Affinity Trust

Affinity Trust Domicillary Care Agency

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 was announced and took place on 19 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

Affinity Trust Domiciliary Care Agency provides personal care for people in their own homes. At the time of our inspection, there were 15 people receiving care from the service, which included 14 younger adults and one older adult. Most people receiving the regulated activity of personal care were living with others across six houses providing supported living accommodation. Personal care was provided to people with a range of learning and physical disabilities, one older person and one person living with a mental health condition. There was a registered manager for the service at the time of this inspection. This is a person who has registered with the Care Quality Commission. They are responsible for the day to day management of the regulated activity of personal care at the service. Like providers, as a registered person they have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is managed and run.

People were safely supported when they received care and their medicines were safely managed. People's safety needs associated with their health conditions and environment were assessed before they received care and regularly reviewed. Staff usually understood and followed the care steps required to reduce any known risks to people's safety from this. Further staffing, care planning and management measures that were recently introduced helped to further ensure this.

People were protected from harm or abuse. Staff were safely recruited and deployed; they knew how to recognise, prevent and respond to a person's likely, suspected or actual harm or abuse. Arrangements to review recognised behavioural care interventions from revised national guidance were planned to helped to further inform and ensure people's safety in care.

People received individualised care from staff who supported them to maintain and improve their health. Staff understood and followed people's often complex, personal care needs associated with their health conditions. Recent care planning and staffing improvements helped to fully ensure this.

Staff were trained, supported and supervised to provide people's personal care associated with their health needs and daily living plans. People were provided with personal care in line with legislation and guidance in relation to consent. Staff sought people's consent or appropriate authorisation for their care when required. This was done in a way that helped to ensure people's rights and best interests.

Staff were kind, caring and treated people well. Staff knew what was important to people for their care; they knew people well and supported their rights, choices and independence in their care. Information about the service was provided in accessible formats, which helped to inform people's care expectations. The provider's staff recruitment and care planning arrangements helped to ensure people's control and

involvement in their care.

People's care was individualised, timely and took account of their known wishes, lifestyle preferences, independence and communication needs. People were supported to engage in social, recreational and lifestyle activities they enjoyed and were meaningful to them.

The provider regularly sought to obtain people's views about the care provided as well as those of their relatives and external stakeholder's. The findings from this were used to inform and make care and service improvements when required.

There were clear arrangements in place for the management and day to day running of the service. The service was well managed and run by a manager who was open, accessible and supportive. Staff were informed, supported and understood their role and responsibilities for people's care.

Records for people's care and the management and running of the service were accurately maintained and safely stored. The provider met with their legal obligations to tell us about important events that happened at the service when required.

The provider sought to continuously review and improve people's care. Regular management checks were carried out of the quality and safety of people's care. The results from this were used to inform, make and monitor any changes or improvements when required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from the risk of harm or abuse. They were safely supported by staff who were recruited and deployed in a way that helped to ensure this. Staff understood and followed people's care plans to reduce any known risks to their safety from their health condition or environment. People's medicines were safely managed.

Is the service effective?

Good

The service was effective. People were supported to maintain and improve their health by staff who understood and followed their often complex, personal care needs associated with their health conditions. Staff training and care plan measures helped to ensure this. People were provided with personal care in line with legislation and guidance in relation to consent.

Is the service caring?

Good

The service was caring. People received care from staff who were kind, caring and knew what was important to people for their care. Staff followed the provider's care aims to ensure people's rights, choices, independence and social inclusion. Accessible service information informed people's care expectations. Staff recruitment and care planning arrangements helped to ensure people's control and involvement in their care.

Is the service responsive?

Good

The service was responsive. People received individualised, timely care with account for their known wishes, daily living and lifestyle preferences. Staff communicated and engaged with people in a way that helped to ensure their comfort, understanding and socialisation. Complaints, concerns and regular care feedback sought from people, relatives and external stakeholders were used to inform and make service improvements when required.

Is the service well-led?

Good

The service was well-led. The service was well managed and staff understood their role and responsibilities for people's care. The provider's management, record keeping and service monitoring

arrangements helped to inform and ensure the quality and safety of people's care.

Affinity Trust Domicillary Care Agency

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 was announced and carried out by a single inspector. We visited the provider's office on 19 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure either the registered manager or a senior manager was available.

Before this 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 sent out questionnaires to a sample of people who used the service, relatives, community professionals and staff who worked a few months before our inspection. We also spoke with local authority care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

Most people who used the service were not able to speak with us because of their health conditions. We took account of the provider's recorded findings from their most recent face to face care surveys with people and their relatives to help inform our inspection. We spoke with five care staff, the registered manager and a senior external manager for the provider. We looked at three people's care records and other records relating to how the service was managed. For example, medicines records and staff training and recruitment records, meeting minutes and the provider's checks of quality and safety.

Good

Is the service safe?

Our findings

People received safe care and support from staff at the service. Before our inspection a relative and community professionals felt people were not always safe when they received care from staff at the service. At that time, the provider also told us about a related safeguarding concern for one person and the action they had taken to address this. Records we looked at during this inspection showed the provider had taken the action required to protect the person from further risks to their safety through revised staffing, care plan and management measures. This was done in consultation with relevant external health and social care professionals to help ensure this. Local care commissioners subsequently told us they were satisfied with the action taken by the provider to address this. Recent feedback obtained from community professionals by the provider also showed improvements were made.

Relatives and staff knew how to report any concerns they may have about people's safety and were confident to do so. Staff were able to describe the related procedures they needed to follow in any event; which included how to recognise and report any witnessed or suspected harm or abuse of a person receiving care. The provider's procedures and related training supported this. Staff understood how to recognise and respond to any allegations of or suspected abuse through the provider's procedures. Staff also understood the provider's procedures for handling people's personal monies. For example, when they supported people to shop for personal items. Staff made records of related financial transactions and receipts of purchases were retained where required. Management also carried out checks of this. This helped to protect people from the risk harm or abuse.

Recognised recruitment procedures were followed to check staff, were safe to provide people's care before they commenced their employment. For example, previous employment checks and relevant character references were obtained. Checks were also made with the government's national vetting and barring scheme (DBS). The DBS helps employers to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children.

Staff, relatives and external professionals told us staffing arrangements were sufficient to provide people's care. Staff said they were given sufficient time to ensure they met people's expected care times. People were supported by dedicated care teams, led by a senior care staff member. The number of staff people needed was agreed with them, their representatives and others with an interest in their care by the provider. For example, local care commissioners who purchased people's care from the provider. Ongoing account was taken of risks to people's safety associated with their health conditions and any changes to help inform this. Management on call arrangements helped to ensure staff cover in the event of any unplanned staff sickness or absence. This showed people received care from staff who were safely recruited and sufficiently deployed.

Known risks to people's safety associated with their health conditions or environment were assessed before they received care. People's care plans showed the actions staff needed to follow to help reduce those risks, which staff understood. For example, supporting people to move, to eat and drink and take their medicines safely.

Staff received bespoke training in relation to people's individual safety needs. For example, staff told us about one person who was at risk of choking because of swallowing difficulties from their health condition. Staff were able to describe the measures they needed to take when they supported the person to eat and drink safely; as detailed in the person's related care plan for this. Staff also understood and received training in relevant emergency procedures to follow in the event of the person choking. Procedures were in place for checking people's care equipment and for staff to follow in the event of accidents, incidents or other care concerns, such as from sudden changes in a persons' health condition. This helped to ensure people's safety in care.

Staff often worked in consultation with external health and social care professionals to help ensure people's safety. For example, because of their health conditions some people could sometimes behave in a way that may be challenging for others. When this occurred, people had detailed care plans known as behavioural support plans, which staff understood and followed. The plans showed staff what to observe that may indicate the person may be likely to behave in this way and how to help the person to prevent this. They also gave clear instructions for staff to follow to minimise any risk of harm or injury to the person or others if this occurred. The care plans reflected nationally recognised guidance for least restrictive practice.

Staff confirmed they received specialist training relating to behavioural care interventions. The provider's arrangements for this were under review in response to revised national guidance. This aimed to promote consistent post incident reflection and support for staff, known as debriefing; following their care intervention for the management and reduction of people's behaviours when required. The review included relevant specialist professional advice to help agree, inform and support ongoing training and care practice. This helped to ensure a consistent, safe and informed approach to people's care that needed to be provided in this way.

People's medicines were safely managed. Staff knew the provider's policy and related individual arrangements for people's medicines. This included the safe handling, recording and administration of people's medicines when required. Staff responsible for people's medicines received regular training and competency checks of their practice by senior staff. People's care plans showed the agreed or required care actions that staff needed to follow to support them to maintain their optimal health through the safe and timely administration of their medicines when required. Regular management checks helped to ensure this.

Good

Is the service effective?

Our findings

The service provided personal care to people with significant learning and sometimes physical disabilities. People therefore often had complex health needs and received care from a range of health and social care agencies. Relatives, local care commissioners and external health professionals told us staff mostly understood and followed people's personal care needs associated with their health conditions. Before our inspection local care commissioners told us there had been some staffing changes for three people living in the same accommodation who received personal care from this provider. They advised the changes had impacted on the consistency and continuity of a few people's care, which was important to achieve in relation to people's health conditions. However, they advised the registered manager had worked closely with them to ensure this was resolved. This included care plan development and related guidance for new staff to follow in relation to people's complex care routines and associated health conditions.

Results from the provider's recent care surveys with people, relatives and external health professionals showed they were satisfied with the care provided by staff from the service. One person said, "I'm happy with my care; staff listen to me; they help me cook my meals." A relative said, "Since key workers have been appointed things have been very good; support is more fluid and I am fully informed." Feedback from community professionals showed they held positive views about people's care provision. Comments included, "The service provides individualised care and a quality service for people that is value for money;" and "Staff are open, approachable and work well with us."

Staff told us they were fully informed about the care needs, choices and preferences of people they supported. We found they understood people's health conditions and their related personal care needs and requirements; which were detailed in their written care plans and regularly reviewed. For example, relating to people's emotional, nutritional, continence or skin care needs. Detailed care plans were also provided for staff to follow in relation to people's known personal care and support requirements for their daily living activities such as eating and drinking, washing and dressing and for their mobility, cognitive and behavioural needs. Staff said that input and advice from external health care professionals were routinely discussed and followed, which people's care records also showed. This helped to ensure people received the care they needed to maintain or improve their health from staff who understood and followed their care requirements.

Staff said they received the training, support and supervision they needed to provide people's care; which our survey questionnaire returns from staff and the provider's related staffing records showed. One staff member said, "Training is relevant to role, care needs and safety." This included bespoke training specific to people's individual health conditions and related care needs, followed by recorded staff knowledge and competency checks when required. For example, training in relation to autistic spectrum disorder; epilepsy and diabetes care.

Staff were supported to achieve a recognised vocational care qualification. The Care Certificate was introduced for new staff to undertake. This identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. They aim to provide those staff with

the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care. The provider regularly monitored staff training status to ensure this was effectively maintained and planned. This showed staff were trained and supported to provide people's personal care associated with their health needs and daily living plans.

People were provided with personal care in line with legislation and guidance in relation to consent. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff received training in and understood and followed the principles of the MCA. Staff we spoke with were able to describe how they offered or supported people to make day to day choices about their care and daily living arrangements. People's care plans showed how their consent to their care was obtained. For example, one person's care plan showed detailed instructions for staff to follow to support their decision making in relation to the person's medicines. Some people had others who were legally appointed to act or make important decisions on their behalf; such as decisions about their finances, which staff knew.

Staff told us about some people who sometimes needed to be cared for in a way that restricted their freedom but was necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS). Related care plans showed how this care was provided in their best interests. Records showed the required DoLS applications were submitted for formal authorisation to the relevant local authority. This helped to ensure people's rights and best interests.

Good

Is the service caring?

Our findings

Community professionals and people's relatives felt staff were kind, caring and treated people well in their care. They felt staff treated people with respect and in a way that helped to ensure their dignity and rights. One person said they were 'happy because staff listened to them.' Relatives and community professionals commented that improvements were made to ensure people's care was individualised.

Staff we spoke with understood the importance of ensuring people's rights in their care and showed a caring attitude. They also understood people's preferred care and daily living arrangements; what was important to people for their care arrangements and for the involvement of family and friends. One staff member said, "It's important to treat people as you would want your family member to be treated; with care and respect." Another told us about one person who could easily become upset if things changed for any reason, particularly in relation to their care or daily living routine. They were able to describe how they supported the person to cope with change when required. This included 'giving clear information'; 'involving the person in decision making' and 'recognising, reassuring them, giving time and respecting when they've had enough.'

People's care plans were individualised and showed staff what was important to people for their care. This included people's preferences, choices, agreed care arrangements and their family involvement. They were regularly reviewed with people in consultation with their relative and others who were important to help inform their care. For example, relevant health and social care professionals concerned with people's care. This showed staff were caring; knew people well and supported their rights, choices and control in their care.

Staff were able to tell us how they ensured people's independence and involvement in their care. For example, one person's care plan showed the emotional, cognitive and practical support they needed in order to carry out some of their routine daily living tasks, such as washing, dressing, and meal preparation. Staff explained how they prompted and supported the person in a patient and sensitive manner; to help the person concentrate and make decisions in relation to the order and completion of their tasks. This helped to promote the person's autonomy, independence and sense of accomplishment.

People were provided with key information about the service in accessible formats; to help inform their care expectations and support their understanding. For example, easy read and pictorial formats. The registered manager advised this could be provided in different languages if required. This type of information included the provider's care values; key principles for people's independence, choice, safety, health and involvement; how to pay and care review arrangements.

Management involved people in choosing staff to provide their care. The manager told us, "Within the staff recruitment process we ensure adverts are personalised to people's individual care requirements; where possible, people are fully involved in interviewing and choosing candidates." We found that people were paid for their formal involvement in the staff recruitment process at the national living wage rate. This helped to ensure people's control and involvement in their care.

Good

Is the service responsive?

Our findings

People received care that was individualised, timely and responsive. People's relatives felt people received individualised care that was tailored to their assessed needs, known wishes and lifestyle preferences. One relative said, "Staff know what they [person receiving care] like and doesn't like; what helps and what doesn't; they are observant and attentive in the right way." Community professionals recently surveyed by the provider felt people's care was individualised. Written comments included on one of their returns said, "The service provides quality, individualised care that is value for money."

Staff understood and followed people's known individual daily living routines, lifestyle preferences and personal care requirements related to their health, personal care and daily living arrangements. This was done in a way that promoted people's independence and autonomy. People had detailed, personalised and often prescriptive support plans relating to their health, communication, behavioural and daily living support requirements, which staff understood and followed. For example, one person's plan gave comprehensive information to show staff how to communicate with and understand the person. Others showed short steps to help the person achieve self-care tasks through verbal prompting to help increase their independence and sense of achievement. For example, in relation to washing and dressing. People's related daily care and review records showed their care plans were working because staff followed them to promote and support people's communication and independence as required.

People were supported in a way that was meaningful to them for their engagement in social, recreational and lifestyle activities they enjoyed. Staff we spoke with were empathic about people's health conditions, how they affected them and the importance of supporting people in a way that enabled them to do things they enjoyed. For example, one person liked to be kept busy particularly with physical, interactive and musical activities. Their related care plan, agreed daily living arrangements and staff support arrangements helped to ensure this.

Staff told us about another person who could easily become upset by change. Staff were able to clearly describe what to observe for and how to respond in a way that helped the person, if this occurred. This was consistent with the person's care plan, which showed their approach worked. Staff understood and supported people to use the equipment they needed to aid their independence when required. For example, adapted eating utensils and drinking cups to enable people to eat and drink independently; or aids and equipment to support people's communication or mobility when required.

People and their relatives were informed how to make a complaint if they needed to. Records showed the registered manager or their representative met with them regularly to review people's care and any complaints or concerns they may have about this. Findings from this were used to make care improvements. For example, in relation to one person's nutritional support requirements.

Satisfaction questionnaire type surveys were also conducted annually with people, families, staff and external professionals. Results from this were used to inform service improvements. Recent improvements included improvements to communication, staffing and staff support arrangements. The registered

manager told us that the provider's survey methods were under review; to check they asked the right questions to ensure best understanding of people's views about the care provided. Improvement plans for the coming 12 months also included setting up separate people supported and family/carer's forums to help further inform and enhance people's care experience. This meant the provider regularly sought to obtain people's views; those of their families, staff and external stakeholder and use these to make service improvements when required.

Good

Is the service well-led?

Our findings

People, relatives and staff were positive and confident about the management of the service. One person's relative said, "There have been a lot of improvements; I am satisfied with management." Recorded results following the provider's recent care survey with people, relatives and community professionals showed they were satisfied with the management of the service. Written comments received from this included, "A quality cost effective service."

Staff said they received the ongoing management support they needed, which included outside normal working hours and lone working arrangements. One staff member said, "Management support is good; always accessible." Another staff member told us, "There's good management support – it's ongoing; and when there are changes needed to people's care directives or if we have new staff."

The provider used a range of operational measures to inform and support staff to carry out their role and responsibilities. This included stated aims and objectives for people's care, staff performance and development measures, communication and reporting procedures and a range of personnel policies and procedures for staff to follow. For example, uniform policy, a staff conduct code and procedures for reporting accidents or serious incidents. Staff we spoke with understood their roles and responsibilities; were confident and knew how to raise any concerns they may have about people's care. This included reporting any safety incidents or changes in people's care needs when required.

The registered manager told us they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines, finances and safety needs. Checks of accidents, incidents and complaints were monitored and analysed to identify any trends or patterns. This helped to determine any changes that may be needed to improve people's care experience.

Since our last inspection a number of service improvements were either made, planned or in progress. For example, improvements were recently made to the quality and safety of people's care through revised care planning, related communication and staffing measures. Improvements had commenced to further people's participation and achievement in relation to their personal and lifestyle goals. Plans for revised consultation measures with people, relatives and community professionals also helped to inform the quality and shape people's care. This showed the provider sought to continuously review and improve their service and people's care experience.

Records related to people's care and the management and running of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. For example, notification of any suspected abuse of a person receiving care. This meant there were clear arrangements in the place for the management and day to day running of the service.