

Affinity Trust

# Affinity Trust - Domicilliary Care Agency - Southend and Essex

## Inspection report

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22 July 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 13, 18 and 22 July 2016 and was announced.

Affinity Trust – Domiciliary Care Agency – Southend and Essex is registered to provide personal care for adults with physical disabilities, learning disabilities and/or autistic spectrum conditions who live in shared or self-contained accommodation. At the time of our inspection care was being provided to 37 people.

A manager had been appointed on 4 April 2016 and was in the process of becoming registered with the Care Quality Commission. 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. The manager was supported by a team of support managers to ensure the daily management of the service.

The registered provider's quality assurance systems and processes were not always robust and had not identified the issues we had acknowledged during our inspection. The arrangements for the administration and management of medicines had not been appropriately managed to ensure people's safety and well-being. The manager provided an action plan as part of our inspection which they confirmed had been implemented immediately to improve practice in this area.

Although staff had received training on a range of subjects they had not received sufficient specialised training to effectively meet the individual needs of people using the service.

People told us they felt safe. The registered provider had effective recruitment procedures in place to protect people from the risk of avoidable harm. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. The manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

Care plans were person centred and included people's preferences and individual needs. Care plans were regularly reviewed. People told us they were happy with the care and support they received; they were treated with dignity and respect and care was provided in a kind and caring way. People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. Where required people were supported to access health and social care professionals and services.

The registered provider had a formal process for handling complaints and concerns. They sought feedback from people who used the service and staff and analysed this information to help improve the quality of the

service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People's medicines had not always been managed safely. There had been 37 medication errors in the 12 months prior to our inspection. The manager was aware of this and was working to improve this practice for people's safety.

People were protected from abuse. Staff had received safeguarding training and knew how to report any concerns.

Staff were only employed after all pre-employment checks had been satisfactorily completed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not receive specialist training to enable them to provide effective care and support.

Staff understood the principles of the Mental Capacity Act 2005.

□

People were supported to eat a balanced diet by staff who knew their likes and dislikes.

People were supported to access health and social care professionals when needed.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff that were kind and caring.

Staff respected and promoted people's right to privacy and dignity when delivering personal care.

People were supported to access advocacy services.

### Is the service responsive?

**Good** ●

The service was responsive.

People had their care and support needs assessed and reviewed. People were supported by staff, where needed, to access activities in the local community and to enjoy their hobbies and pastimes.

People felt listened to. There was an effective complaints system in place.

**Is the service well-led?**

The service was not always well led.

The registered provider had quality assurance systems in place but these had failed to identify the shortfalls we identified at our inspection. Immediate actions to address these had been taken to improve the quality of the service but these had not been embedded.

Staff told us that management was supportive.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

**Requires Improvement** 

# Affinity Trust - Domicilliary Care Agency - Southend and Essex

## **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 the 13, 18 and 22 July 2016 and was announced. We gave the service 48 hours' notice of the inspection to ensure the manager was available to assist us with the inspection. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we spoke with three people who used the service, nine members of staff, the manager and the regional director. We also spoke with other health and social care professionals and agencies who worked with the service to gather feedback about the service. We looked at a range of records including five people's care plans and records, three staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

# Is the service safe?

## Our findings

Medicines had not always been managed safely. We looked at the arrangements in place for the administration and management of medicines. We asked to see the previous three months' Medicine Administration Records (MARs) for eight people. Staff were unable to locate all the MARs and did not know where the missing MARs were. There were some gaps where medication had not been signed as administered within the MARs we were able to review. Where medications required time specific administration, records did not record actual times of administration, for example 'Alendronic Acid' which needed to be administered 30 minutes prior to other medication. Therefore the service could not evidence or be assured that this medication had been administered correctly to ensure its effectiveness as prescribed.

Although training records confirmed staff had received medication training and had their competency checked on an annual basis, we found that systems for the administration and management of medicines were not safe. There had been a significant number of reported medication errors in the last year; these errors occurred and reoccurred despite staff undertaking competency assessments and refresher training. The high level of medication errors placed people who use the service at risk. Although records showed that on some occasions medical advice had been sought following a medication error and indicated that these omissions were unlikely to have caused significant harm; this demonstrated that medicines had not been administered in a safe manner.

The registered provider's Medication Policy states that monthly audits of people's support plans, MARs and all other relevant medication records should be undertaken to ensure its medication systems are robust. We asked one of the team leaders whether medication audits had been carried out at the part of the service they worked at. They told us that they undertook visual audits but had not recorded their findings. They said they were unable to carry out formal audits as the provider did not have a medication audit template. During our inspection we found no formal medication audits had been undertaken by management and there were no robust systems in place to investigate medication errors or identify concerns and trends to make any necessary improvements and ensure medicines were managed safely.

We discussed our findings with the manager who was aware of the high number of medication errors within the service. They told us medication was going to be discussed with support managers at a meeting scheduled to take place the following week. They said, "It is my duty to support staff to minimise medication errors and to understand the role they play [in the administration of medication]." They also told us they would be speaking with the registered provider and implementing an action plan to address all areas of concern. We received the action plan from the manager within a few days of our inspection which they confirmed had been implemented with immediate effect. The action plan was robust and needed to be imbedded to ensure sustained improvement practice.

There was enough staff to meet people's needs. During our inspection we observed that there were enough staff to meet people's needs; people were well supported and provided with care quickly when needed. We did however receive some conflicting feedback from staff and professionals regarding staffing levels. Comments from staff included, "There has been a lot of staff changes and it's not stabilised yet but we are

getting there; I feel there is enough of us [staff];" and, "There is not enough staff they have difficulty recruiting and they use too much agency staff." One healthcare professional told us how they felt the staff to resident ratio was inadequate due to the diverse and complex needs of people who used the service. Another said, "[Person's] key worker was wonderful but problems had arisen due to shortage of staff. They are recruiting and hope to address this problem. This has caused concerns for my client." The regional director informed us there were a number of vacant posts due to internal promotion and they were actively recruiting to backfill these posts; they said, "Staffing levels are reviewed monthly and at 121's and managers meetings. We use agency staff at [name of service] only as we have vacancies there but we are actively recruiting and need to re-stabilise. We try and use the same agency staff who are known to people to ensure consistency."

People using the service told us they felt safe. Feedback included, "I feel safe, they [staff] look after me and give me the support I need;" and, "I like living here much better than my last place. They help me with my meds, I feel safe." People were protected from the risk of harm and abuse. Staff had been trained in recognising the signs of abuse and understood the importance of keeping people safe and protected from harm. The service had safeguarding and whistleblowing policies in place. Staff we spoke with were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. They were aware that they could report any concerns to outside authorities such as social services or to the Care Quality Commission (CQC). One staff member told us, "I would report any concerns straight to management. If I was not happy with the way they responded I would take my concerns higher. I would absolutely use the whistle blowing policy if I had to." Another said, "I have had safeguarding training and would get in touch with my line manager if I suspected abuse. If my line manager didn't deal with it I would speak with their manager. If I remained unhappy I would call you [CQC] or the safeguarding team." The registered provider kept a record of safeguarding alerts and the action they had taken as a result of the alerts. For example we saw that procedures for the management of people's personal finances had been reviewed and amended to ensure a more thorough system was in place to safeguard people's personal monies.

The risks to people's safety had been assessed and recorded. Risks to people's individual safety both within their own home and the community had been routinely assessed. Management plans were in place for people where risks had been identified and, where appropriate, strategies had been developed to ensure people, staff and people in the community were kept safe. Staff told us they had the information they needed to support people safely.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews and seeking references. Staff told us that there were not allowed to start employment until all the pre-employment checks had been completed. One member of staff said, "They're very strict, I wasn't allowed to work before my references and DBS check came back." Another said, "My starting date was put back as one reference didn't come back till late." The recruitment records we looked at confirmed that appropriate checks had been undertaken.

We found care records contained personal emergency evacuation procedures (PEEPs) for people who used the service. These were personalised to take account of people's specific support needs however some of the PEEPs we looked at contained limited or no information. We discussed this with one of the support managers who told us that people's PEEPs were in the process of being updated to reflect a 'stay put' policy in the event of emergency such as fire.



## Is the service effective?

### Our findings

Staff did not always have the correct skills and knowledge to provide effective care to people. Improvements were required to ensure staff received specialised training to enable them to deliver effective care. Records showed that staff had received training on a range of mandatory training modules. However, with the exception of epilepsy awareness, epilepsy medication and Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention and Prevention (PROACT-SCIP) training, staff had received no other specialised training. Staff told us that the lack of specialised training had negatively impacted on their ability to deliver quality care. For example staff told us they were unable to communicate and engage effectively with one person using the service as they had not received British Sign Language (BSL) or Makaton training. This caused the person, and staff, frustration. It also affected the person's ability to live independently and achieve their goals and aspirations. One member of staff said, "I refuse to work with [name] as I want the correct training. I find it very frustrating that I cannot communicate with them." A support manager informed us they had repeatedly requested mental health and autism awareness training and that the registered provider was aware of these training needs; they said, "Some staff are booked on autism awareness training next week but we have felt the pressures of not having this training and even though some [staff] may have had training in previous jobs we do need refreshers." Staff also told us that they relied on a relative to inform their knowledge and understanding of a person's condition as they had not received relevant training.

We discussed the delivery of specialised training with the manager who told us they would be reviewing staff training and would be arranging for staff to receive BSL and Makaton training. We were not assured that improvements regarding specialist training would have been made by the provider without the unannounced inspection taking place. Staff had not received the appropriate training necessary to enable them to carry out the duties they were employed to perform and support people effectively.

Staff supervision records and reviews of their performance were uploaded onto the registered provider's computerised system; however, when we viewed some of these records we found that not all supervision records had been uploaded. There was also no evidence that some staff had received an annual review of their performance. This meant that some staff may not have received a structured opportunity to discuss their responsibilities and to develop in their role and this needed to be improved. Despite this, staff told us they felt supported, received regular supervision and support managers and team leaders were always available for support and guidance. Feedback from staff included, "I have regular supervision, they are helpful, they [manager] give me feedback and I can discuss any issues I have, its good;" "I get regular supervision and I have been observed supporting people;" and, "Supervision is more frequent as of late it wasn't before."

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received a thorough induction when they started working at the service which included shadowing other staff, fire safety and emergency procedures and getting to know people using the

service. One member of staff said, "I had a two to three week induction shadowing very experienced staff and watching people's routines and getting to know how to deal with situations that arise for example what to do if a person has a seizure." Another said, "One of the first things I was asked to do was to read people's care plans. You will not be left on your own until you are at the point you feel comfortable in your role." All new staff were required to complete the Skills for Care 'Care Certificate'. The Care certificate is a training course which enabled staff who are new to care to gain the knowledge and skills that will support them within their role.

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. Any decisions made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking the mental capacity to make a specific decision for themselves, assessments had been undertaken and best interest decisions had been taken to promote the person's best interest, for example medication intervention. Records confirmed that 89% of staff had received MCA training. Staff we spoke with were able to demonstrate the key principles of the Act and were aware that people had to give their consent to care and had the right to make their own decisions. The registered provider was aware of their legal requirements relating to the MCA and records showed that people had had their capacity to make decisions assessed where appropriate. This told us people's rights were protected.

People were supported to maintain a balanced and healthy diet. People were supported, dependant on their individual needs and capabilities, to shop and prepare meals. People's food dislikes and likes were recorded in their care plans. One person told us, "I choose what I want to eat and help do the cooking."

People were supported to access healthcare services such as hospital and GP appointments. A log of health appointments in people's care records demonstrated people were supported to attend appointments and the outcome of health appointments was recorded. Each person had a Health Action Plan and a Hospital Passport which contained information about the person's personal and medical needs. This ensured hospital staff would know how to provide consistent care and support for people in the event of a hospital admission. People were supported to maintain their health.

## Is the service caring?

### Our findings

People who used the service told us that staff were caring and kind. Comments included, "All the staff are pleasant and give me all the help I need and always speak to me nicely;" "Staff are alright;" "Staff are nice especially this one;" and, "They help me, they're not always perfect but they are most of the time, I give them 8 or 9 out of 10." During our inspection we were able to observe some interactions between staff and people. We saw staff treating people with respect and speaking with them in a kind and caring way. People were comfortable and relaxed in the presence of staff.

People's privacy and dignity was respected. The regional director told us privacy and dignity formed part of staff induction, they said "It's innate to what we do." One member of staff said, "I always respect people's wishes. I ensure all doors and curtains are closed if I am providing personal care. If we go out in the community with people we don't wear our badges so people don't think 'they're with their support worker'. One person I support finds it hard to chew their food and people stare so when we go out to eat I ensure we go in a private area so they can sit and enjoy their food."

People told us that staff supported them to gain independent living skills so they could do as much as possible themselves; they valued this as it was important to them. One person said, "They support me well and help me to live on my own; I like living on my own. They help me to cook and tidy up and they also help me with my autism and anxiety issues."

People's diversity needs were respected and included in their care plans. If required, people were supported to access religious support and services in the local community.

People were given information such as care plans, service user guide and the registered provider's complaints procedure, in a way that they could understand for example 'easy read' or pictorial formats. People were also given pictorial rotas so they knew what staff would be supporting them each week.

The service had information on advocacy services and some people using the service were supported by an advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. An advocate told us, "I have always found Affinity Trust to be professional and the standard of care to be good. I have not had any bad feedback from clients. When and if a problem arises, not often, I am asked to attend meetings and the staff seem to put the interest of the client first and do their best for a good resolution."

## Is the service responsive?

### Our findings

People's care and support needs were assessed by the registered provider prior to them using the service. A care plan was then put in place to provide guidance to staff on the support and care people needed. The care plans we looked at showed that people's life history, preferences, wishes and choices had been taken into account. People's care plans were regularly reviewed to ensure people's needs were up to date. An annual review was also undertaken with input from health and social care professionals and, where appropriate, people's families and advocates.

With the exception of one care plan, all of the care plans we looked at were person centred and contained sufficient information to enable staff to provide care to people. We noted a psychologist employed by the registered provider had regularly visited the service to provide support for a person who had complex needs. A support manager told us how the input from the psychologist had been very positive for the person and for the staff supporting them. They said, "[Name of person] now comes to me and brushes my hand that's a phenomenal improvement." Prior to our inspection we spoke with a commissioner who told us, "The support is generally person centred in nature and the outcomes for adults, some of whom have proven difficult to support in the past, are positive."

People's needs were discussed at handover meetings, recorded on the person's daily notes and communication book and discussed at staff meetings. This told us that staff were kept updated of any changes to people's individual care and support needs.

People were supported by staff, where needed, to access activities in the local community and to enjoy their hobbies and pastimes. Some people were also supported to go on holidays.

People had been provided with a pictorial easy read service user guide. This contained information on what the service provided and included information about how to make a complaint or raise a concern. The service had a written and pictorial complaints policy and procedure. All complaints were logged onto the registered provider's computerised system which enabled the registered provider to check complaints had been dealt with within timescales. The regional director told us, "Concerns are just as important. We want to learn from them and see what we can do differently. Nothing is always perfect but we want to get better." People told us if they were unhappy about the service or wished to make a complaint they would speak to staff or management. One person said, "If I'm unhappy I would tell [names of managers]. They would do all they could to help me but I don't really have any problems."

The service gathered people's views about the service through an annual survey. We saw that there were 9 responses to the last survey carried out in August 2015. 100% of respondents expressed satisfaction with the care and support they received and 89% felt they were involved as much as they would like to be with their support planning. The registered provider had analysed the results of the survey and had developed an action plan to improve service delivery.

## Is the service well-led?

### Our findings

The service had a manager in post since 4 April 2016 who was going through the process to become a registered manager with the Care Quality Commission. There had been a number of management changes within the service, including a period of time when there was no registered manager at the service; this had impacted on the service provided. We received variable feedback from health and social care professionals about the service. Some of the feedback related to communication and that the service was not always proactive in reporting issues until they became a problem. One healthcare professional told us, "In the time I have been working with the service there has been a succession of support managers and it has been difficult to get input and intervention for my client; communication has not been very good." We discussed this with the manager and following our inspection the manager provided us with a Service Development Plan due to be implemented in August 2016; we noted one of the actions was to improve communication with health and social care professionals.

Registered providers are required to have systems and processes in place to assure themselves that the service people receive meet the regulatory requirements, is safe and of good quality. Robust quality assurance systems should enable the registered provider to identify risks and shortfalls within the service and to take appropriate action to drive service improvements where needed. Although the registered provider had systems in place they had not identified all the shortfalls in medication management and staff training and support we had found during our inspection.

Despite these shortfalls we found the new manager to be open to our concerns and willing to address the areas that required improvement in the service. They told us they were committed to supporting staff and ensuring people received a good quality service. During our inspection they had developed and implemented an action plan to address medication errors; they had also developed a service development plan. The regional director told us, "We now have a management team in place; some of these changes have been regarding staff internal development. This is a challenge as they are new to the management role. There is some 'bedding in' to do, and in terms of making improvements to the service. [Name of manager] is very experienced and I am confident we now have a good team in place."

The registered provider sought the views of people using the service through day to day conversations with people and through annual surveys. They were also in the process of arranging for surveys to be sent out to relatives and other external stakeholders such as health and social care professionals and commissioners. Staff also had the opportunity to feedback through the registered provider's annual staff survey. We saw the results of the 2015 survey which had been sent to 76 members of staff of which 15 responses had been received. The registered provider had analysed the responses and had developed an action plan to address the issues identified however we noted not all actions had been completed from the staff survey, for example to arrange for staff to receive Makaton training.

The manager had clear vision and values that were person centred and focussed on people being as independent as possible and having the opportunity to be active citizens. Staff were also committed to delivering good care and support which enabled people to live meaningful and fulfilling lives. Comments

included, "I like working here, it's nice to help people;" and, "I really honestly like the people I am supporting I can walk away with a smile on my face knowing I've done a good job."

The manager was supported by a team of support managers and team leaders. The manager was based in the service and the registered provider visited on a regular basis. Staff told us that the manager and support managers were approachable and very supportive. The regional director told us, "Affinity Trust is very much about valuing people and staff who are the crux of the organisation."