

Affinity Trust

Affinity Trust Domicillary Care Agency

Inspection report

Lifestyle House, 157-163 Sheffield Road
Killamarsh
Sheffield
South Yorkshire
S21 1DY

Tel: 01142764980

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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

About the service

Affinity Trust Domiciliary Care Agency provides personal care and support to people with a learning disability or autistic spectrum disorder, who may also be living with physical disability. People received care in their own private single, or multi-occupancy living accommodation via individual private tenancy agreements. The office is located in Killamarsh and services are provided across the Sheffield area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 29 people being supported by the service with personal care tasks.

People's experience of using this service and what we found

There were enough staff to effectively meet the current packages of care which supported people's needs. People were safe, supported by staff who understood how to raise a safeguard and protect people from the risk of harm. Risk assessments had been completed; to assess any risks associated with required support. Staff were recruited in line with best practice. Medicines were managed safely, and staff ensured clear infection control practices. The provider had reflected on any incidents and lessons were learnt.

People were usually supported by a regular team of care staff. We saw staff had received appropriate training to meet people's needs in line with best practice and current guidelines. When people required support with their nutritional intake, this was recorded and reflective of their needs.

People's care was provided by kind and caring staff and people and their relatives told us they treated them with respect. The care plans were detailed and reflected individual's needs and had been reviewed to ensure any changes were documented and shared with the staff team. Communication methods used were suitable for the individual. Care staff understood the importance of respecting people's diverse needs and promoting independence.

The provider worked in partnership with other agencies to make sure people received the right care and support. Healthcare was promoted by staff working in partnership with health and social care professionals.

People and their relatives felt concerns would be listened to and the registered manager was approachable. Staff felt valued, respected and told us they felt able to contribute to the development of the service. The provider ensured that any complaints had been responded to, and people and staff were encouraged to give feedback. Auditing and quality assurance processes were robust, systems were in place to further monitor and to drive improvement. People and their relatives were involved and asked for their feedback regarding their care.

The provider had displayed the previous rating at their office base and had sent us notifications about

significant events and the outcomes following their investigations or actions.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 3 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well led findings below.

Affinity Trust Domicillary Care Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Affinity Trust is a domiciliary care agency. It provides personal care to people living in their own homes and to people living in a number of 'supported living' settings where they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection and, we wanted to be sure there would be people available to speak with us. Inspection activity started on 21 October 2019 and ended on 22 October 2019. We visited the office location on 22 October 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We considered any written notifications we had received since their last inspection. Notifications are information about important events, which the provider must tell us about when they happen at the service. This information helps support our inspections. We took account of any feedback from partner agencies involved with people's care. This included local authority care commissioners who contract with the provider for people's personal care on their behalf. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, team leaders, care workers and office support staff.

We reviewed a range of records. This included parts of eight people's care plans and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to see clarification from the provider to validate evidence found. We spoke with three relatives and four further professionals who have knowledge of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person told us, "I feel safe." A professional we spoke with said "I have faith and trust in them." Another told us the registered manager had carried out a full investigation following a reported incident and had identified actions to take following this. This demonstrated the service worked with local safeguarding teams when concerns had been raised.
- Relatives told us they had confidence in the staff and management team to keep their family member safe, one relative told us, "Should any issues arise, the team are honest and open with me."
- Staff told us they had received regular training and support, in raising any concerns about the safety of people. A senior member of staff said, "I have a duty of care for the people I support, and staff know they can always come to me if they have any concerns."
- The provider had robust systems and processes in place for the service to follow; to ensure people were protected from the risk of abuse. We saw safeguarding issues raised, were responded to quickly and investigated thoroughly.

Assessing risk, safety monitoring and management

- Risks within the service were managed safely and consistently. People's risk assessments contained detailed information which informed their care plans. Staff received specialised training to promote positive behaviours. The information in care plans was detailed and individualised giving staff clear strategies on how to support people effectively.
- Staff showed a clear understanding of how to support people to achieve a fulfilling life. This included having the right level of support and funding required for people. For example, undertaking activities which people enjoyed such as cycling, football and attending concerts.
- We saw risk assessments were reviewed regularly to reflect changing needs. Environmental risk assessments were carried out in people's homes to ensure people and staff were safe. Procedures were in place to ensure staff knew what to do in the event of an emergency, such as not being able to obtain access to a person's home.

Staffing and recruitment

- People at the service were supported by staff to undertake activities in a safe and supported way. Staff told us staffing levels were good and everyone pulled together to cover any shifts due to sickness or annual leave.
- At the time of our inspection, some people required periods of one-to-one staffing, rotas showed this level was met. The registered manager told us they use regular bank staff, who already knew many of the people using the service. However on occasions where agency staff must be utilised they were subject to an Affinity Trust induction, and the agency required to demonstrate the staff member had DBS and required training.

They keep a copy of the staff members "profile" on file with the induction record and redo the induction where necessary.

- Safe recruitment procedures were in place. This included the provider obtaining at least two satisfactory references and Disclosure and Barring Service (DBS) checks, for all new staff prior to them starting work.

Using medicines safely

- There was detailed information to support medicine administration. A medicine administration record (MAR) was completed when the person had received their medicine.
- Where people needed as required medications (PRN), information was clear for staff to follow in the PRN protocol guidance.
- Staff who administered medicines completed appropriate training and had competency reviews to provide consistency and reduce the risk of errors.
- The MAR records were reviewed monthly by the registered manager and any errors or concerns addressed, this included identifying where further training was required.

Preventing and controlling infection

- People were protected from the risks of infection, staff understood their roles in reducing the risks to people and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- Staff told us they encouraged people to wash their hands and instilled good hygiene practices when washing, or handling food.

Learning lessons when things go wrong

- There were clear processes in place to ensure lessons were learned when things went wrong, and actions taken to reduce the risk. The registered manager was committed to driving improvement and used learning as an opportunity to support people more safely.
- The registered manager told us that staff were kept updated, when a concern had been reported. Feedback to staff was felt to be vital, to ensure staff were kept informed and issues raised were acted on.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed. Staff worked with the person, their families and the multidisciplinary team to ensure assessments undertaken remained relevant and were reviewed regularly. We observed staff followed the guidance set out in people's care plans.
- The staff knew when they needed expert advice and were good at seeking this promptly from appropriate sources. For example, the service accessed support from different professionals to develop a person-centred specific behaviour management plan.
- Evidence based guidance was used by the service to plan and deliver effective care to people. For example, the use of positive behaviour plans helped set out specific steps, to help people change their behaviour in a positive and meaningful way, to improve quality of life.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills and training to support people well. One person told us they had been involved in creating interview questions for new staff. A bank of digital interview questions from people using the service was in the process of being recorded, to support with future recruitments.
- Staff told us they had an induction when they started working in the service. This meant they shadowed existing workers and were supervised initially in performing their duties. All the staff we spoke to, felt supported to develop the knowledge and skills to carry out their roles effectively. One staff member told us, "There's lots of training, the shadowing helped make a massive difference for me, because I was new to care."
- Staff told us, and records confirmed, there was a training scheme for all mandatory training with a mix of online learning and face to face sessions. There were also courses in specialist areas depending on people's needs. For example, a recent 'rights-based approach case study' was being shared. This encouraged staff to consider how to promote greater opportunities for people to fully participate in their day to day activities.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people had support with meals if this was part of their agreed care. Any specialist information regarding diet, or type of food required, was recorded in the care plan for staff to access.
- Staff were trained in nutrition and hydration which included the importance of keeping healthy and maintaining a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were managed and supported in a holistic way. The multidisciplinary team

consisted of a range of health professionals to manage mental, physical and emotional health needs.

- People had a hospital passport that contained a picture of the person on the front. This document contained information on health, communication, medication, mobility, personal care, eating and drinking needs for that person.
- Records showed plans were in place to promote and support people's health and wellbeing. One staff member told us they would ask for advice as soon as they noted any changes in a person's health status. This was in line with professional recommendations for that person.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent for care was sought and recorded in their care plan. The registered manager and staff had received appropriate training and understood how to support people to make decisions where they lacked capacity. We saw staff offering choices to people and waiting for a response.
- Some people lacked the capacity to make complex decisions. People were supported by staff using simple language, symbols, objects and pictures to support them. These strategies were used for a range of different decisions. For example, some people were unable to make complex financial decisions, however, they were supported to manage simple financial decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had caring, kind supportive relationships with the staff who supported them. We saw many examples where staff had clearly considered people's needs and choices prior to offering support.
- Relatives we spoke with were consistent in their praise of the regular staff who supported their family members. One relative told us, "Since this agency has been involved it's like a breath of fresh air - we as a family finally feel listened to and general assumptions about what [name] can and can't do are no longer made."
- Staff had the knowledge and skill to communicate in ways that ensured people were treated equally whatever their communication needs were. This was supported by detailed information in people's care plans.

Supporting people to express their views and be involved in making decisions about their care

- The relatives we spoke with, told us they were involved in making decisions about care and support. How they wanted this to be provided was incorporated into the person's care plan.
- Many people using the service were non-verbal or had very limited verbal communication, staff used a variety of methods to help understand people's needs. One member of staff told us, "What worked for one person, might not work for another - some people respond to key words, or pictures, and other people use sign language." Staff we spoke with were knowledgeable about people's communication needs.
- The registered manager knew the importance of supporting and involving families to be able to support them to make decisions with their family member. Access to independent advocacy services were signposted if required. (An advocate is independent and supports people to help express their views and wishes).

Respecting and promoting people's privacy, dignity and independence

- Relatives we spoke with told us they had confidence that staff treated their family member with respect and supported them to maintain their dignity. One relative said, "Dignity and respect is clearly demonstrated by how staff are involved with [name]."
- We saw interactions that showed staff working with people at different levels, to maintain and increase their independence. This had been done in small ways, such as supporting a person to make a drink or prepare food. Recently, some people were being supported with a person-centred active approach which encouraged them to do little things, which made a big difference in their achievements.
- People's care plans had detailed daily routines described, which stated how to maintain the person's independence by prompting. For example, encouraging people to do some aspects of their personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were encouraged to contribute to their assessment and care plans. Some people we spoke with, had enjoyed being able to participate in this way. Other people were less able to input into their plan and in these cases, we saw information was checked on visits with family and professionals.
- Staff told us they were kept informed of any changes through communication books, face to face, or by telephone calls, to ensure they had a current understanding of people's needs.
- The registered manager told us they always met people to complete an assessment of needs first, before starting the provision of care. Reviews were then held regularly with the person and included the people important to them, whenever possible. The registered manager told us it was important to maintain this personal aspect to achieve best outcomes for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments of people's preferred communication methods were met and were in line with the AIS. There was information in appropriate formats for people. The registered manager showed us the pictorial complaints policy, so that people using the service could easily understand, how to raise a concern. They also plan to develop literature about other areas to enhance people's understanding.
- Assistive technology was used to support people in case of emergency. This meant when access to urgent support was required, such as in case of falls, or of fire, staff and the office were immediately alerted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When it was part of the agreed care, people were encouraged and supported to access activities which were socially and culturally relevant. This included time with their families and engaging in activities important to them.
- People were encouraged to be part of the community, to support their sense of belonging. There were opportunities to access local events, education opportunities and day trips. We saw evidence of recent activities and future planned trips and holidays, people told us they had chosen to take part in these.
- Organised social gatherings were offered in addition to the normal care provided, and these included significant calendar events and people's special birthdays. Involvement with the wider local community included coffee mornings and provision of a BBQ event.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to make complaints and were confident that they would be listened to. One relative said, "I know I could contact the manager, if I had any concerns."
- There was a complaints process in place and a copy given to all people using the service, this was available in an accessible format if required. We saw official complaints had been received and recorded in line with the provider's policy. The registered manager explained how these had been managed and ways they could promote raising concerns, along with dealing with any future compliments, or complaints.

End of life care and support

- At the time of the inspection no one was receiving end of life care from the service, however they told us they would be able to provide this level of care with the support of community healthcare professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt very supported by the management structure. One staff member said, "It's a really good place to work, all the staff support one another."
- The registered manager led by example. They spoke about the priorities of ensuring a strong, committed, stable staff team. They promote this by acknowledging the importance of treating their staff well. The provider has a nomination process for staff to be recognised nationally with an awards ceremony.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- One relative told us they were informed straight away if there were any issues of concern in relation to their family member. They told us the registered manager, and staff were clear and candid when discussing events with them. This demonstrated there was confidence in the management team.
- Staff told us during supervisions and team meetings, they talked about any potential learning from incidents and what they could do to prevent things from happening again.
- The registered manager was clear about the role of Duty of Candour in improving the sharing of information and development of high-quality services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff we spoke with demonstrated a commitment to providing high-quality, person centred care. They placed the people using the service at the centre of everything they did.
- There was an on-call rota in place, which gave clear lines of consistency, responsibility and accountability. Staff told us this supported them as they could always access support. Staff told us they had opportunities in supervision, to discuss and reflect on their role in line with the providers values.
- The provider had clear policies and procedures to promote best practice. There were a range of audits to reflect on the quality of care. All incidents were audited and analysed to establish any trends.
- We received statutory notifications about events in the service in a timely way, with details of actions carried out, and measures taken to reduce reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and their team worked hard to involve people using the service, and their relatives

or advocates. They gathered feedback from questionnaires and used this to drive improvements.

- Although many people and their relatives were in regular contact with staff, it was not easy for them to attend meetings. The registered manager told us they were planning to complete a meeting prior to the next social activity to encourage more participation.
- Staff meetings were held on a regular basis and staff were encouraged to call in to the office. We saw staff minutes were shared with those who were not able to attend, and staff told us they felt listened to and were comfortable to speak up, demonstrating a strong staff culture.
- The staff were proud to tell us of achievements for people using the service during our visit. The external professionals we spoke with after our inspection, also told us they experienced the same positive, professional attitude when engaging with the registered manager and their teams.

Continuous learning and improving care; Working in partnership with others

- All staff we spoke to were committed to improving the quality of care provided for the benefit of people using it. There was a strong focus for well trained staff providing good outcomes for people using the service. The registered manager and senior leaders were pro-active with their learning to ensure best practice was carried out.
- Daily discussions were held with the registered manager and team leaders to discuss any issues and highlighted what was happening across the service. There were systems in place from the provider, which helped to monitor and assess the quality of the service provided.
- Partnerships had been established and positive links developed. We spoke with professionals who had knowledge of the provider and they told us staff were very good at communicating, with regards to supporting and monitoring people's health needs and they worked together to achieve people's goals.