

Affinity Trust

Affinity Trust Domicilliary Care Agency Suffolk

Inspection report

Suite 3, Wharfside House
Prentice Road
Stowmarket
Suffolk
IP14 1RD

Tel: 01449774030

Date of inspection visit:
18 April 2018
20 April 2018

Date of publication:
04 June 2018

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

The inspection took place on 18 and 20 April 2018 and was announced. The service is registered to provide personal care and supports people mostly with a learning disability and is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. On the days of our visit there were 28 people supported by the service.

The inspection was announced as this service is small, we wanted to make sure that someone would be available when we visited.

Following the last inspection of May 2017, we asked the service to complete an action plan to show what they would do and by when to improve upon the management of agency staff and quality assurance.

At this inspection, we found that the service had increased the staffing levels so that there were sufficient staff to support people. Agency staff were required to cover unexpected staff absences on rare occasions. The agency staff had received training and senior staff support in order that they could support people to meet their assessed needs. The quality assurance systems had been developed and information from the audits had been used to improve the service and the support provided to people in relation to their assessed needs.

A registered manager was in place and was based at the service central office. At the time of our inspection the registered manager was not working at the service. The service had made the Care Quality Commission aware of this information and during their absence the service was being managed by the divisional director and supported by other senior staff in the organisation. The divisional director is the line manager of the registered manager.

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.

Senior staff visited the people using the service and the staff they managed regularly and did provide support themselves when the need arose. People looked at ease with staff and told us that the staff were knowledgeable and caring

Each person had a support plan and a risk assessment which identified actions which should be taken to minimise the identified risk. Staff were knowledgeable about the signs of abuse, and the actions that they would take should they have any concerns.

There was a robust recruitment process and staff received an induction, supervision and on-going training. Medicines were safely stored and administered as prescribed. There were regular planned audits of

medicines and people's finances to ensure the records were in agreement with the stock of medicines and people's personal money.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Support plans were in place for each person and focussed upon how the staff would support the person to meet their needs. People were aware of their care plans and had contributed to them. The information provided staff with the information they needed to support people. People's preferences and choices had been identified in their support plan.

People choose the food and drinks they consumed. Some people were supported by staff to go shopping so that they could select the food and drinks they wished from the shops.

There was a complaints policy and procedure in place. Relatives informed us they were confident any complaint would be listened to and investigated. All people were supported by staff to pursue activities and interests of their choice.

The service staff provided a positive culture of support to the people using the service. Service governance was in place made up of surveys, audits and management plans which were used by the senior staff to plan and deliver the support to the people using 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?

Good ●

The service was safe.

People were protected as far as reasonably possible by staff who had received training to recognise abuse and each person had risk assessment.

There were sufficient numbers of staff to meet people's needs and keep them as safe as possible.

There were appropriate systems in place for managing medicines.

There were robust recruitment practices in place to help ensure only suitable staff were employed. .

Is the service effective?

Good ●

The service was effective.

The induction for new staff was robust and all staff received regular and effective supervision and on-going training.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and Best Interest meetings.

People were supported to maintain good health and an appropriate diet for their needs.

The service worked with other professionals to support people to meet their needs.

Is the service caring?

Good ●

The service was caring.

Care plans were regularly reviewed.

People were treated with respect and understanding by staff who were kind and compassionate.

Is the service responsive?

The service was responsive.

There was an assessment process in place to identify personal needs and choices so that people received personalised support.

Staff knew people well because they were organised to work with a small number of people using the service.

There was a complaints process and system for recording compliments.

Good ●

Is the service well-led?

The service was well led.

Senior staff supported their staff colleagues to provide support as per the individuals support plan

The service had clear values which were put into practice by organised and caring staff.

There were effective systems in place to assess and monitor the quality of the service.

Good ●

Affinity Trust Domicilliary Care Agency Suffolk

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 20 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service including the action plan supplied to us after the last inspection stating how and by when the service would improve. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We also observed interactions between staff and individuals in communal areas. We spoke with three people using the service, two relatives, two professionals, five members of support staff plus the deputy and the divisional manager.

We reviewed five support plans, five medication administration records, three recruitment files, staff rota's, training records and other records about the safety and quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "The staff are very good they come everyday and I do feel safe with them." A relative told us, "I have no concerns about safety, I visit regularly and staff know me and [my relative] well."

Staff had received training about safeguarding people from harm or actual abuse and staff training records confirmed this. A member of staff told us about the types of abuse which had been covered in the training. They told us, "The training is once per year to refresh your memory and an opportunity to talk about situations and gain advice." Other members of staff we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse and the actions they would take.

There was a log for recording safeguarding incidents. The log also related to the organisations policy and procedure for safeguarding people and included a section of how to learn from events and actions taken to be completed.

We saw that risks to people who used the service had been reviewed both as a matter of regular routine and as required in response to any unforeseen events. The risk assessments had been written to minimise the risk of harm to people who used the service. One person told us, "I must not be left alone in the shower and the staff know that and it is written in my plan." We saw in the support plans that staff had consistently attended meetings with the person to review their health with other professionals and information to help to keep the person safe and well had been clearly documented. A member of staff told us, "We have time to read (care plans) and we are involved in the writing of the risk assessments."

We saw from the information in the support plans that the staff had discussed with people and their relatives how to reduce risks of injury to the people they supported. The risk assessments gave detailed guidance and were included in the persons support plan. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm.

There were effective staff recruitment and selection processes in operation. Each person that applied for a position with the organisation was required to complete an application form and attend an interview. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. A member of staff told us, "I recall the recruitment process, all my documents were checked and I was informed about the induction and given a contract." Senior staff explained to us that since our last inspection they had introduced a concentrated plan for the recruitment of additional staff. A member of staff had been recruited to advise and support with candidate attraction and was overseen by senior staff within the organisation.

People who used the service and their relatives said there were sufficient staff to meet people's needs. One person told us. "I have a small number of staff helping me, they are never late and do not let me down." A

senior member of staff explained to us how they comprised a rota for staff and they also sent a schedule to the person, so that they knew who would be supporting them.

Staff had received training to support people by administering prescribed medicines. Support plans had been completed so that they contained detailed information about the medicines, what they were for and any possible side-effects. One person told us, "The staff remind me to take my medicine." The staff we spoke with were clear about the difference between administering a person's medicine and reminding or prompting them to take it. For each person taking medicines they had a profile which included how and under what circumstances to take medicines which were not a regular prescription but to be taken when needed.

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to protective equipment, such as disposable gloves and aprons when required. Relatives informed us that when visiting everywhere was clean. Staff told us that part of their role was to maintain a safe environment for people and this included cleaning and reporting information to senior staff regarding repairs. The staff we spoke with were knowledgeable about the cleaning products and how to use them safely when supporting people.

The senior staff we spoke with told us how the service staff learnt lessons to improve and develop the service. They explained that all incidents, accidents and near misses were recorded and then analysed by the registered manager and senior staff to implement any necessary changes and improvements. This included identifying triggers in people's behaviour and the actions the staff would take to keep them and other people safe.

Is the service effective?

Our findings

At the last inspection in May 2017, we found the service did not provide temporary staff supplied by an agency staff with the training or knowledge to support people effectively. This meant that people were not always provided with the continuity of support they required to meet their needs.

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

Since our last inspection the service had taken measures to increase the number of staff employed to meet people's needs and this has reduced the need to employ agency staff. The service had reduced the number of agencies from which it sought staff. On the rare occasions that agency staff were employed, we saw records that they had been provided with the necessary training by the agency or the service so that the agency staff member could meet the needs of the people using the service.

There were planned supervision sessions, spot checks and team meetings in place. The senior staff had continued with the work of the registered manager to provide planned supervision sessions, spot checks of staff practice and annual appraisals. There had been a number of new staff and internal promotions of staff since our last inspection. All staff informed us that the staffing was now far more stable than in the past and supervision sessions were planned and regularly carried out. Staff informed us the induction for new staff was well planned and informative providing the knowledge they required to support people.

We saw the service training matrix which identified the training provided to staff and further training planned. The registered manager had sought the advice and support of the local authority provider support team and a member of that team confirmed with us that they had provided training sessions. Staff informed us they had found this additional training from the local authority informative and helpful in the planning and delivery of support to people using the service.

Each support plan had a detailed assessment of the person's needs and plan of how the staff would support the person. The support plan explained how to support the person to maintain their health and wellbeing. Specific conditions were noted and plans were in place of how to provide the support required. A professional informed us they were very pleased and impressed with the support the staff had provided to a person when they started to use the service. They explained due to the care and thoroughness of the staff with the assessment and arranging the support package. They were no longer worried about the person's support being delivered as they had been in the past prior to them using the service.

Each person had a one page of important details within their support plan. This information had been recorded in the event that the person was admitted to hospital or attended a health appointment in the community. This was so that when accessing healthcare support the staff would know important information about the person in order to deliver the support required effectively.

People were supported to eat and drink according to their needs and preferences. A person informed us

about how with the support of the staff they had joined a club and had lost weight which was their choice over a year. One person informed us about how they went shopping for food and drink. They prepared a list with staff prior to the shopping trip but also added additional things as they saw them or took advantage of special offers. This meant the person was exercising choice regarding the food they purchased. They also explained how the staff helped them to cook and prepare meals.

It had been identified by the staff that not all people could focus to eat a main meal together and therefore staff supported people on a one to one basis with their food at meal times. We saw one person preparing snacks with staff which was their choice to eat that day. The staff knowing this had worked with the person to identify healthy options of snacks. They had discussed with the person and used pictures to communicate the differences in the various foods. The person told us, "I like the food."

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. Information recorded showed that best interest decisions had been made after discussion with families and other professionals to determine what was in the person's best interest. The senior staff were aware of their responsibilities regarding MCA and sought the advice of the local authority appropriately over situations as they had arisen.

Is the service caring?

Our findings

One person told us, "The staff are excellent at looking after me." Another person told us, "I like my staff they are kind." A relative informed us of the importance for their relative to have the same consistent staff. They were very pleased with the service as a small number of dedicated staff worked with their relative. The trust and rapport that had built up had meant their relatives quality of life had improved. They considered that they now did more than ever before and were accessing the local community.

One person told us, "The staff are always helpful." They further explained how important it was to them that staff did not rush them. They considered that as staff took time to support their independence this was also treating them with respect and understanding. The staff we spoke with informed us they enjoyed working for the service. One staff member told us, "I like this job because you can help the people and you can only do this if you are supported yourself, much happier working here than in my past jobs."

People using the service told us they were supported to express their views. We observed staff speaking with people to determine their thoughts and feelings about what they were going to do that day and why. We attended a staff handover and listened to how staff had supported people in the morning and how the staff had acted upon the choices people had made. One person that day had decided to get up much later than usual. Staff had checked that they were not unwell and had not disturbed the person until they were ready to get up. They had then provided them with a late breakfast of their choice.

Each person had their own support plan. We saw that time had been taken to write the support plan with people in a positive person centred way. The plan focussed upon the persons needs while also took account of how the needs were to be met and peoples preferences such as food, bathing or showering and the agreed times for support. The staff we spoke with demonstrated a good knowledge of the needs of the people they were supporting. One person informed us that they liked a routine and this included attending events in the community. They were pleased that the staff were aware of this and supported them in plenty of time to prepare for each event and supported them to attend the activities of their choice.

We spoke with staff supporting people that would not be able to verbalise a complaint should they need to do so. A member of staff explained how they had worked with people for a considerable period of time and gave examples of when people had been in pain or unhappy which they could tell by their body language and non-verbal communication. They gave examples of how they had then responded to them. They also explained that the service worked with other professionals and advocates to support people. A relative confirmed with us that the staff had got to know their relative very well and would be able to respond to their needs. They considered this as caring for their relative as well as promoting their dignity.

The people we spoke with said they made decisions about the support they received. One person told us, "The staff are kind and respect my choices." We were made aware of incidents where staff had stayed with people for longer than the allocated time when the situation such as illness required them to provide additional support. The service had arranged for their next appointment to be covered, so that the staff could stay with the person until the situation was resolved.

Is the service responsive?

Our findings

People told us that they had been included in the planning of their care. This had helped them to improve or maintain their lives in their own home. The person-centred care plans were developed from the assessments and had recorded as well as the persons needs their likes, dislikes and preferences. They had been written in conjunction with the person and had been signed with regard to consent. The plans were sufficiently detailed in order that the staff would know, understand and be able to provide the care to the person as they wished.

Prior to providing any support the service undertook a detailed assessment to determine if it could meet the person's needs. We saw that the assessments were recorded in the person's care plan. The assessment had been used to write a support plan which was updated appropriately through reviews at set times and also on an as required basis. The service had taken account of peoples religious and culture needs. The service worked with people and their families to fulfil those choices, so that the focus of a person-centred service was paramount at all times.

People received support which was personalised and responsive to their individual needs. The care plans were written in a positive and person-centred way. For example focusing upon what the person could do for themselves and what the person required assistance with.

The support plans we viewed were detailed to show how people would like to receive their support and allow the person to have as much choice as possible. The support plans contained personal information including life history about the person and their preferences which would show how they liked to receive their care and support. People who used the service thought that their support was focused on their individual needs.

The daily records showed people's needs were being appropriately met. All the people we spoke with said that the staff completed the daily notes each day. We saw in the support plans that as well as regular planned reviews, further reviews had been taken in response to events and changes made.

The service had a policy and procedure for the recording of complaints. We saw that information had been carefully recorded and the service had responded to the complaint as per policy. Staff had tried to resolve complaints and the lessons learned had been shared across the service for the benefit of all concerned. A senior manager explained that people could make complaints and they would be dealt with fairly and appropriately as per the procedure. They considered that the staff and themselves were pro-active at resolving any issues as they arose. This was confirmed by the staff we spoke with.

A senior manager told us that they used supervision to learn how staff resolved issues as they arose, but were confident that staff would raise a complaint on behalf of the person if they were not able to do so themselves. They told us that they would investigate a complaint and put into practice for the benefit of all, any lessons that could be learnt. We noted that the service had received a number of compliments from people using the service and relatives. These were about overall satisfaction or to thank the manager and

staff for individual circumstances.

At the time of our inspection, the service was not supporting anyone that was terminally unwell. However, the senior staff had considered that people through their choice may wish to stay with the service when they were extremely unwell. The view was to work with other professionals should this situation occur to support the person as per their choice. The senior staff were working upon advance planning for such events to be introduced for discussion as part of the review process.

Is the service well-led?

Our findings

At the last inspection in May 2017, we found the service did not have systems established and operated effectively for good governance.

At the last inspection this key question was rated as 'requires improvement'. At this inspection, we have judged that the service has improved to 'good'.

Since our last inspection the senior staff had reviewed the audit process. This was so that once the audits were carried out any findings would be carefully considered and changes made to the service delivery under careful monitoring.

At the time of this inspection the registered manager was not working. The service had informed the Care Quality Commission of this information and the service was being managed on a day to day basis by the registered managers, line manager.

The senior staff visited the various parts of the service regularly to provide on-going managerial support, listen to the views of the people using the service and to monitor any changes that had been introduced. We saw from the interactions of smiling and joking that the people who used the service knew the managers and staff well. Staff also informed us that morale had improved and the turnover of staff was greatly reduced. Another member of staff considered that with the improved stability of the staffing the keyworker systems were working well. The amount of agency staff used in the service had decreased and when agency staff were employed they were the same regular staff. This meant the staff had been able to build up relationships with the agency staff to provide consistent support to the people using the service.

To provide support for staff there was an on-call service which meant that staff on duty could contact a senior manager over the 24 hour period for advice and support.

The senior staff had worked on the quality assurance systems which were now well developed. Members of staff had been assigned responsibility for completing a range of checks such as medicines to ensure that people were receiving their prescribed medicines. There were further audits of support plans, people's finances and staff training. Where shortfalls were identified the senior staff investigated and took action to improve the situation.

The staff worked in small groups in order to minimise the number of staff involved with each person and hence had developed a substantial knowledge base about the people they supported. Staff told us that they took pleasure in supporting people to maintain their independence and to support people to develop their interests, and celebrating achievements.

There were clear lines of accountability and responsibility within the management structure. There were policies and procedures in place which included information about how the service would check upon the quality provided and action to be taken. The senior staff undertook spot checks when they would

visit a person using the service and the care staff to check upon the care delivery. A member of staff told us, "I feel very well supported as you can speak with any of the managers and they will help you."

We saw incident forms had been completed and were analysed to look for learning points and any trends. The local authority arranged for some people to use the service and as a result undertook checks of quality. The information gathered was used to plan, develop and improve the service. Audit included speaking to the people that used the service for their views and checking upon medicines and staff supervisions had been carried out.

The service had actively sought and acted upon the views of people. This included an annual survey and regular one to one discussions with people to seek feedback. The information had been analysed and used to develop the service. This included arranging staff in small groups so that the same regular staff supported the person.