

Affinity Trust

# Affinity Trust Domiciliary Care Agency Suffolk

## Inspection report

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Date of inspection visit:

16 January 2017

01 February 2017

03 February 2017

23 February 2017

27 February 2017

Date of publication:

25 May 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Affinity Trust Ltd provides personal care and support to people in their own homes. People being supported would primarily have a learning disability but might also have another disability or mental health diagnosis. Some people have complex needs. Staffing is provided according to the person's individual assessed needs. At the time of this inspection, Affinity Trust - Suffolk was supporting 27 people.

The service covers supported living services at eight different locations across Suffolk.

Our previous inspection of 23 and 24 June 2015 found that the service required improvement. There was a breach in regulation that related to inadequate numbers of suitably qualified, competent, skilled and experienced persons. After the inspection, the provider wrote to us to tell us the action they were taking to meet the legal requirements. At this inspection, we found that further improvements were still required.

This inspection took place over five days and was an unannounced inspection.

The registered manager who was also the operations manager of the service was only in post on the first day of inspection. 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. A new operations manager had been recruited and was in post on the last two days of inspection and they were applying to become the registered manager of the service.

Improvements were needed to ensure that the way the service was staffed met the needs of the people being supported. This had been identified by the management team and they were in the process of addressing it. Recruitment of staff was done safely and checks were undertaken to ensure they were fit to care for the people using the service.

There were procedures and processes in place to ensure the safety of the people who used the service and staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

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. People's consent was sought before they were provided with care and support and the service was up to date with the Mental Capacity Act 2015.

People told us that they had good relationships with the staff that supported them. People and their relatives, where appropriate, were involved in making decisions about their care and support.

People were encouraged to attend appointments with other health care professionals to maintain their

health and well-being and the service worked closely with other agencies to meet people's needs. There was an open and transparent culture in the service and staff were very motivated. Staff understood their roles.

Improvements were needed in the quality assurance system to ensure effective oversight of the service and that the service continually improved.

## 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.

There were enough staff to meet people's needs.

Where people needed support to take their medicines this was done safely.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Agency staff did not have the required training or knowledge to support people effectively and people were not always provided with the continuity of care they required.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives, where appropriate, were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

People took part in activities they enjoyed.

Support plans were detailed, regularly reviewed and met

people's assessed individual needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

**Is the service well-led?**

The service was not always well led.

Although the service had a quality assurance system, checks had not been completed at all services on a regular basis and plans were not regularly reviewed.

There was an open and transparent culture. Staff were encouraged and well supported by the management team and were clear on their roles and responsibilities.

**Requires Improvement** 

# Affinity Trust Domiciliary Care Agency Suffolk

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 16 January, 1 February, 3 February, 23 February and 27 February 2017. The inspection was carried out by three inspectors.

Prior to the inspection, we reviewed the information we held on the service including information received from the local authority safeguarding team. We checked to see if any information concerning the care and welfare of people being supported had been received.

Before the inspection, we usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems, a PIR was not requested and we took this into account when we inspected the service and made the judgements in this report.

During our inspection, we visited two offices of Affinity Trust where we looked at the care records of 11 people, recruitment records of six staff members and records relating to the management of the service including quality and monitoring audits. We visited five of the supported living services. We spoke with six people using the services and two relatives. We observed the support provided to those who were unable to talk with us due to their complex needs. We also spoke with 13 staff including members of the management team and an agency staff member.

# Is the service safe?

## Our findings

At our inspection of 23 and 24 June 2015, we found that improvements were needed regarding staffing levels at the service. We had received information prior to the inspection that staffing levels at the services were not adequate to meet people's needs and we received mixed feedback regarding staffing from people, staff and relatives during the inspection. However, at this inspection, we found that improvements had been made.

Staff rotas showed that the minimum assessed staffing levels for each person were provided. The operations manager told us that recruitment was a continued challenge and the service was currently under recruited by approximately 210 hours. A combination of agency staff and regular staff were being used to cover the shortfall in hours and team leaders were also covering where required. Agency staff were no longer being used in some services. There was a strategy in place to address recruitment and the service were being creative in how they advertised and recruited for staff. One relative said, "I think they are doing their best by [team leader] coming in and doing more hours." They were also contacting the local authority to request funding for additional staff where people required two staff members.

Staff told us that there was always a member of the management team available should they need additional support or guidance through an on call system that was in place. One staff member said, "[Service manager and team leader] are always at the end of the phone. Yesterday, we had an incident. The on-call manger was on site quickly to assist. I was supported by on call manager and the team manager. I was sent home and the team manager has been on the phone making sure I'm ok."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date training in safeguarding adults from abuse and were aware of the provider's safeguarding and whistleblowing procedures [the reporting of poor practice]. They could recognise abuse and understood their responsibilities to ensure that people were protected. One staff member said, "I would tell my managers and write a report. I would call CQC and/or the police. We've got all that information." Another staff member gave an example of a situation that they had reported and said, "My first port of call would be [team leader] then there is an internal line, [service manager], [operations manager]. If I still didn't think it was being dealt with internally then CQC." This showed us that staff knew how to report abuse.

Where safeguarding concerns had been raised, the service had taken action to fully investigate the circumstances and actions had been taken to reduce the risks of future incidents which included disciplinary action and additional training.

The service had recruitment procedures in place to ensure that staff were suitable for the role. The process checked that staff members were of good character and were suitable to care for the people who used the service. Staff were subject to criminal records checks made through the disclosure and barring service (DBS). These checks assist employers in making safer recruitment decisions by checking the criminal history of those who wish to work at the service.

At our inspection of 23 and 24 June 2015, we found that some risk assessments did not contain enough

detail. At this inspection, we found this had improved and there were a range of detailed risk assessments in place which included actions to take to reduce any potential risks to allow the person to take part in activities such as going to the beach and bowling. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff felt that risk assessments provided them with the information they required to keep people safe and staff felt confident supporting people as there were clear instructions on dealing with risk. Risk assessments were regularly reviewed and updated and also reviewed if people's needs changed. This meant that staff were provided with the most up to date information on how to keep people safe.

Occasionally people became upset, anxious or emotional. Individual detailed plans were in place for people to provide guidance to the staff on how to support that person which included the things that may cause someone to become upset and the strategies to use. For example, when one person became upset it helped to give them time and space and to keep to an agreed routine. One relative said, "There are de-escalation techniques in the care plan and regular staff know [person's] triggers." Where risks were identified, people's choice and independence was still promoted, for example allowing the person to be in control and to lead the support they received.

There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff had received training in medicine administration and their competency was checked to ensure they followed good practice and people received their medicines safely. One staff member said, "You have to do a written assessment and three observed assessments before being signed as competent." Monthly audits on medicines were carried out and the pharmacy had recently completed an external audit of medicines held in one service. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on.

People had medication profiles in place which provided an overview of the medicines that people were prescribed, what they were for and any possible side effects that may be experienced. Where a person required medicines on an 'as required' basis (PRN) protocols were in place for staff to refer to and these had been signed by the person's GP to confirm that they agreed with how these medicines were being administered. One staff member said, "We have it all written in the folder. The PRN protocols are written out. We aim to avoid medication if it's not needed."

Where medicines were to be given 'as directed', for example, creams, there were body maps in place to tell staff where these were to be applied and how often. However, this was not in place in one service. In the same service where medicines had a variable dose, for example, take two to four 5ml spoonful's, it was not clear which dose should be given and when. The staff member on duty had a good knowledge of where to administer creams and when the person would require a specific dose. This meant that any risk to people was reduced. The team leader of that service told us that guidance would be put into place.



# Is the service effective?

## Our findings

At our inspection of 23 and 24 June 2015, we found that improvements were needed regarding staff deployment and in staff training. While there had been some improvement in this area, this still required further improvement.

Agency staff did not always have the same training as permanent staff and were unable to carry out all of the required tasks to meet people's needs. For example, agency staff could not administer medicines. One agency staff member said, "I'm not capable to take [person] out on my own because I can't do medicines." One relative said, "Person has not been out for two days because they have an agency staff member working with them. I asked if [agency staff member] could take [person] for a walk and they said no. [Agency member of staff] is not allowed to take [person] out or out for a drive because [they] have not had medication training." The same person's support plan stated, 'I need to be engaged throughout my day. Please ensure my plans for going out are followed.' Another relative said, "If agency workers are in the close at neighbouring properties, [person] has to have the day at home because they [staff] have to do medication for others." One staff member said, "If someone has medication at lunchtime, then we don't encourage them to go out around the time that medication is due. We ask them to be back in time for the medication to be administered or go out after the medication is given." This meant that the lack of trained staff was impacting on people's daily routines.

We discussed our concerns with the operations manager who told us that staffing levels had improved and the use of agency staff had reduced. The operations manager told us that going forward; only staff that have had training to meet someone's specific needs such as epilepsy will be able to provide support. They were also checking rotas so that staffing deployment could be proactively managed in advance rather than on a day by day basis to ensure that it had the minimum impact on people's daily living.

Staff had received training which was relevant and gave them the necessary knowledge for their roles such as British Sign Language (BSL) and autism. One staff member said, "We have had BSL training so we are able to sign key words. They explained that this had helped when one person was seen by the nurse recently and was able to have their blood pressure taken which hadn't been possible before. The staff member told us, "I think this staff training means staff can communicate with people better which means better relationships." Another staff member commented, "The training is awesome, they are continually putting training on for us. They cover everything really. They also put other little ones on like communication, that's really good and challenging behaviour." Where training was due to expire, we saw that staff had been booked onto refresher sessions. One person had recently been involved in a training session regarding their condition to provide an oversight to the staff team of their personal experience. We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met.

Team meetings were held regularly and staff received regular supervision. One staff member said, "We have supervision every four to six weeks and appraisals once a year." Staff told us that they felt supported by the management team. One staff member said, "[Support manager] is always there to supervise and guide us. [Support manager] is a good role model." Another commented, "One to ones with [team leader] are really

good. [Team leader] takes in everything and is really supportive." This meant there was an effective system to support and monitor staff so that they were delivering effective care for people.

Records demonstrated that staff had received an induction and training when they started work to help ensure that they followed safe working practices. One staff member said, "I went to the office and completed a booklet about things I needed to know and I looked at policies." Another staff member said, "I had three weeks induction and then shadow shifts." This ensured that new staff understood how a person preferred to be supported.

The service was up to date with current best practice guidelines in relation to training in health and social care and were aware of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. Some staff were completing National Vocational Qualifications (NVQ) in care to gain additional knowledge in the sector.

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. For people living in the community applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff members were provided with training and guidance in the Mental Capacity Act 2005 (MCA). Records promoted people's full involvement in making decisions that affected them. One person's care plan said, 'Please include me in decisions about my life not just on a day by day basis but on an hour by hour basis.' Records included documents which had been signed by people to consent to the care provided as identified in their support plans. Care records identified people's capacity to make decisions and where people did not have capacity, appropriate representatives had been involved and decisions made in people's best interests. One care plan said, 'Staff must use the least restrictive method at all times when supporting me.'

People were supported to choose their own menus and to cook their food. One person said, "I make my own pies, cakes and things and go shopping - that's very important to me." A staff member said, "[Person] chooses their food. We do a weekly menu on a Sunday but it's very flexible. We might decide to go out for lunch." Staff encouraged people to be independent. One staff member said, "The aim is to be in control as little as possible so that [person] is in control."

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Staff had a good understanding of people's dietary needs and preferences. A staff member told us how one person was being supported to gain weight with prescribed supplements to their food. They said, "We've got to the point where [person] is dangerously malnourished so it's about being pro-active. If [person] wants a cheese sandwich for breakfast then that's ok." We saw that this information was in the care plan. One person was being supported to lead a healthier lifestyle and we saw photos of them making sandwiches and making healthier choices. One staff member told us, "[Person] gets excited that they've done it." Where required, staff worked closely with other professionals. One staff member told us, "One of [person's] goals is to get fit. [Person] has a meal planner and we are working alongside the GP." Records were in place which showed what people had eaten and drank each day which assisted staff to recognise when people's eating routines had changed and identify any risks.

When needed, people were supported to access relevant health services. We saw records of visits to health care professionals in people's files such as the continence nurse, dentist and the GP. One relative said, "I am kept informed. They [Affinity Trust] are very good in that respect. I go to every medical appointment [person] has." People had hospital passports to ensure that vital information about how to support them was shared in an emergency. When treatment or feedback had been received this was reflected in people's care records to ensure that any guidance and advice was followed to meet people's needs in a consistent manner.

## Is the service caring?

### Our findings

People told us that the staff were caring and we observed that people had positive and caring relationships with the staff members who supported them. One person said, "I couldn't ask for a better team. The staff are fantastic although [support manager] is always looking to improve." One relative also told us that they felt that the staff members were caring. They said, "[Staff] all have [person's] interest at heart." A compliment received from a relative said, "Staff have an amazing way with [person] and clearly want to help [person] as much as they can."

Staff we spoke with were enthusiastic about their role. One member of staff said, "I can only say good things about this place. It embodies what a normal house should be. We are proud of that." Another staff member said, "I love my job. I'm very passionate about wanting the best for someone and going the extra mile."

People's independence was promoted and respected. One person said, "I can do a lot of things myself and they won't let me get away with it, in a nice way!" Another person commented, "I do shower myself and I Hoover and make the bed." One staff member said, "We get [person] involved in daily tasks. Proving [person] can be as independent as everyone else. We are here to support [person] not to do everything for [them]." Another staff member said, "The aim is to be in control as little as possible so they [person] are in control."

Staff we spoke with were able to explain how they involved people in the day to day decisions of daily living such as where to go shopping and ensured that the person felt that their opinion mattered. House meetings were held and at one meeting future holiday plans had been discussed.

Staff talked about people in a compassionate and respectful way and understood people's individual needs. They understood people's preferred routines and knew people well. We saw that the staff treated people in a caring and respectful way. For example, staff made eye contact and listened to what people were saying, and responded accordingly. Support plans included how to maintain people's privacy and dignity and staff gave us examples of how they would do this, for example, by ensuring people were covered during personal care.

Support plans reflected people's wishes and needs. Staff told us that support plans contained sufficient information to enable them to support the person in the way they wanted. People had one page profiles which identified their preferences including their likes and dislikes and highlighted any key information that was important to the person. There was detailed information regarding people's routines. Staff were involved in updating support plans on a regular basis and this ensured that they knew people well. One staff member said, "It's an evolutionary process. If it changes we will update it. It has to be a living document." When asked if the support plans were up to date, one staff member said, "They seem to be. We are asked to read them and update (them). They [Affinity Trust] let us have a lot of input; they [Affinity Trust] know we are there every day."

Records showed that people and, where appropriate, their relatives had been involved in care planning, however one relative said, "Initially I gave a lot of input. It used to be regularly with whoever was in charge

but I've not been involved recently." Planned reviews of support plans were completed and where people's needs or preferences had changed these were reflected in their records. One person said, "Staff talk to me about what to add. They [staff] wouldn't do it without asking." One relative said, "I've looked at them [care records] and I'm very impressed. They are looking really good."

People were able to have visitors and relatives could visit often and when they wished. One person said, "I have my good friends who come to see me regularly." A relative said, "In the summer time [person] went to a holiday place and they invited family [to visit]."

# Is the service responsive?

## Our findings

At our inspection of 23 and 24 June 2015, we found that improvements were needed to ensure that the service delivered care that met people's needs. At this inspection, we found that improvements had been made.

People were supported to participate in activities which were important to them. We saw from the records that people accessed the community including to the local seaside and shopping. There were lots of photographs of people taking part in different activities. One person showed us their photos and said that going to see the ducks was their favourite thing to do. One person said, "Me and [person] have a drink at [supermarket]." One staff member said, "I think [person] has got a brilliant life. [Person] likes to go out a lot." Another staff member said, "In the morning we'll check the weather and where we can go." One relative said, "[Person] has just been to London and went up The Shard."

The use of agency staff at some services had at times, impacted on people's daily routines. There had been times when people had been unable to do certain activities outside of their home due to the lack of trained staff being available to support them. However, the number of hours worked by agency staff was steadily reducing. Improvements continued to be made to ensure that wherever possible people were able to lead a full and varied lifestyle and were able to take part in the activities they enjoyed.

Support plans were person centred and reflected the care that each person required. They covered key areas such as communication, personal care and accessing the community. They promoted independence and covered what a person could do for themselves and what they needed support with. People had goals and were encouraged to try new things. For example, one person had recently tried bowling and another person was planning to go to Blackpool. One staff member said, "One of [person's] goals is to get fit. [Person] has a meal planner and we are working alongside the GP." Where people had goals, these were reviewed monthly and new goals set. This demonstrated that people were supported to progress and develop new skills and one person commented, "I've improved so much since I moved here." One relative said, "[Person] has never been so good as they are at the moment." Another relative commented, "[Person's] like a different person now. Much calmer."

Where people's needs changed, the support provided was flexible. For example, where one person liked to have lie in in the morning, the medication administration time was changed with the GP so that the person could have their medication later which better suited their routine and preference. One staff member said, "We kind of know what [person] likes. [Person] will pick up bits and pieces when we go shopping. I'm not sure if [person] understands but it doesn't matter, we can adjust and cook with it, [person] may just like the colour of it."

Staff knew about people's specific needs and how they were provided with personalised care to meet their needs. One staff member said, "We know [person] and we know what works well for them. While [person] is content we know we are doing a good job." Another staff member commented, "[Person] will often answer the question by just picking the last thing you've said to [them] so the question needs to be asked a couple

of times, with the choices put in a different order."

People's daily records contained information about what they had done during the day, what they had eaten and how their mood had been. This ensured that staff had key information about each person and could monitor their wellbeing. Relatives were kept up to date with what people had been doing. One relative said, "We get an email from [person] with photos of what [they've] been doing."

People and relatives told us the management and staff were very accessible and approachable. They said they could raise any concerns informally with any member of staff or the management team and received appropriate responses. None of the people we spoke with had any complaints but they knew they could speak to the operations manager or the staff team if they were unhappy. One person said, "I get on with my team. There have been times when I've complained about the staff but we have sorted it out." One relative said, "We are listened to. They [leadership team] do listen."

There was a policy and procedure for managing complaints and staff knew how to support someone if they did want to complain. This included agreed timescales for responding to people's concerns. Where concerns had been received, these had been investigated and responded to within agreed timeframes.

## Is the service well-led?

### Our findings

Improvements were required to ensure that there were robust systems in place to monitor the care provided to ensure it was consistently of a good quality and continuously improving.

The provider used a computerised records system. Quality monitoring was completed annually on each person's records and stored on the computerised system and there was some difficulty accessing updated records. While some of the actions identified had been completed, we were unable to see that all of the actions had been completed as some of the information could not be located on the system by the management team. Audits had been completed on support records and risk assessments. However, it was not clear who was responsible for addressing the concerns found, the timeframe in which they needed to be completed or whether this had been reviewed to ensure that the improvements had been made. Each location had a continuous improvement plan and while this did identify areas for improvement, it did not appear to have been used recently and it was not clear if this was regularly reviewed or where actions had been completed. This meant we could not be sure that the system was robust and the monitoring systems were efficient.

Some audits were in need of review. The new operations manager acknowledged this to be the case and was carrying out monitoring visits and completing a quality audit of all services with the divisional director the following week to determine the current position and address any areas for improvement.

People told us that they knew who to contact if they needed to, including the management team and that their comments were valued and listened to. The service asked for people's views through informal contact with people and their relatives, through regular meetings and surveys. We could see that action had mostly been taken following feedback received.

The management team at the service were open about shortfalls identified around staffing, understood the impact that this had on people and were actively trying to resolve the issue. The operations manager who was new in post was focussed on fully recruiting to the service as soon as possible and explained the action they were taking such as contacting applicants immediately to arrange interviews and seeing if they could recruit permanent staff through the agencies that they were using.

Since the last inspection, the service had a number of safeguarding concerns raised and had worked closely with the local authority regarding these. As a result, policies had been reviewed and staff were encouraged to reflect on their practice. The management team were working hard to share knowledge and learn from any incidents that had occurred and were focussing on motivating staff to get things right. We saw that learning from incidents was a key part of team meetings and supervisions and as a result, there had been a reduction in medication errors.

The service had signed up to local health and safety forums and healthcare forums to share knowledge and keep up to date with best practice. Staff had also attended dignity workshops held by the local authority to improve their understanding and practice.



Feedback from relatives, people and professionals about the staff and the management team was mostly positive. One person said, "The staff are fantastic although [service manager] is always looking to improve." Another person said, "I couldn't ask for a better team." One staff member said, "It's a nice company to work for." A second staff member said, "We voice our opinions. They have listened." One relative said, "We are listened to. They [leadership team] do listen." And, "Since [service manager] has been here it's been better." Another relative said, "[Team leader] is very good. Very competent and experienced."

We saw compliments that had been received which included, "Staff have an amazing way with [person] and clearly want to help them as much as they can." And, "Staff are very helpful and supportive."