

Affinity Trust

Affinity Trust - Domiciliary Care Agency - West 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

This inspection took place on the 23 and 24 May 2016 and was announced. This was the first inspection since this service was registered in July 2014. Affinity Trust provides personal care and support to people with learning and physical disabilities who live independently in the community. 38 people used the service at the time of our inspection. People either lived on their own or with other people.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service has a manager in post who has submitted an application to the Care Quality Commission to become the registered manager. The previous registered manager left in October 2015.

People received a safe service, procedures were in place to reduce the risk of harm to people. Staff were trained and knew how to report and deal with issues regarding people's safety. People received their medicines as prescribed and safe systems were in place to manage people's medicines. Staff were recruited in a safe way which ensured they were of a good character to work with people who used this service.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information about how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when this was needed, so that staff could assist them safely.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported them to make their own decisions.

People received care from staff that were respectful and caring and ensured that people's privacy and dignity was maintained. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. People had someone they could talk to if they were not happy about the service they received.

We had not received all of the information relating to incidents that the provider must notify us about. Arrangements were in place to assess and monitor the quality of the services, so that actions could be put in place to drive improvement.

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 ●

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's support plans.

People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support.

Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met.

Is the service caring?

Good ●

People were supported by staff that were kind and caring.

People were supported to make informed decisions about their care and support. Staff ensured that people's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good ●

People were involved in developing their support plan which was updated when their needs changed. The support people received met their needs and preferences.

People felt confident that any concerns they raised would be listened to and action would be taken.

Is the service well-led?

Good ●

The provider had not complied with their legal responsibilities, to

notify us about certain incidents. However these had been sent following our inspection.

The manager promoted an open and transparent service and people had the opportunity to share their views about using this service.

Staff understood their roles and responsibilities and systems were in place to monitor the quality of the service provided.

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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 23 and 24 May 2016 and was announced. We gave the provider 48 hour's notice that we would be visiting the service. This was because Affinity Trust provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records. The inspection was undertaken by one inspector.

We looked at the information we held about the service. This included the notifications that the provider had sent us about incidents at the service and information we had received from the public. We also contacted the local authority who monitor and commission services, for information they held about the service. We used this information to plan what areas we were going to focus on during our inspection.

We visited and spoke with four people in their homes and spoke with one person at the office. We spoke with four relatives, six staff, two team leaders, a support manager, the area manager and the manager of the service. We looked at a sample of records including five people's care plans, three staff recruitment records and staff training records. We looked at the way people's medicines were managed for four people. We looked at the provider's records for monitoring the quality of the service to see how they had responded to issues raised.

Is the service safe?

Our findings

People told us they felt safe. Comments from people included, "The staff make me feel safe and they keep me safe when I go out", and "I feel safe as I have the staff to help keep me safe". Relatives we spoke with supported this and told us, "The staff are really good and I have no concerns about the safety of my family member", and "I am so pleased with all they do. I have confidence in the staff team and I have peace of mind my family member is safe both at home and when they go out".

Staff told us they felt people were safe. Their comments included, "I think we keep people safe. All our practices, training and procedures are to ensure people can be as independent yet as safe as is possible" and "People are kept as safe as reasonably possible, without it impacting on their lives". Staff we spoke with were aware of how to protect people from the risk of harm. Staff told us and records showed that staff had received training in how to recognise and keep people safe from the risk of abuse. Staff were able to describe the actions they would take to ensure people were safe and were aware of how to report any concerns they had.

The provider managed risks to people in order to protect them from harm. Prior to them using the service people were assessed and care plans and risk assessments were written to make sure that the person's needs could be met in a safe way. We saw these records had been kept under review and updated every six months or when people's needs or circumstances changed. We saw risk assessments in relation to people's medical conditions, keeping safe, accessing activities, equipment and various other assessments applicable to the person's needs. The risk assessments included the action to be taken to minimise the risk. Staff we spoke with were aware of the risk assessments and how to work in line with the guidance. They described the actions they would take to protect people from harm. For example staff explained to us about how they kept a person safe in the community when they went out.

People and their relatives told us they were satisfied with the staffing levels. One person said, "I am supported by staff all the time. This means I live independently". Another person told us, "Staff are here to help me so I can live on my own. They help me to go out and do things". Relatives we spoke with had no concerns about the staffing levels provided. One relative told us, "I have no concerns, the staffing is what was agreed when my family member moved into their own home". Another relative said, "My family member receives the support and level of staffing that they need. It is all linked with the funding they get, so the service does their best. Generally they receive support from the same staff so they get consistency of care which is very important". The manager confirmed that the staffing levels were agreed as part of the pre-assessment process for each individual, and that these were kept under review based on feedback from staff and changes to people's needs. The manager confirmed that a staffing dependency tool was used to ensure people's needs were met by the required number of staff.

People told us they were happy with the support they received from the staff. All the staff that we spoke with confirmed that the required employment checks had been undertaken before they started working. The records we looked at confirmed this. These checks included requesting and checking references of the staff member's character and their suitability to work with people who used the service. We saw that the provider

renewed staff members Disclosure and Barring Service (DBS) checks every three years to ensure staff continued to be suitable to work with people. The DBS is a check undertaken to ensure staff are suitable to work with people.

We found that people and their relatives were involved in the recruitment process. People were supported by staff to undertake interviews with candidates, and relatives had also been involved. One relative told us, "We and our family member were part of the panel to interview the staff that would support them. This was great as it made sure our family member was involved and they were able to make an informed decision about who would be supporting them".

People told us that staff supported them to take their medication safely. A relative told us that their family member was well supported with their medication and they had no concerns. All staff spoken with told us that they felt they had the training and skills they needed to administer medication safely. One staff member said, "I have been trained and had competency checks completed to make sure I am confident and follow the procedures in place". We saw that medication risk assessments had been completed for people to determine the level of support required. We found that people who were prescribed 'as required' medicines had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medication. Staff we spoke with had the knowledge about what to look for so they knew when this medication was needed. We saw that medication was kept securely in people's homes, and records were in place to demonstrate that people had received their medication as required.

Is the service effective?

Our findings

People we spoke with were very pleased with the support they received. Their comments included, "The staff are good and help me when I need them to". A person told us, "They are helpful and kind. They all support me really well." Relatives we spoke with confirmed they were confident the staff that supported their family member had the skills and experiences required to meet their needs. A relative said, "The staff are excellent and ensure my family member can live independently. They provide support but also encourage my family member to do as much for themselves as possible. This has made my family members confidence grow, and they have blossomed". People told us that they knew who would be supporting them. One person told us, "I do get support from the same staff who know me, which is really important to me". We saw that some people had a pictorial rota in their home so they knew which staff would be on duty that day. Staff told us they, "Always made sure they told people who would be next on duty".

Staff told us they received lots of training, and staff we spoke with described the range of training offered to ensure they were able to meet the diverse needs of the people they supported. One staff member said, "The training is really good and we have regular refreshers to ensure our knowledge is up to date". One member of staff who had recently been recruited confirmed they had received an induction, and was completing the care certificate. They also told us, "I was given the opportunity to shadow more experienced staff before being asked to support people myself. This meant people got to know me and I got to know them and their support needs. This meant I felt confident when I supported people on my own for the first time".

Staff received regular formal supervisions in order to ensure they remained competent to support people in line with their care plans. Staff told us they could contact their team leader, or support manager at any time if they needed help or advice. One staff member said, "I feel well supported by all the management team, everyone is really helpful and approachable. There is always someone we can speak with and there is always someone on call".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff were knowledgeable about the people they supported. Staff had a good understanding with regards to the MCA and DoLS and they understood the need to ask people's consent. Staff were able to explain how they obtained consent to provide care and support on a daily basis. Staff understood that any restrictions in place needed to be in the best interests of the person and needed authorisation by the court of protection. Staff were able to explain what restrictions were in place and why, and indicated that DoLS authorisations had been requested, for the people that needed them. This was confirmed by the manager. We saw mental

capacity assessments had been completed for those people that required them. We were informed about an issue that had occurred where a person's privacy had been compromised without their consent and a best interest meeting had not been conducted. We found the provider had acted on this information and took appropriate action to address these issues. We saw that some people had sensors fitted to their bedrooms doors which were turned on at night to alert staff if they got up and had left their bedroom. The staff told us about the reasons for this but we did not see that this information had been included in their care plan to demonstrate the rationale for this, and who had made the decision for these to be installed. We discussed this with the manager who agreed to ensure this information would be included in their care records.

People told us that staff supported them to go shopping and to plan their meals. One person said, "The staff come shopping with me and they make my meals as I cannot use the cooker". Relatives we spoke with told us they had no concerns about the way people were supported to eat and drink enough. One relative told us, "My family member is supported to go shopping and to make healthy choices when buying food. The staff assist them to prepare and cook their meal based on their preferences". Another relative said, "My family member loves to go food shopping and the staff advise on healthy eating but they also respect my family members choices". Staff told us that they understood the need to ensure that people's nutritional needs were met. We saw that referrals had been made to healthcare professionals such as speech and language and dietician when concerns were raised about people's eating and drinking needs. We saw that staff were following the recommendations and plans that these professionals had provided. We saw that staff were completing the required records in order to monitor the food and fluid intake for those individuals who has been assessed as at risk.

People told us that staff supported them with their healthcare needs. For example, supporting them to visit the doctor if they felt unwell. People's health needs were identified in their health action plans. This is an easy read document which is used to highlight people's health care needs and how they should be supported when accessing health care services. The person is able to take this document to all appointments to enable information to be recorded in one place. Records demonstrated that staff monitored people's needs to ensure that appropriate medical intervention could be sought as needed. People confirmed that staff noticed if they were unwell and sought medical help as appropriate. This was confirmed by the relatives we spoke with. One relative said, "The staff are really proactive and if in doubt they would take my family member to the doctor if they were feeling unwell". Another relative told us, "The staff make sure my family member attends all their routine appointments. They also keep us informed of the outcome and our family members well-being".

Is the service caring?

Our findings

People we spoke with made positive comments about the staff that supported them. One person said, "The staff are very caring, friendly and supportive they are good". Another person said, "The staff are nice and helpful I am very happy with the support I receive". A relative we spoke with said, "The staff are very dedicated and the care they provide is very good. They have built a good relationship with our family member who is always happy when we speak or visit them". Another relative told us, "The staff are excellent, I cannot fault them, they look after my family member so well. They know them really well and everything the staff do is in the best interests of my family member. I am really happy as I know my family member is the main focus for the staff and they always put them first in all they do".

During our visits to people in their homes, we were able to observe for a short period of time the way staff and people interacted and the support that was provided. We saw that staff treated people with respect and in a kind and compassionate way. We saw that people were comfortable in the presence of the staff and we observed friendly banter between staff and people. We saw that people were encouraged to open their front doors to visitors and staff respected that they were working in people's own homes.

We heard that some staff meetings and some staff supervisions were sometimes facilitated in people's homes which was not suitable when discussing confidential information, and could also have an impact on people's privacy. We did not receive any feedback about this from people or their relatives. We discussed this with the manager who agreed to look into this and to find alternative solutions such as using the office.

We saw staff demonstrated kindness, and respect towards people. Staff encouraged and involved people to make decisions wherever possible. We saw that some people had their own unique ways of communicating and information about this was provided in the communication passports that each person had. For example some people used facial gestures and signs which staff were familiar with so they were able to understand what the person wanted.

Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them. We found that care records reflected people's preferences in respect of the gender of the staff they wanted to provide their support. All the staff that we spoke with showed concern for people's wellbeing. Staff understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "Our aim is to maintain people's independence and to enable them to do things for themselves so that they can live independently and have positive life opportunities". Staff were respectful of people's cultural and spiritual needs.

We saw that some people had been involved with advocacy services when they were supported to move into their current homes to ensure that the decisions made were in their best interests. Advocacy is about enabling people who may have difficulty speaking out to have support to make their own, informed, independent choices about decisions that affect their lives. The manager informed us that referrals would

be made to the local authority as and when people needed the service.

Is the service responsive?

Our findings

People told us they were "Happy" with the support they received from staff. One person said, "The staff help me with the things I cannot do for myself or need support to do". Another person said, "I am very happy with everything". A relative told us, "The service is great, they enable our family member to live independently and they have control over their own life". Another relative told us, "We feel our family member's needs are met by quality staff who have enabled them to grow. Our family member is gaining in confidence all the time and they are very happy".

Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence by encouraging them to do as much for themselves as they could with staff support. One staff member told us, "We always ask people what support they want. We are led by them and the tasks they want support with". We saw that support plans were detailed and tailored to meet individual needs. They were provided in an easy read format to enable people to understand their support plan. We saw that people who were able to had signed their plans and agreed their support needs. The support plans were reviewed with people on a regular basis.

People and relatives were involved in the way their support was provided. Staff told us that monthly meetings were held with people to discuss their support, and well-being, and to ensure their needs were being met and routines were led by the person. Relatives we spoke with also confirmed their involvement in the way support was provided. One relative said, "I have been involved and consulted every step of the way. I have been asked lots of questions about my family member when the support plan was being developed. I am invited to reviews and have regular updates and discussions about my family member's well-being".

People told us that staff supported them to follow their interests and take part in social activities. One person said, "The staff only support me to access clubs and social events, I can do everything else myself". Another person told us, "I am really looking forward to my holiday which the staff are supporting me to go on". One relative we spoke with told us, "Our family member has some voluntary work and this is in response to the good work staff have provided, building their confidence and providing lots of encouragement". Another relative said, "The staff ensure our family member goes out and they support them to participate in the activities they really enjoy".

People we spoke with told us they had someone they could speak to if they were not happy with something. One person told us, "I have someone that I can speak with if I am unhappy". Another person said, "If I was not happy I would speak to the staff and tell them. They would listen and do something about it". During our visits we saw that one person requested to speak with the manager who spent time discussing the issues the person raised.

Staff told us that any complaints or concerns shared with them would be reported to the manager. Staff had a good knowledge about how some people with limited verbal speech would demonstrate they were not happy. For example people would be withdrawn and not interact with staff. Relatives we spoke with were

aware of the complaints procedure and had confidence that any issues raised would be addressed. One relative told us, "I raised a few concerns previously and these have all been dealt with to our satisfaction".

We saw that a complaints procedure was in place which was available in an easy read version. We saw that a system was in place to record any complaints the service received. We saw that issues that had been raised had been responded to appropriately.

Is the service well-led?

Our findings

The provider and manager had failed to notify us about incidents that had occurred and affected people who used the service. We reviewed the notifications received from the service and we found that two incidents had not been reported. As the incidents related to safeguarding issues, the manager had a legal responsibility to report these to us. We found that the incidents had been referred to the local authority as required by the safeguarding procedures to protect people from harm. The manager confirmed that the notifications would be submitted to us retrospectively, and since the inspection we have received these.

We found there had been changes recently to the management team due to an incident that occurred last year which we had been informed about. The new manager of the service has submitted his application to register with us.

People we spoke with told us they thought the service was managed well. One person told us, "I am happy with the support I receive and the service overall". Another person told us, "I am happy with the support I receive and the managers are approachable and friendly and I feel listened to".

The manager and support manager supported us to visit people and we saw that people knew them. We saw that people felt comfortable in their presence and people had a good relationship with the support manager who visited people regularly to check on the support they received. Discussions with both managers demonstrated that they knew people well and knew about their specific needs.

Relatives we spoke with told us they were happy with the service provided. One relative said, "I am really happy with everything. The service provided is excellent. I have no concerns and there is nothing I feel the service can improve upon. They ensure my family member has the support they need and they have positive life opportunities so we are very happy". Another relative told us, "I think the service is well managed, and the staff work in the best interests of my family member. All of the staff I have met and spoke with have been polite and informative. The team leaders and managers have always returned my calls and they have always been helpful with any queries I have. I am very happy and I know my family member is happy".

All of the staff we spoke with confirmed they felt supported by the management team. One staff member told us, "Things have improved and the service is managed much better now with the new management team. They are approachable and I feel listened to. We have good teamwork here and everyone works together for the good of the people who use our service". Another staff member said, "The service is managed well, we have clear leadership and direction and we are all open and transparent in the way we work and share information. I really enjoy my role and we all share the same values of ensuring people have fulfilled lives". Staff we spoke with confirmed they had regular meetings where they were able to discuss the service provided and people's needs.

We saw there were clear lines of accountability in the way the service was managed. The manager was supported by support managers who were responsible for the support provided to people that lived in certain areas. There were team leaders who worked alongside care staff to support people. Tasks were

clearly delegated to ensure that the service was monitored effectively and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at Affinity Trust.

We saw that surveys were in place to obtain people's feedback. We looked at the results of the recent survey that had been undertaken. Feedback was really positive and demonstrated that people were happy with the support provided. The support manager that we spoke with told us about how they visited people who were unable to communicate verbally or take part in the surveys to check on their well-being and support that was provided. She told us, "I always pop in and see people on a regular basis. I know them well now so if they were unhappy I would be able to tell from their body language and expressions. I also keep in regular contact with people's families to make sure they are happy with the service people receive".

We saw that the manager had systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends. We saw that most of these incidents referred to behaviours that challenge and support plans and protocols had been amended where possible to reduce the risk of any reoccurrence.

We saw that the manager and provider had audits and quality monitoring systems in place to monitor the safety, effectiveness and quality of the service provided. For example audits were completed to ensure care planning documentation was up to date, and medicine and financial audits were completed to ensure staff were following the procedures in place. We saw that where shortfalls were identified action was taken, which included speaking to staff about their performance. This demonstrated that the service was monitored to ensure safe standards were in place.