

Affinity Trust

Affinity Trust - Domiciliary Care Agency - Norfolk

Inspection report

Crome House
231 St Faiths Road
Norwich
Norfolk
NR6 7AP

Tel: 01603400321
Website: www.affinitytrust.org

Date of inspection visit:
17 November 2016

Date of publication:
07 February 2017

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

Affinity Trust - Domiciliary Care Agency – Norfolk is registered to provide personal care to people in their own homes. At the time of this inspection there were 27 people using the service who had a learning disability.

This announced inspection took place on 17 and 22 November and 19 December 2016.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However they were not available during the inspection.

CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People told us they felt safe. Risk assessments were in place and staff confirmed they followed them. Staff had an understanding of how to protect people from harm and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. People using the service were involved in the recruitment procedures, with only the most appropriate staff being selected for a job.

Staff were kind when working with people. They knew people well and were aware of their preferences, likes and dislikes. People's privacy and dignity were upheld.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed. People were provided with a choice of food and drink that they enjoyed.

Support plans were in place detailing how people wished to be supported and had been produced in conjunction with people using the service. People had agreed what care and support they needed and were fully involved in making decisions about their support. People participated in activities at their home or in the community and received the support they needed to help them to do this. People were able to choose how they spent their time and what activities they participated with.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible for everyone.

People had confidence in the management team and the way the service was run. The provider ensured the service was well supported and there were opportunities for people and staff to provide feedback about any improvements that could be made, and these were listened to and acted on.

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

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Risks to people had been assessed and managed to reduce the risks were possible.

People received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant that people's rights were being protected.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good ●

The service was responsive.

There was detailed information so that staff knew how people wanted to be supported. This meant that people received care

and support in the way wanted to.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

Is the service well-led?

Good ●

The service was well-led.

Staff were enabled to discuss any concerns they had with the management team and were confident to question any colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Audits and actions plans ensured that the quality of the service provided was being constantly reviewed and acted upon.

Affinity Trust - Domiciliary Care Agency - Norfolk

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 17 and 22 November and 19 December 2016 and was announced. We announced the inspection as it is domiciliary care agency and we needed someone to be available to help us with our inspection. The inspection was carried out by one inspector.

Before we carried out this inspection we reviewed the information we held about this service including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications. A notification is information about events that the registered persons are required, by law, to tell us about. □

During our inspection we spoke with the regional operations manager, two members of care staff and three people who used the service. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records.

Is the service safe?

Our findings

People told us that having the staff support them helped them to feel safe. One person told us, "I feel safe and happy."

Risk assessments had been undertaken by a staff member trained to do so. Any risks to the person and to the staff supporting them were assessed. Staff were able to tell us how they followed risk assessments. This helped to ensure that risks to people were minimised but they could still carry out the tasks and activities they wished to. For example, one person had requested to go horse riding. A risk assessment had been completed and staff ensured that the person always had the right clothing and protective equipment on. They also helped the person to get on horse safely by using a ramp and there was a staff member each side of the horse in case the person needed further help. This meant that the person had been able to do something that they enjoyed but the risk had been minimised to try and keep them safe. We saw that risk assessments had been reviewed and updated where necessary.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were knowledgeable about contacting the appropriate agencies responsible for safeguarding if ever they needed to report any incidents or if they had any safeguarding concerns.

Accident and incident forms had been completed when necessary. Staff had completed a paper form which was then uploaded to the computer system. This was then colour coded in accordance with what level of management needed to be aware of the incident. For example, one person had been refusing to take their medication. The behaviour team and operations manager had been involved to ensure that any necessary action had been taken. Staff were able to describe the correct procedure to be followed if there were any accidents or incidents and how they would record it. The regional operations director stated that they were reviewing any accidents or incidents so that they could identify any causes and trends. This information was then shared during staff meetings to prevent reoccurrence of the accident or incident when possible.

We saw that there was a sufficient number of staff working to meet people's needs. The regional operations director told us that there was an "Establishment document" that was updated every month. This included what hours of support people needed and also included extra hours to cover staff sickness, absence, annual leave and training. This then calculated the number of staffing hours required. The regional operations director stated that this was normally staffed by permanent and relief staff but when needed agency staff had been used. Staff told us they had time to meet people's needs and provide them with the support they required.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and acceptable criminal records checks had been completed before they were employed. The regional operations director told us that prospective staff had to meet the people they would be working with. This had helped to identify staff's suitability for the job. This

showed that appropriate checks had been carried out and staff were assessed as suitable to work in the service.

Medicines were administered by staff who were trained and assessed to be competent to do so. Staff told us and records confirmed that they had completed an administration of medicines training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medicines in a safe way. Relevant medicines administration guidance was provided and being followed as appropriate. Each person had a medication risk assessment in place. The regional operations director told us that the provider was in the process of introducing a new medication audit for the registered manager to complete on a regular basis. They also stated that when staff had made any errors in the administration of medication they had to complete extra training and completed a further competency test before being allowed to work unsupervised.

Personal emergency evacuation plans were in place for each person. This meant that staff had the information they needed if people needed to be assisted out of their homes in an emergency. Contingency plans in place for any foreseeable emergencies that may occur.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for s are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments and DoLS applications had been completed. When best interest decisions had been made these had been recorded in detail. Staff had a good understanding of the principles of the MCA.

Staff told us that the training programme equipped them for their roles. New staff completed a thorough induction including the Care Certificate. The Care Certificate is a nationally recognised qualification. The regional operations director stated that all staff were required to complete training in emergency first aid, food hygiene, health and safety, manual handling, MCS and DoLS, safe handling of medication and safeguarding vulnerable people. The training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. Staff were offered the opportunity to complete management training where appropriate. Some staff also had extra responsibilities such as a health and safety representative which they completed extra training for.

Staff told us that they felt supported. They said that they received formal supervisions and regular meetings with a line manager when they were in their probationary period.

Staff demonstrated to us a knowledge of people's special dietary needs and any food and drink preferences. People confirmed that they could choose what they would like to eat and drink and care staff supported them to prepare it. One person told us, "On a Sunday we decide the meals for the week, but we can change our mind if we don't want it."

The records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Each person also had a health action plan in place which included detailed information about any health issues and the support the person needed regarding them. One member of staff confirmed that when needed people were referred to the relevant healthcare professional. They stated that one person's mental health had recently deteriorated and they had made a referral to the GP and a psychiatrist which they supported them to the appointments so that they could get the treatment that they required. This had resulted in the person's

health improving.

Is the service caring?

Our findings

We found that people were being looked after in a caring way. People told us that they were well-looked after because staff were kind and caring. One person told us, "The staff are best at looking after me, they are nice to me." Another person told us, "I get on with the staff really well. If ever I have a problem I can speak to them." Staff told us they treated people how they would want their relatives to be treated. They also stated, "We respect we are in the person's home and respect it. We try to give people choice in every aspect of their life."

We saw that staff worked in a respectful manner with people. When one person was concerned about something they thought may have happened the staff member discussed the situation with them and asked them questions about it. This gave the person reassurance about the issues they had been concerned about. One member of staff told us, "We build good working professional relationships with people."

People's support plans included detailed information about what was important to them as an individual. Staff were aware of what made people happy. One person's support plan stated they liked they liked certain routines to be followed. The person confirmed that staff had followed the routines and this made them feel happy. One person told us that the staff were helping them to build their confidence so that they could go out more.

Support plans had been written in a way that promoted people's privacy, dignity and independence. For example, one person's support plan stated that they liked to go to the bank to withdraw their money. However, if there was a long queue this could cause them to become anxious. In order to avoid this staff should call a friend or staff member so the person could talk to them whilst waiting.

One member of staff told us, "I only share information about the people we support on a need to know basis. We keep information confidential." One person told us that when staff supported them with any personal care this was always done in private. A member of staff told us, "Staff always knock on people's front doors and bedroom doors to ask if they can go in."

People were encouraged to maintain contact with their family. One person's support plan stated that it was important to the person to, "keep in contact with my family".

People were encouraged to make decisions where possible. The support plan for one person stated, "I like to show my support plan to all new staff. Please ask me to go through it with me. I will answer any questions". The communication profiles explained to staff how to offer people choices such as showing them different choices.

When one person had needed independent help to make some important decisions the registered manager had arranged for an advocate to support them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People received personalised care in the way that they wanted to. People had talked to the staff about the goals they would like to achieve. One member of staff told us, "People are really involved in their support plans. They tell us what they want in it." One person said, "I decide what I want to do and where I want to go." They also told us they were involved in the reviews of the support plan and stated, "If there is anything I want to add or change I can."

The support plans were detailed and contained a lot of information for staff to enable them to meet people's needs. They were written in a very positive manner and included information about the individual and what they could do for themselves. Where needed there was also detailed behaviour plans so staff were aware of how to support people in a consistent manner. One member of staff told us, "The best thing about working here is that we are all working the same way." The support plans contained important information such as what a good day or bad would look like for the person. They also contained people's life history, the most important things to them, staff profile that they would prefer, daily routines and weekly activities and people who are important to them. Each person also had a health action plan so that any health conditions or appointments could be monitored and action taken when necessary. Each person also had a communication profile so that staff were aware of the best way to communicate with each person. One member of staff stated, "It's easier to find the information about people as it's in smaller sections rather than one big folder with everything in it." All of the documents we looked at had been reviewed regularly to ensure they were up to date and any changes had been made as necessary.

Staff helped people to plan and co-ordinate activities according to their interests. As well as some people attending day centres, activities were also organised in their own home and community. People told us they enjoyed spending time with staff. One person told us that they made their own choices about what they would like to do during their support but had requested a list of ideas they could choose from. They said that this had been sent to them and it had helped them to try out some new activities. Staff supported people to take part in various activities such as horse riding, swimming, going to the cinema, shopping, trips to cafes and restaurants and going to the gym. One member of staff also told us that they were supporting a person to try out a new voluntary work placement by working with them on a safe way of getting to the shop. This involved travelling the route on public transport with them until they were confident to do it alone.

There was a complaints procedure in place. This had been provided to people in an easy read version. One person told us that a new member were not always aware of how they liked things to be done. They said that they had reported this to their keyworker who ensure that all staff were aware. The person said that they were happy that this had resolved the issue. We looked at the complaints record, we saw that a complaint received from a relative of a person who uses the service had been dealt with appropriately.

Is the service well-led?

Our findings

Although there was a registered manager in post they were not available on the day of the inspection. The regional operations director spent time with us in the office and facilitated the inspection.

There was a positive culture within the service and the regional director explained that the values for the service included treating people with respect and dignity. They also stated that their values included always being honest, reliable and transparent. There were posters with the provider's values in the office. The regional operations director stated that work was in progress to send staff thank you cards when they had demonstrated the right values in their work.

Although satisfaction questionnaires had previously been sent to people the regional operations director felt that this could be improved. They were concerned that some people would require the support of the staff they were commenting on to help them complete the questionnaire. Arrangements had been made so that in the future an independent person would visit each person to ask them their opinions on the service they received. This information would then be collated into a report and if needed an action plan. The previous questionnaire had identified that one person would like to be involved in interviewing new staff so this had been arranged for future recruitment. The registered manager also visited each person that used the service on a monthly basis to discuss with people if they were happy with how they were being supported. The registered manager also observed how the staff worked with people to ensure they were following people's support plans and the correct procedures and provider's policies.

Staff told us that they registered manager was approachable and always available when they needed them. One member of staff told us, "I wasn't sure how to do something so I phoned my manager and they are coming to show me." Staff meetings were being held every six to eight weeks. Staff confirmed that they could add to agenda and discuss any issues they would like to raise. For example one member of staff told us that they had requested that information was held in the works vehicles about places of interest and emergency contact details. This had been provided. This meant that staff could be confident their views would be acted on.

A representative of the provider completed a quality monitoring visit with the registered manager once a month. This resulted in a detailed action plan which was updated when actions had been completed. The provider's health and safety officer also completed a regular health and safety audit of the service which had identified any areas for improvement. Medication audits were also carried out to identify any issues. A key quality audit was also carried out annually. This audit including looking at the statement of purpose, ratings display, recruitment records, staffing levels, training, keeping people safe, supervisions and complaints.

People were involved in the running of the service. People had monthly meetings with their keyworker (a named member of staff who supported them with certain tasks) to discuss the previous month and make any plans for the future. This meeting was also used to ask if they would like anything done differently or if there were any ideas for any improvements to the service. People were also involved in the recruitment of new staff. People were involved and the interview stage and staff were allocated to work with people according to shared interests. When people had requested a different member of staff this had been

respected and acted upon.

The regional operations manager told us they liked to empower the staff to take more responsibility in their roles by developing their abilities and confidence through training and support. Staff were supported to completed extra training and obtain promotion within the company.

Staff were aware of the whistle blowing procedure and when needed had used it. This had helped to ensure that only the right people continued to be employed in the service. This also showed that the service had an open and honest culture.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops, pubs, restaurants and banks.

The registered provider had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC when needed.