

Affinity Trust

Affinity Trust - Domiciliary Care Agency - Central & Bedfordshire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this announced inspection on 23, 24 and 25 May 2018. Between these dates and 8 June 2018, we also received feedback from professionals working for the local authorities that commissioned the service.

This service is a domiciliary care agency. It provides care and support to people living in 11 'supported living' settings (schemes) and in flats, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service supported people with physical disabilities, learning disabilities and/or autistic spectrum conditions. At the time of the inspection, 81 people were being supported by the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Constant changes to staff meant that one person did not always receive care that was safe or consistent. This put them at risk of harm. We found the provider needed to make further improvements in how they managed this person's care.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and action was taken to review incidents so that systems could be put in place to prevent them from happening again. People's medicines were being managed safely.

The provider had safe recruitment processes in place. They had not used agency staff for a few months prior to the inspection as they now had sufficient permanent staff. Staff had received regular supervision and support, and they had been trained to meet people's individual needs.

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

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

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

The provider managed people's complaints and concerns well. They encouraged feedback from people, relatives, staff and other stakeholders. They acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive improvements. People and staff we spoke with were happy with the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff were not always deployed in a way that provided consistent care. This put some people at risk of harm.

There were systems in place to safeguard people from the risk of harm. This included effective safeguarding policies and procedures, and individual risk assessments.

People's medicines were being managed safely.

The manager reviewed incidents and accidents and actions taken to prevent them from happening again.

Is the service effective?

Good 

The service was effective.

People's care needs were assessed. Staff provided effective care and support.

Staff received regular training, supervision and support in order to support people effectively.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good 

The service was caring.

People were supported by kind, caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People had personalised care plans to enable staff to provide person-centred care.

People's needs were met by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

People's potential care needs at the end of their lives had been assessed, but some people chose not to give information about this.

Is the service well-led?

Good ●

The service was well-led.

The provider's values and ethos promoted caring and person-centred care that achieved good outcomes for people.

People and their relatives were enabled to routinely share their experiences of the service. The feedback about the quality of the service was positive.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. There was evidence of learning from incidents and action had been taken to make sustained improvements.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 23, 24 and 25 May 2018 when we visited the provider's office and some of the supported living schemes where people lived. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that there would someone available to support the inspection.

The inspection was carried out by an inspector and an expert by experience on the first day, and only the inspector visited the service on the second and third days. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of people with learning disabilities.

The inspection was prompted in part by concerns relating to inconsistent and unsafe care of a person whose complex needs meant that they required consistent support and supervision by staff. This inspection examined those risks.

As part of this inspection, we contacted the two local authorities that commissioned the service to get feedback about the quality of care provided to people using the service. The inspection was completed on 8 June 2018 when we received feedback from professionals from both local authorities that the service provided good standards of care, in a compassionate and respectful way.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including the previous inspection report, information shared with us by the local authority and notifications the registered manager had sent to us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with seven people using the service, two relatives, five care staff, one team leader, and the registered manager.

We looked at care records for eight people to review how their care was planned and managed. We reviewed the provider's staff recruitment, training and supervision processes. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored. We observed how staff interacted with people in communal areas of the supported living schemes we visited.

Is the service safe?

Our findings

During the last inspection of the service in April 2016, we found high use of agency staff put people at risk of inconsistent care. The registered manager told us of their plans to employ more permanent staff, and we found improvements had been made at this inspection. There were now more permanent staff employed by the service and they had hardly used agency staff in the last few months prior to the inspection. This meant that people were now supported by a consistent group of staff.

However, further improvements were required to ensure that staff were deployed in a way that met people's individual needs. For example, there were still many staff changes for a person whose complex needs meant that staff needed to adhere to specific routines and guidance. Also, times when the person's one to one care had not been provided according to guidance had resulted in incidents that put them at risk of harm. These included the person being at risk of injury when they left their home unsupported by staff. We discussed our concerns with the registered manager about how this person's care was managed and they told us of their efforts to get this right by providing consistent staff. They were also working closely with the person and their relatives to identify more effective ways of supporting them. This included a meeting which was held during the inspection.

Staff told us of improvements in the quality of staff working at the service because of the recruitment drive. One member of staff said, "We are fully staffed here now and don't use agency anymore. Most bank (irregular) staff are now permanent, with flexible working contracts and that has really helped." Another member of staff said, "We have more permanent staff now. Bank staff are only used as and when needed, but we try to cover the shifts ourselves." Relatives who had previously been concerned about constant staff changes told us they had seen some improvements as there were now more permanent staff. However, they felt that the provider had taken too long to recruit more staff.

Records we looked at showed that the provider carried out thorough pre-employment checks before staff started working at the service. These included checking each potential staff's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us they felt safe. One person said, "I feel safe here because of my friends and staff." Another person said, "I am safe because I am alright here." Another person said, "I am safe except outside with the road, but staff come outside with me."

The provider had systems in place to safeguard people, and staff were aware of these. Staff were trained on how to identify and report potential safeguarding concerns. Staff told us they would always report any concerns to the managers of each supported living scheme or the registered manager. We saw evidence that the registered manager reported potential safeguarding concerns to relevant organisations and took appropriate action to make the required improvements.

There were individual risk assessments in place to ensure that risks to people's health and wellbeing were mitigated. The information contained in these and the related care plans gave guidance to staff on how they could support people in a way that meant they remained as independent as possible, but with minimal exposure to risks that could cause them harm. One person told us how staff supported them to stay safe while they were out on their own. They said, "I have a phone and staff say ring when you get there and then when I am leaving to get back. Only once I forgot when I was coming back and staff told me to try and remember because they need to know where I am to help me keep safe." Records showed that there was a system to review risk assessments regularly, and prompt action was taken to update these if people's needs changed.

Staff completed regular health and safety checks of people's homes to ensure that care was provided in a safe environment. There were environmental risk assessments to assess and mitigate any hazards that could put people and staff at risk of harm. People were supported to clean their homes and the communal areas of the service were clean. One person said, "I clean my room and staff help me." We saw that when required, staff wore gloves and aprons to minimise potential cross infection so that they protected people from risks of acquired infections. There was effective infection prevention guidance for staff to follow to reduce the spread of infections.

People were happy with how they were supported with their medicines. One person said, "Staff do my medicines and I have [number] in morning." Another person said, "I have tablets in the morning, with dinner, and in the evening to stop my seizures. It's working and I haven't had one for a while." Another person told us that they managed their own medicines and they always remembered to take it.

There were systems in place for ordering, administration, recording, storing, auditing, and returning unrequired medicines to the pharmacy. We found these were being followed by staff as we did not identify any issues with how people's medicines were managed.

We saw that the registered manager reviewed accidents and incidents that occurred at the service so that they put systems in place to reduce the risk of them happening again. There was evidence of learning when things went wrong and systems were put in place to prevent further incidents.

Is the service effective?

Our findings

We found staff continued to have appropriate skills, knowledge, experience and support necessary for them to support people effectively. Staff worked within the principles of the Mental Capacity Act 2005. This meant that the rating for this key area remains 'good'.

People's care needs were assessed prior to them being supported by the service. Staff used information from assessments to develop care plans for each person. Care plans enabled staff to provide consistent care to people with a range of care needs including with their personal care, eating and drinking, medicines, support to improve their independence, and specific interventions to help people improve their health and wellbeing. There was evidence of people being involved in planning their care, where possible.

People told us that they were supported well by staff to meet their care needs. One person told us, "I like it here, staff help me." Another person said, "I think they must be trained enough because they are all very good." Staff told us that people received good care because they knew people's needs well and they supported them in a way that met their individual needs. One member of staff said, "Everyone is looked after really well here, I'm happy with what I do for the people we support."

We saw that staff received a range of training to enable them to support people well. Staff confirmed this and were happy with the support they received including through supervision and appraisals. One member of staff said, "Training is really good and I have done a range of training. I have supervision every six weeks and we discuss different issues and training needs."

People told us they were supported by staff to have enough to eat and drink. They said that they were involved in choosing what they wanted to eat and drink, and they helped with food shopping and preparing the food. One person said, "We talk and choose what I want to eat. I need help with shopping and cooking." Another person said, "I can't have certain foods and they know that." One member of staff told us, "Everyone likes different meals. We meet with each person to choose their food, shop and cook."

People received healthcare support when required. One person said, "Staff take me to my appointments. If I don't feel well I tell staff. Sometimes they ask me if I don't feel well, they look after me." Another person told us that they had been seen by a chiropodist who had visited the previous day. We saw that GPs, chiropodists, opticians, dietitians and other healthcare professionals had been involved in providing care and treatment to people when required. Staff also supported people to attend hospital appointments.

The requirements of the Mental Capacity Act 2005 (MCA) were met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes, this would be through a Court of Protection order.

Most people were able to give consent to their day-to-day care, but some needed support from their relatives or professionals to make complex decisions. Where required, people's capacity to make specific decisions had been assessed and records kept where staff had to make decisions in their best interest. People we spoke with told us that they were always supported to make decisions about their lives.

Is the service caring?

Our findings

We found staff continued to treat people with kindness, respect and compassion. People were still being supported to be actively involved in making decisions about their care, and their privacy, dignity and independence were respected and promoted. This meant that the rating for this key area remains 'good'.

People told us that staff were kind and caring towards them. One person told us, "I like it here, I think they are nice." Another person said, "The staff are lovely."

People told us they got on well with staff. They said that they had formed good relationships with staff and the other people they shared their home with. One person told us, "I am happy here, we all get on." Another person said, "Staff are alright." Staff spoke fondly about people and they told us how they related to everyone they supported. One member of staff said, "There is a good team here, the same team for a long time. We all know people we support well and on the whole, we are all happy together."

People told us they were always supported to make decisions and choices about their care and support. They told us that this was respected by staff who always took into account their individuality and preferences. One person told us that they always decided when they wanted to go out and this was arranged by staff as they needed support. Another person said, "I like a long sleep at night sometimes and go to bed early, but then sometimes I get back up again." Another person said, "I like my one to one days. Staff come with me to town, help me with banking, have a drink in Costa and sometimes lunch. I buy my TV magazine and then I can have a read when I get back. I relax in the lounge with the TV on, especially the soaps." One person knew about their care plans and said, "I have a care plan upstairs. It's got about my cooking on it, when I go to [day centre] and when I'm doing the café." One member of staff told us how they communicated with a person who didn't speak so that they understood their needs and wishes. They said, "[Person] is non-verbal so we use pictures, although she makes herself understood with Makaton and own gestures."

Some people told us that they enjoyed close relationships with their relatives. Some relatives visited people regularly and some people spent weekends with their relatives. Staff told us that they helped people to maintain relationships with their friends and family as much as possible. They also made sure that people who did not have close family members did not feel isolated and lonely by supporting them to develop other social networks.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. One person said, "They always knock on my door, they never just come in." People also said that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. People told us that they were able to do some things themselves, but they needed support from staff with others. One person said, "They (staff) have helped me be quite independent now. I meet friends in town, and I go and help old people in a care home. I love it, I work in their snack bar, talk to them and help them. My key worker helped me do all that." Other people also told us of various ways staff promoted their independence and it was clear that people were

supported well with this.

Is the service responsive?

Our findings

People were still being supported to receive person-centred care that was responsive to their individual needs. People's concerns and complaints were managed effectively and improvements made. People had been asked about the support they would like at the end of their lives. This meant that the rating for this key area remains 'good'.

People were supported in a person-centred way to ensure that their individual needs were met. Staff worked closely with people and their relatives or other representatives to regularly review care plans to ensure that these continued to meet people's assessed needs. Records of discussions with people showed that they were happy with how staff supported them and people we spoke with confirmed this. People told us that staff were responsive to their needs and always supported them when they needed support. In addition to support with personal care, people told us of many other ways staff helped them to live happy and fulfilled lives. One person said, "Staff help me with changing my bedding and I can do other things myself." Another person said, "Staff have helped me get my room all decorated and new furniture, all in raspberry and cream. I love spending time in there now. My TV wasn't working, so I have a new pink TV to match now, perfect!"

We saw that staff supported people to access a range of activities in their local communities, and to pursue their hobbies and interests. Some people attended day centres on a regular basis, while others pursued their own interests, supported by staff. Some people owned their own cars which staff drove to ensure that they could take part in social activities they enjoyed. People told us of various tasks and chores they took part in at home, social groups they attended and some people particularly enjoyed disco nights. One person told us, "I do all my washing, clean my room. Staff go out to lunch with me. At weekends, staff take us out to the cinema and I like shopping too." Another person said, "I have a busy week. I clean my room on Saturdays and help in the house. It's me who checks we have plenty of toilet rolls everywhere and I ask staff for money to go and buy more when it's needed. I go dancing on my own on Monday night. I walk all the way to [organisation] on Friday for education in the office there and walk all the way back." While another person said, "I go to the [day centre] for cooking and jigsaws, and I still go to [day centre] and I enjoy the bingo there."

People's concerns and complaints were handled effectively. People told us they were happy with their care and they had no reason to complain. When they had complained, they told us that staff always did something about it. One person said, "I complained a few times about the noise (another person) makes in her room. Staff listen to me, and then go and have a chat with her." Another person said, "I tell the manager when I'm not happy. If anything happens I can tell any of the staff." We reviewed the service's complaints records and we saw that the registered manager had taken appropriate action to deal with any complaints or concerns raised by people or their relatives. One person's relatives had raised concerns about inconsistencies in how their care and support was provided and ongoing action was being taken to make sustainable improvements.

The service did not routinely have end of life care plans in place because they mainly supported younger adults. Records showed that they had asked people about their end of life care wishes, but most people did

not want to talk about this. Some people asked staff to talk to their relatives about this and the registered manager told us that they will have those discussions during people's next care review meetings.

Is the service well-led?

Our findings

We found the provider's ethos still promoted a caring, inclusive and person-centred approach to care. There was still a registered manager in post who was supported by support managers who provided direct leadership to the care staff in each of the supported living schemes. The service had grown since our last inspection in April 2016 because they took over other supported living schemes in the Bedford area. Some people we spoke with told us that they did not like the changes that took place, but they were happy with how their care was being provided. They were mainly happy that there had been no changes to their care and routines because most staff they knew transferred to this provider. Most staff were also complimentary about how the transition between providers was managed, with only a few telling us that the provider could have met more with staff and people before the changeover. We were aware that the local authority also had a role to play in this and they said that overall, this had been managed well.

Some staff and people found the provider's ethos that focused on person centred care different from what they had been used to. Staff told us that previously, people could choose to do most activities together with the other people they lived with, but the provider was discouraging this being routine practice. One member of staff said, "Affinity Trust started saying we shouldn't be all going on holiday together, shouldn't be having a drink with the people we support. They didn't appreciate we can't cook independently for everyone. People we support were getting upset with some asking why they were sitting on their own eating. Some thought they had done something wrong. We did try, but had to go back to the old way because people we support prefer that." However, we found this was a positive way of ensuring that people received truly personalised and responsive care and support. Others told us that there were no computers provided for staff to type care plans and other paperwork. They said that they felt de-skilled when they were told by the registered manager that the support managers only would do this. This was because they always did this when they worked for previous providers. We discussed this with the registered manager who told us that they had already addressed the lack of computers with the provider and they were waiting for a decision on whether these would be provided at each supported living scheme.

Some of the premises people lived in the Bedford area required refurbishment. Staff told us of some repair and redecoration work that had been done, but they also had a list of outstanding work. Although the provider was not responsible for this, they are expected to work closely with the housing providers to ensure that people's homes are safe and provide a relaxing environment for them. In one of the schemes, one member of staff told us, "We had some windows replaced and it took 8 weeks for them to finish this. They were quick when it came to fixing the boiler in the winter. The communal areas could do with some improvement. When they changed the shower recently it took ages to finish. They had put tape over the tiles that had been replaced, but we had to tell them this wasn't safe for people we support to use that way. We had to chase the workmen to get the jobs finished."

We discussed this with the registered manager who told us of their discussions with the housing providers about the work required to improve people's homes. They also told us about challenges they faced with some housing providers who were not as responsive and therefore did not always carry out the required work quickly. The registered manager was going to follow up on this to ensure that repair work was carried

out as quickly as possible.

The provider sought feedback from people who used the service and their relatives so that they could continually improve the service. They sent annual surveys to people, their relatives and staff and we saw that where required, an 'easy read' questionnaire was given to people who used the service. People told us of meetings they had where staff enabled them to make choices about a variety of issues. We saw that staff were also enabled to share their views in team meetings. Staff told us they could speak with the registered manager or support managers anytime they had suggestions to make about improvements that could be made to the service. Staff also found the service to be good. This included a member of staff who said, "The service is wonderful for the people we support. The staff have been here a long time mostly and it's a good service." Another member of staff said, "The manager is exceptionally knowledgeable, very hands on, and happy to pass on and empower staff and people we support. We all get on here, a good place to be working in. I love it here and have every respect for such a great bunch of people living here."

The registered manager and the support managers completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. These formed part of the monthly key performance indicators (KPI) that showed how the service was performing against key areas. The manager visited each of the supported living schemes regularly to observe the quality of care provided by staff, to speak with staff and people using the service. We saw that there was still ongoing work to fully transfer paperwork to the provider's own templates for people living in the Bedford area. One of the support managers told us how they were supporting their colleagues with this. The provider's operations director periodically visited the service to carry out audits and they took appropriate action to rectify any shortfalls they identified.