

Affinity Trust

# Affinity Trust

## Inspection report

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25 April 2019

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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 offers domiciliary care and support to a range of people living in their own homes and supported living tenancies. At the time of our inspection visit the service supported 28 people who received personal care including people living with learning disabilities.

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.

People's experience of using the service: People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments had been completed and provided detailed guidance for staff to follow. Incidents and accidents were managed effectively; lessons learnt were shared with staff to reduce the risk of further occurrences.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. A comprehensive induction and training programme was completed by all staff.

People told us they felt well cared for by staff who treated them with respect and dignity. People told us they were involved in their care, and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

Initial assessments were carried out to ensure people's needs could be met. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

Some people using the service required end of life care. Care plans recorded people's preferences for their end of life care.

Where required, people were supported to have sufficient food and drink and their health needs were regularly monitored. Staff followed the advice health care professionals gave them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. 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 supported this practice.

A complaints system was in place and there was information so people knew who to speak with if they had concerns.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Affinity Trust

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 and support to individuals within their own homes throughout the local community and people living in a supported living setting. 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.

Not everyone using Affinity Trust services received personal care support. The Care Quality Commission (CQC) only inspects the service received by people provided with their personal care and help with tasks related to personal hygiene and eating.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

**Inspection site visit activity** started on 16 April 2019 and ended on 29 April 2019. On 16 April 2019, we spoke with people and staff by telephone. We visited the office location on 25 April 2019. We visited people in their homes on 29 April 2019.

**What we did:** Before the inspection, the provider sent us a 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 information we held about the home, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

We also reviewed all other information sent to us from other stakeholders, for example the local authority

and members of the public.

During the inspection: We spoke with three people and one relative to ask about their experience of the care provided. We looked at four people's care records and medicine records. We spoke with the registered manager and two staff members. We looked at two staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- People told us they received their medicines as prescribed. One person said, "The staff give me all of my medicines."
- The provider followed the STOMP campaign which sought to stop the over-use of psychotropic medication to manage people's behaviour. The registered manager told us they held medication reviews to ensure people were not being prescribed medicines that were no longer required.
- At the last inspection medicine audits had not been carried out, these had now been introduced and actions were taken to address any concerns.
- Staff who administered medicines had received up to date medicine training and had their competency checked to ensure safer medicines management.
- Where people were prescribed medicines on an 'as required' basis some protocols did not include sufficient information for staff about the circumstances in which these medicines were to be used. The manager took immediate action to address this.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person said, "I feel safe with staff. They are my friends, best friends."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member told us, "Safeguarding is something that has potential to cause harm to people. If I saw it, I would report it to my manager or ring safeguarding myself. I did extra training on safeguard investigations to improve my understanding of the process."

Assessing risk, safety monitoring and management.

- People's care plans included risk assessments and staff promoted people's independence and freedom, as well as minimising risks to support their safety.
- Risk management plans were reviewed, individualised and contained clear guidance for staff to follow. For example, one person with challenging behaviour had known triggers which staff were aware of to prevent aggression. One of these included not taking the person outside during bad weather. This was effective as it prevented possible behaviours which may cause injury or harm to others.

Staffing and recruitment.

- There were sufficient numbers of staff to meet the needs of people using the service.
- The provider had robust recruitment procedures which ensured suitable people were employed.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Accident and incident analysis was carried out regularly by the management team to identify any causes or contributory factors and corrective actions took place.
- Case studies were discussed to ensure lessons were learnt from incidents. For example, one person showed aggression when a member of staff walked beside a person. It was discussed with staff who agreed to either walk behind or to wait to prevent future incidents.

# 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

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 needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. For example, one person wished to vote in a general election and staff supported them to do this.
- People were offered choices. For example, one person did not like baths due to their fear of slipping and preferred to have a daily shower, which staff respected.

Staff support: induction, training, skills and experience

- New staff had an induction which included training and a probationary period to ensure they were competent before working alone with people.
- Staff told us training was provided which ensured they had sufficient knowledge to support people and fulfil their role effectively. Additional training was provided when people's needs changed. For example, one staff member completed dementia training after they found the person being cared for had early onset dementia.
- Staff told us they were supported with regular supervisions and annual appraisals to support with their development and training needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were involved in meal choices and supported to maintain a balanced diet.
- Some people required constant supervision from staff when eating due to prevent risk of choking.
- Hospital passports included details of people's medical history and support needs to help ensure they received consistent support should they need to visit hospital.
- Annual health check forms were used to identify people's needs. We found these were not always accurate or kept up to date. We discussed this with the manager who said these forms would be updated immediately to reflect people's current needs.
- The registered manager worked closely with health care professionals and arranged support for people when it was required. One person said, "Staff help me to get appointments. My leg was bad, itchy and sore. My leg is better now after staff put cream on it, I don't have pain anymore."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us they had not needed to make any applications to the Court of Protection.
- Care records showed that people had consented to their care and our discussions with the manager and staff showed they understood the requirements of the MCA.
- One staff member said, "We speak to people regularly and involve people in everything possible."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated kindly by caring staff. Comments included, "The staff are nice to me. Staff help me to make my dinner. I get on with everyone here" and "I like it here. I get a bit upset sometimes, the staff look after me."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. People's likes, and dislikes had been recorded in care plans. One person's care plan said they enjoyed football and when we spoke to the person they said, "Staff talk to me about the football."
- People's religious, spiritual, and cultural choices were met and recorded in support plans. One person said they enjoyed a certain Easter egg as this was part of their family tradition. Staff ensured they had this every Easter.

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive and encouraged people to remain independent. One person had set themselves a goal to be more independent in the kitchen. With the support from staff, the person made their own breakfast on a daily basis.
- People's privacy was respected by staff. One staff member said, "We make sure curtains are closed and doors are shut when we support people. We make sure people have a towel and dressing gown by the door to cover them."

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

- People said they were involved in their care planning, one person said, "The staff talk to me about my care." The registered manager told us one person didn't wish to attend their GP and so the provider arranged for their GP to visit the person at home.
- Staff told us they always explained to people what they did when carrying out personal care.
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support others to raise their views, if required.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Personalised care plans were created which included information from the initial assessment along with people's likes and dislikes.
- People were encouraged to have full control of their lives. Staff observed people's abilities and proactively supported them to enhance their independence by setting goals. One person previously did not do their own laundry as it was believed they lacked understanding. Through observation and support the person was able to do this independently by staff putting a marker on the washing machine to show which setting it needed to be on.
- People told us care reviews took place with them and care records demonstrated people had signed their care plans. The reviews were person centred and showed people had set their own goals to achieve.
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.
- The provider used easy read formats and visual aids to support people to communicate effectively.
- People were supported to maintain relationships with their family and friends. One person told us they regularly visited a local café because they had a good relationship with staff who worked there and enjoyed the company.
- People were encouraged to go out into the local community and participate in activities they enjoyed. One person said, "The staff take me out to places and I go out by myself shopping."

Improving care quality in response to complaints or concerns

- People and relatives knew how to provide feedback to the management team about their experiences of care and felt confident this would be managed effectively.
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- Staff supported some people with end of life care. We found end of life care plans were in place and included people's funeral arrangements, preferences, cultural and religious beliefs.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and all the staff we spoke with, demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the centre of everything they did. Their values included, being committed, reliable, being honest and open, respectful, inclusive, creative and flexible.
- The provider used awards to praise staff when they had delivered high quality care. The registered manager told us this was carried out nationally by the provider to show appreciation for caring work carried out by staff.
- The provider had comprehensive quality assurance systems in place. This enabled the manager to collate information to show how the service was performing and identify where improvements were needed.
- The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People and their relatives told us any concerns raised were managed effectively. One relative told us about a complaint they had made and said, "The manager took everything on board. They take things seriously and listen to you. They took taken action regarding our complaint and did their job. It was fully investigated."
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- The service had a positive culture that was person centred, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns. One staff member said, "My manager (team leader) is spot on, [Name] is supportive, reliable and encouraging. [Name] is there twenty four seven. [Name] knows when I've reached my limit and helps out."
- Feedback about the service was encouraged. People had completed a survey of their views and the feedback had been used to continuously improve the service.

Continuous learning and improving care; Working in partnership with others.

- The provider worked in partnership with other services and had positive community links. The registered

manager attended local registered manager meetings, autism provider forums and working age adults' groups to learn new ways of working with people and to ensure best practise was being carried out.

- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people. One relative said, "Over the past nine months the service has really improved, and they do their best to carry out the care."