

Affinity Care and Support Services Limited

# Affinity Care and Support Services Limited

## Inspection report

74 Kingsway  
Prescot  
L35 5BW

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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 Care and Support Services Limited provides personal care and support to people in their own homes. Not everyone who uses this type of service receives 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 the inspection there were 2 people using the service and both were receiving personal care.

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

Risks to people were assessed and measures were put in place to minimise the risk of harm to them and others. There were effective systems in place to protect people from the risk of abuse. Recruitment processes were safe. Safe infection prevention and control procedures were followed to minimise the risk of the spread of infection. Medicines were managed safely; people received their medicines as prescribed.

People's needs and choices were assessed, and they had a care plan detailing how their needs were to be effectively met and their care plans were kept under review. People's communication needs were understood and met. People received the support they needed to maintain a healthy diet and their healthcare needs were well documented and understood. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and their dignity and independence was fully respected. People and relevant others such as family members were involved in the provision of care and their views about the service and the care provided were listened to and acted upon.

There was a complaints procedure which was shared with people and relevant others. The registered manager/provider viewed complaints as a way of improving the quality of the service people received. People were fully involved along with relevant others in planning and reviewing their care.

The registered manager/provider understood their role and responsibilities and they were committed to ensuring people received high quality, person-centred care with good outcomes. There were robust systems and processes in place to check on the quality and safety of the service and improvements were made in a timely way. There was good partnership working with others to make sure people received all round care and support.

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 and update

This service was registered with us on 27 May 2022, and this is the first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology.' This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people and family members about their experiences of the service as part of this performance review and assessment.

## 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 Care and Support Services Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service, family members and staff.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the provider.

#### Notice of inspection

This inspection was announced.

Inspection activity started on 12 June 2023 and ended on 10 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 1 person's family member about their experience of the care provided.

We spoke with the registered manager who is also the provider, and they were the only member of staff providing care to people at the time of the inspection.

We looked at a range of records. This included 2 people's care records. We looked at records related to the recruitment and training for staff. We also looked at a variety of records relating to the management of the service and how the provider monitored the quality and safety of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people and the registered manager/provider and electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks to people were assessed and any hazards identified to their health and safety were monitored and managed.
- People's care plans identified the risks they faced and provided clear guidance for staff on how to minimise the risk of harm to the person and others. Risks assessments and risk management plans were kept under review and updated to reflect any changes.
- Training in topics of health and safety such as first aid and fire safety was mandatory for all staff as part of their induction training. Staff were also required to complete training on the safe use of equipment.

### Staffing and recruitment

- People received care and support from the right amount of suitably skilled and experienced staff.
- Family members told us their relatives received their visits on time and they lasted for the full duration of the agreed call time.
- The fitness and suitability of staff was assessed through a series of pre-employment checks. An enhanced check with the Disclosure and Barring Service (DBS) was mandatory for all applicants before a job offer was confirmed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- There were effective systems and processes in place to safeguard people from the risk of abuse.
- The registered manager/provider completed training about how to identify and report abuse. They were knowledgeable about the different types of abuse and how to report any concerns about people's treatment and safety.
- The registered manager/provider alerted the relevant authorities of any allegations of abuse and worked with them to ensure people were safe and protected from abuse.
- Safeguarding training was mandatory for all staff as part of their induction training. People and their family members were provided with information about how to raise any safeguarding concerns.

### Using medicines safely

- Medicines were used safely.
- People received the support they needed to take their medicines by appropriately trained and competent staff.
- Details about people's prescribed medicines and instructions for use were detailed in their care plan and on their medication administration record (MAR). Records were updated to reflect any changes made by the prescriber.

### Preventing and controlling infection

- Safe infection prevention and control (IPC) practices were followed to minimise the risk of the spread of infection.
- IPC training was mandatory for all staff as part of their induction training, and they were given access to the providers IPC policies and procedures which were in line with current government guidance.
- There was a good supply of the right standard of PPE and the registered manager/provider reported they had no difficulties accessing supplies when needed.

### Learning lessons when things go wrong

- The provider had systems to ensure lessons were learned when things went wrong.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- An assessment of people's needs and choices was completed, and people's desired outcomes were used to develop their care plan.
- People and others such as family members were involved in the completion of assessments and care plans to ensure they fully captured people's needs and preferences along with how they were to be met.
- Assessments and care plans were regularly reviewed and updated to reflect any changes in people's needs or any changes people wished to make.
- Family members told us their relative received the right care and support.

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 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.

- At the time of the inspection no person using the service lacked capacity to make decisions about their care. However, there were systems in place to assess people's capacity if this was needed.
- The registered manager/provider had completed MCA training. They understood the legal process for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.
- Care records included details of those appointed a lasting power of attorney (LPA). LPA is a legal document that lets a person appoint one or more people to help them make decisions or to make decisions on the person's behalf. A record of those people consented to discuss their care and support needs with was maintained.

Staff support: induction, training, skills, and experience

- There were systems for ensuring staff received appropriate training and support for their role.
- There was a comprehensive induction programme which all new staff were expected to commence at the

start of their employment. Induction training was in line with the Care Certificate, an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- The registered manager/provider had a system in place to track training progress and completion.

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

- People received the support they needed to maintain a healthy and balanced diet.
- Care plans included people's nutritional and hydration needs and any support they needed to eat and drink.
- Any concerns noted regarding people's diet were shared with family members for them to act upon.

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

- People received the support they needed to access other agencies, services, and support.
- In the main family members supported their relative in arranging and attending appointments, however the registered manager/provider would provide the necessary support if it was required. Family members provided examples of when the registered manager/provider had supported their relative with appointments.
- Care plans included the names and contact details of others involved in people's care and support such as social work workers, GPs, dentists, and pharmacists. Care plans were updated with any new information about people's care and support needs following appointments or consultations.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported to express their views and make decisions about their care.
- People were involved in their initial assessment when their views and decisions about their care were obtained and used to develop their care plan.
- Care plans included people's wishes and preferences such as their chosen name and preferred gender of carer.
- People were given the opportunity to comment about the care provided through regular discussions with the registered manager/provider and during care review meetings.

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

- People were well treated and supported.
- People's lifestyle choices and routines were understood and respected including their cultural and religious beliefs, important relationships, and routines.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence was respected and promoted.
- Care records contained information about how people's privacy, dignity and independence should be promoted. For example, how they wished staff to enter their homes and of the things people liked to do for themselves.
- Family members told us the registered manager/provider was very caring towards their relative and treated them with kindness and the upmost respect.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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; 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

- There was a personalised approach to planning people's care.
- Each person had a care plan held in their homes which reflected their needs and how they wanted them to be met.
- Care plans included people's preferences and wishes and were regularly reviewed with the person and or family members to make sure they remained current and up to date.
- Visit times were planned around people's needs and choices. People were involved in planning their visit times and they were reviewed regularly to make sure they remained suitable. Family members told us visits were attended promptly and lasted for the full duration of the agreed visit time.
- Relationships that were important to people and how they were to be supported were recorded in their care plans.

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.

- People's communication needs were assessed and planned for.
- Care plans detailed people's preferred method of communication and any aids they needed to enhance their communication.
- Information about the service was provided to people in a way they could understand.

Improving care quality in response to complaints or concerns

- No complaints had been received about the service. However, the registered manager/provider had a complaints procedure which clearly explained the process for making and managing complaints or concerns.
- The providers complaints procedure was made available to people and family members.
- The registered manager/provider told us they would view any complaints received as a way of improving the quality of the service.

End of life care and support

- At the time of our inspection the service was not providing anyone with end of life care.
- People were given the opportunity to discuss and plan for their end of life wishes and these were kept under review with them.
- End of life care training was made available to staff where this was required.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager/provider had a clear understanding of their roles and responsibilities, and regulatory requirements and they kept up to date with their learning and changes to the service provision.
- The registered manager/provider was member of several networks and groups including Liverpool Registered Managers Network, Skills for Care and Health and Social Care Providers group. They attended group meetings regularly where they accessed the latest information, shared ideas, networked and discussed relevant issues that affected their service and their role.
- The provider was committed to providing people with high quality care and had robust systems in place to measure and improve the quality and safety of the service. Regular checks and audits were completed on areas of the service and where improvements were identified they were actioned in a timely way.

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

- The registered manager/provider promoted a positive culture which was person-centred and inclusive.
- There was a culture of involving people and relevant others and encouraging people and others to speak up freely and feedback their views and opinions.
- Family members described the registered manager/provider as very caring, organised, and approachable and they described consistent positive outcomes for their relatives.

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

- The registered manager/provider understood their responsibilities under the duty of candour.
- The registered manager/provider had notified the Care Quality Commission (CQC) as required of significant events, such as incidents reported to the local safeguarding authority. The notifications showed the registered manager/provider had been open and honest and shared information about incidents with others that needed to know.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People, family members and relevant others were involved in the provision of care.
- The registered manager/provider obtained people's views about their experiences of the service using a

variety of ways including, during care visits, telephone calls, care review meetings and quality surveys.

- Family members told us the registered manager/provider communicated well and kept them up to date with any changes in their relatives care and changes to the service.
- The registered manager/provider worked in partnership with others to ensure people received all-round care and support to meet their needs. This included working with local authority commissioning and safeguarding teams and Infection prevention and control teams.