me with this." Another person said, "I see my care plans, staff help me." Staff told us that they supported people in a way that met their individual needs. Some of the staff we spoke with were keyworkers to some of the people who used the service. A member of staff told us that they were allocated to support specific people at the beginning of each shift and they said that this meant that they worked in a more organised manner. Another member of staff said, "Service users get person-centred care and we only support them the way they want to be supported."

People had been supported to pursue their hobbies and interests because staff helped them to take part in activities they enjoyed. The manager told us that only two people attended day centres or college during weekdays. They planned activities with the rest of the people who used the service and for safety reasons, most of them were normally only able to go out on an individual basis. The manager told us that they had supported two people to purchase their own cars so that it was easier and cost effective for them to go out regularly. They had also had recent discussions with the representatives of other two people to see if it would be possible for them to purchase their own cars too. They added, "That way, staff could take them out more regularly in their own cars." This was supported by a member of staff who said, "We are helping people to get cars so that they can go out more often." People we spoke with told us about what they enjoyed doing in their spare time. One person said, "I go out for coffee every day with the manager." Another person said, "I go shopping and to the café where I worked. I go out for lunch sometimes." A member of staff said, "I have taken service users out for shopping and they get to do a lot of activities." We noted that some staff were playing board games with some of the people who used the service during the afternoon, and one person was helping a member of staff to put the food shopping away.

The provider had an 'easy read' complaints procedure in place so that people knew how to raise any complaints they might have about the service. None of the people we spoke with had concerns about how

their support was being provided. One person said, "I would complain to [Support Manager] if I was upset and she would help me." Another person said, "No complaints here. I would talk to [Support Manager] if I wasn't happy. I am happy here." We noted that there had been four recorded complaints since January 2015 and one of them had been sent directly to the local authority that commissioned the service. We saw that the manager had taken appropriate action to investigate and resolve the issues that had been raised. A member of staff told us, "We take complaints seriously." Another member of staff said, "If anyone complained, I would explain that I was dealing with it and take their concern straight to the manager."

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They were supported by three support managers who provided direct leadership to the care staff. Staff told us that the service was well managed, and they were complimentary about the support they received from the registered manager and the support managers. They said that the manager and support managers promoted a caring culture within the service and they were concerned about people's welfare. A member of staff said, "[Support Manager] is very approachable and listens to the staff." Another member of staff told us, "The support manager is very involved in how we support service users and staff can communicate with her. I am able to approach and talk to her." People we spoke with were happy with how their support was being provided and staff described the service as 'good'. A member of staff said, "It is a very good service as excellent might imply that the service we provide is perfect. There are always things that can be improved." However, they could not think of anything that could be improved. Another member of staff said, "The service has got really better since we split [premise name] into two different teams." They said that it had become much easier to manage people's care within the smaller teams and this also meant that the support managers had smaller staff teams to support.

Staff told us that they had been encouraged to contribute to the development of the service and they worked well as a team. They held regular team meetings where a variety of relevant issues were discussed. We saw the minutes of some of these meetings and we noted that a recent meeting had been attended by the provider's regional director, who was able to answer questions staff had about pay rates and the payment of travelling costs. An agency member of staff who had been working at the service for two years said, "I get the support I need when I'm here. I get involved in some issues, including discussions about service users and I feel part of the team." All members of staff we spoke with said that they worked well as a team and supported each other.

The provider sought feedback from people who used the service and their relatives so that they could continually improve the service. They sent annual surveys to people, their relatives and staff and we saw that where required, an 'easy read' questionnaire had been given to people who used the service. The results of 2015 survey showed that most respondents were mainly satisfied with the quality of the service provided. The manager told us that they had already sent out the 2016 survey, but they had not received many responses yet. We saw that four of the six people who responded to the survey in March 2016 said that they would like to be involved in the recruitment of new staff. The manager told us that they were exploring how they would facilitate this in the future. The manager worked with support managers to ensure that they used the comments from the surveys to produce an action plan specific to each area they managed. This was then incorporated into the service report that the manager produced and sent to the provider. The provider had also received four compliments since January 2015.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager and the support managers completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. These formed part of the monthly Key performance Indicators (KPI) that showed the quality and quantitative information of everything held on the electronic system used by the service. The manager told us that the

expectation was that there were always fully compliant and they had to produce a report and action plan if this was not the case. The manager visited each of the premises regularly to observe the quality of the service provided. They used this opportunity to speak with staff and people who used the service. The provider's operations director periodically visited the service to assess the quality of the service. We noted that they had visited one of the premises on the day of our inspection and we were able to see the report of their visit. We saw evidence that the manager worked closely with the housing provider to ensure that any repairs or adaptations to people's homes were done in a timely manner.