

Affinity Trust

Affinity Trust - Domiciliary Care Agency - West Midlands

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Affinity Trust - West Midlands provides personal care and support to people with learning and physical disabilities who live independently in the community. 98 people used the service at the time of our inspection, 53 of these received personal care. People either lived on their own or with other people.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Overall people received safe and effective care and support. Recent medication errors were being proactively managed to reduce risks. Risks were assessed and managed to enable people to live independent lives. Staff were vigilant to identify risks and take action to ensure people remained safe.

People received support from a consistent staff team who they had helped to recruit. Staff received training relevant to their role and overall had good support from senior managers and colleagues.

People's needs were assessed and documented to ensure their care needs were met. Care plans were detailed and effective to ensure staff always had access to the most current information. Plans were reviewed regularly as people's needs changed.

People received appropriate support to eat, drink and prepare meals. People were supported to access healthcare, and other agencies, when required. Staff worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate and safe support.

Staff were caring and respectful, promoting people's privacy, dignity and independence. Staff sought people's consent before supporting them and decisions about people's care and treatment were made in line with law and guidance.

People's care was responsive to their changing needs. People, and their relatives, were involved in the assessment and planning of their care this joint working meant people's needs were met fully. People knew how to raise a concern and always felt listened to. Information was available in different formats to make it accessible.

People felt the service was well managed. People, and staff, had regular opportunities to share their views about the service. Overall staff felt well supported and usually listened to when they shared feedback. The

provider carried out audits to ensure the quality of care provided and created an ethos of learning from mistakes and constantly improving

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected:

This was a scheduled inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (published July 2016).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our caring findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our caring findings below.

Affinity Trust - Domiciliary Care Agency - West Midlands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency that provides supported living. It provides personal care to people living in their own homes. Some people also share additional communal areas.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service has recruited a second manager who is going to share the registered manager's responsibilities and is currently in the process of applying for registration with us.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to arrange for us to meet people who used the service and obtain contact details of people and relatives.

Inspection activity started on 9 September 2019 and ended on 11 September 2019. We visited the office location on 10 September 2019.

What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to plan our inspection. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

As part of the inspection we spoke with 10 relatives/ representatives of people who used the service to establish their views and feedback about the service provided. We also received written feedback from another. We contacted relatives because a number of people would not have been able to express their views with us.

During the inspection

During the inspection we visited four people in their homes (with their prior agreement), three of whom received the regulated activity. We also spoke with one person over the telephone. We spoke with a staff member, a support manager, a divisional director and the operations manager (who is to become one of the two registered managers). We reviewed a range of records. This included three people's care records. We also looked at quality assurance records, as well as one recruitment file and staff training records.

Following the inspection we spoke with a further three staff and received written feedback from a social care professional who had recently worked with the registered manager and the team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they were happy with the way staff supported them to take their medicines. However, there had been several medication recording errors over recent months and the provider was actively looking to reduce these. Errors had been identified as being a result of human error and staff supported this in discussions. They said that they were confident to report errors as the ethos of the service was to support improvement and ensure lessons were learned.
- A senior member of staff told us how all staff received training and competency checks before they could administer medicines. Competency checks were to increase as part of additional monitoring and two days training has been planned with staff in October to look at errors.
- Senior managers were monitoring processes to ensure the number of medicine errors reduced and were investigating changes that could be made to processes to make them safer. Errors were reducing suggesting additional safeguards were being effective.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident concerns would be listened to and acted upon.
- Senior staff were aware of the procedures to follow to report abuse to protect people and the provider had used the process effectively to safeguard people when required.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively.
- Staff were aware of risks associated with the people they supported, and they told us people who used the service were involved in managing risks. One staff member told us, "We have input into risk assessments. We bring up safety issues and, along with the service users, we are involved in reducing them."
- Relatives told us how risks were assessed when people undertook new activities. For example, one relative told us their family member started a new job and staff assessed risks prior to their commencing work. to ensure the person's safety and success of the placement. One relative said, "They are red hot on risk assessments. 100%."
- The registered managers and senior staff reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this.

Staffing and recruitment

- People spoke very positively about the staff who supported them. People were involved in the recruitment of new staff meaning they were supported by staff who they could relate to. A relative told us, "All three of the housemates were included in new staff interviews and their opinions and feelings are always sought and considered." Overall, staff were employed in sufficient numbers to meet people's individual support needs.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.
- A relative told us, "Staff are excellent. They match Affinity's ethos."

Preventing and controlling infection

- A person who used the service told us staff always wore gloves when supporting them with personal care. A senior manager told us this person 'insisted' upon it and would feedback if it hadn't happened.
- People were protected from the risk of cross infection. Staff told us they had access to personal protective equipment and they used it appropriately. They understood the importance of using it to protect people from cross infection.
- Staff had received training in safe practices to control the risk of infection. A support manager told us that 'Crib sheets' were available to remind staff about infection control and spot checks took place to ensure staff were adhering to these procedures.

Learning lessons when things go wrong

- Lessons were learning when things had gone wrong. The service had an ethos of learning from mistakes and staff working at all levels reflected this by being open and transparent.
- Accidents and incidents were reported and documented. The operations director told us how they monitored trends and took action when necessary to change support to keep people safe. They also looked to ensure processes had been followed and lessons were learned, and care plans reviewed to reflect changes required. The recent work surrounding improvements in medicines practice reflected this.
- Staff told us how they reflected on their practice and held regular meetings to share concerns and issues to ensure improvements were continually made to the care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and identified prior to the start of the service. This meant the provider knew if they were able to meet the person's needs.
- We asked three people about their support plans. They all said they had been involved in producing them. Relatives also confirmed that they had been consulted and involved. One relative told us, "I've been involved all along. I've been part of the assessment and decision-making process."
- Plans seen were detailed and personalised. People's needs, and preferences had been identified and documented to ensure staff could meet those needs. This included information about people's life experiences, individual preferences and health care needs.
- Care plans were updated when people's needs changed.
- In discussions, staff were knowledgeable about people's needs and preference, including little details that made care personal. Staff spoke positively about the level of information they received and felt it enabled them to deliver good quality care.

Staff support: induction, training, skills and experience

- Staff spoke very positively about training opportunities. They felt the training they received equipped them for the roles they had. One staff member said, "Training is good, and we get specialist training to reflect people's individual health conditions." Another staff member said, "Training opportunities are amazing." A relative told us, "Staff are great. They definitely have the right skills and knowledge."
- One staff member told us they received a good induction. Other staff told us how they supported new staff. All staff had opportunities for professional development and ongoing learning.
- Overall staff felt well supervised and supported. One staff member told us, "[Manager's name] is brilliant. Very supportive personally and professionally." Other staff felt more support could be available at key times to offer support and opportunity to reflect on situations. Everyone said they worked well as a team and were very supportive of colleagues.

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

- Where people received support from staff to eat, drink and prepare meals they received sufficient and appropriate help to ensure they maintained their health.
- Staff told us they knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes.
- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support they required to eat safely.

- Where additional support was required in order to help people with eating and swallowing staff worked with health professionals appropriately to ensure safe and effective support.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate.
- The support manager and staff told us how they worked with partner agencies to ensure people received care that met their changing health needs. For example, quite a few people received support from the Speech and Language team (SALT) who assessed them and offered guidance to reduce the likelihood of them coming to harm while eating. Guidelines were seen in people's care plan to ensure consistency.
- Some people's support needs had increased, and senior staff had liaised with outside agencies to ensure the person's support package remained appropriate. A social care professional told us, "The staff and managers have been very accommodating and have worked well with myself to identify and meet the care needs of individuals whilst promoting choice and encouraging them to access services."

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with external professionals such as the district nursing team to ensure people received the right support. Information reflecting joint working was seen on the care files we reviewed.
- People told us they were supported to go to the hospital, doctors and the dentist. Appointments were attended, and records kept reflecting outcomes. A relative told us how staff had supported a person during a recent stay in hospital, so they could offer reassurance and some consistency. This had made the person's experience more positive.
- People had detailed health information to ensure that if people needed health input then the relevant professional would have up to date information about the person's health and support needs.
- A relative told us staff were proactive in working with healthcare professionals and this helped to ensure the person's ongoing good health. They told us, "They identify the symptoms and seek medical advice if needed." Another relative said, "The staff will contact other professionals if they need to know something."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- People told us staff asked permission before carrying out any care tasks. One person told us, "They always listen to me and ask before helping me." We saw staff ask before offering support and seek permission before they did anything in the person's house. Staff were knowledgeable about capacity issues and the process for making decisions in people's best interests.
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded

and explained so that staff were aware.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them well. One person said, "They are very kind to me." Relatives all spoke exceptionally highly of staff. One relative told us, "They are absolutely excellent. The whole ethic is excellent." They went on to tell us how the staff (and the service) had, "Transformed [daughter's name] life."
- Staff respected and promoted people's equality and diversity by embracing people's individuality, their likes and preferences. In discussions staff demonstrated a kind and empathetic approach towards the people they supported. One staff member told us, "It's all about the people. That's why we are here."
- Staff were aware of people's individual needs, including their, sexual, cultural and religious needs. These were reflected in care plans. People's individuality was promoted, and records reflected people's protected characteristics. This ensured that people received personalised care.

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

- People told us they were supported to be involved in decisions about their care. People were in control of their lives and staff supported people as required to achieve goals and aspirations as well as managing activities of daily living. One person told us they had chosen everything in their house and were justly proud. The same person told us they were supported how they preferred as staff always asked them. A relative told us they were involved to support their relatives to express their views. They told us, "I have been involved all along. I am part of all decision-making processes to ensure my relative's wishes are reflected."
- People told us about their plans for the day and for their future. For example, people had chosen where they would like to go on holiday and which staff they wished to support them. This had been arranged and they were very much looking forward to the trips.
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines. Support was centred around meeting people's individual needs and choices and this was flexible as people regularly changed their minds.

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to do tasks for themselves. Although not everyone we spoke with liked to do this they knew that staff were supporting them to remain independent.
- Staff shared examples of how they actively promoted people's privacy and dignity while offering support. For example, staff knocked before entering people's homes and their private space. They checked that areas were clean and offered quiet and discreet support when required.
- People were supported to remain in touch with their families and friends thus maintaining links with people that were important to them and enhancing their quality of life. Relatives told us that staff did this

regularly and this was valued.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was planned in accordance with people's needs and preferences. Information was available to staff upon people's admission meaning staff could offer effective support from the start. This meant the move was more likely to be successful. One staff member said "we saw all the plans before people moved in."
- People, and their relatives, were involved in the development of care plans and plans were flexible and reviewed regularly. This ensured staff could meet people's expectations as well as their changing needs.
- Care records reflected people's individual wishes and included details about people's preferences.
- Staff said care plans were person centred and informative. They were knowledgeable of their content meaning they could offer a personalised service that met people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the accessible information standard. Staff shared examples of how people received information in a range of formats. For example, written information could be shared in large print or in pictorial format. One person viewed pictures to enable decision making. This meant the person could be actively part of decision-making processes.

Improving care quality in response to complaints or concerns

- People said they would speak with named staff if they were unhappy about anything.
- Senior staff were aware of complaint processes and were confident that complaints would be quickly addressed.
- The complaints procedure had been completed in an easy to read format to make it accessible to people.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans had the facility to reflect how they would like to be cared for at the end of their life. Staff were mindful of the sensitivity around approaching this subject with the people they supported. The provider delivered an end of life training course for staff in preparation for this time in a person's life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team worked together to ensure the service was delivered based around the needs and wishes of individuals who used it.
- The service operates with two registered managers. One registered manager was unavailable to support the inspection and the other had been recently recruited into the role. They were actively part of this inspection. All senior staff on duty at the time of the inspection were aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Everyone spoke highly of the support manager, who assumed the day to day management responsibility of an identified number of houses. We saw the support manager have very positive interactions with the people they supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The newly appointed registered manager understood the responsibilities of their role and acted in accordance with them as did other senior managers. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. Outcomes were shared within the staff team to drive improvement. We saw that action plans for improvement were developed from these and timescales set for completion.

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

- People who used the service, told us how they felt involved and consulted in relation to how their support was delivered. One person told us they were actively involved in the recruitment and interview of new staff. They said they were happy that their views were considered. Other people said they would tell managers if the person supporting them isn't a good match and they find alternatives.
- Staff had opportunities, both informal and formally to discuss issues and make suggestions for

improvements and changes. Overall staff felt their views were listened to. Staff told us they attended staff meetings where they were consulted, and information was shared with them about developments and changes.

- People's views and opinions were valued. People's individuality was respected. Care plans were very detailed about people's views, choices and decisions.

Continuous learning and improving care

- The operations director told us how incidents or accidents were reviewed and discussed in staff teams and at higher levels. They told us any learning from them would be taken on board and actioned to prevent possible reoccurrence.

- In discussions staff also reflected an ethos of sharing mistakes and learning from them within a safe and supportive environment

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service.

- Staff had good relationships with health and social care professionals and shared examples of how joint working and effective information sharing had a positive impact on people.

Leadership and management

- The service was well managed and well led. All staff knew their roles and responsibilities and communication between staff was effective. One staff member told us, "[Staff member's name} is an amazing manager. Supportive personally and knows all about their staff." Some staff said that more support at key times would be beneficial. A social care professional told us that they too had worked with the management team to improve paperwork and were confident this was continuing.