Review of compliance

Affinity Trust Affinity Trust - Domiciliary Care Agency - South	
Region:	South East
Location address:	Suite 20, Aldershot Business Centre Victoria House Victoria Road Aldershot Hampshire GU11 1EJ
Type of service:	Domiciliary care service
Date of Publication:	March 2012
Overview of the service:	Affinity Trust Domiciliary Care Agency is registered to provide personal care to a wide range of people with disabilities, living in their own homes. The main role of the agency care workers is to provide personal care, and enable clients to access a wide range of social, educational and recreational activities. The service operates from offices in

	central Aldershot, and offers a service to people in the surrounding areas in Hampshire and Surrey.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Affinity Trust - Domiciliary Care Agency - South was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 23 February 2012.

What people told us

We spoke with people and their relatives on the telephone. People who could express a view told us they were very happy with the service provided. They said that the staff were kind and helpful and they support me very wel,l and the support given is good.

Relatives told us that staff were very polite and courteous. Relatives told us they would feel able to raise any complaints and that they would be responded to and dealt with.

One person said " I trust the staff to support and listen to me"

What we found about the standards we reviewed and how well Affinity Trust - Domiciliary Care Agency - South was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The agency has a care planning system to support people who use the service with their health, personal and social care needs. However the system is not fully effective, because a number of care plans have not been reviewed.

Risk assessments are in place and provide information on how the risks are managed.

Overall we found Affinity Trust- Domiciliary Care Agency-South was meeting this essential standard, but to maintain this we suggested improvements.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Systems are in place to ensure that staff know how to recognise abuse and how to act if they have any concerns.

However staff have not undertaken training in The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

Overall we found Affinity Trust- Domiciliary Care Agency-South was meeting this essential standard, but to maintain this we suggested improvements.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are arrangements in place to monitor the quality and safety of the service. The agency ensures that people, and their relatives, are given opportunities to share their views about the quality of the service.

Overall, we found that Affinity Trust- Domiciliary Care Agency-South was meeting this essential standard

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People told us that staff from the agency undertook an assessment of their needs, before deciding if they could meet their needs.

People told us that they were very satisfied with care provided by the agency staff.

People told us that generally they were provided with staff they were familiar with.

Other evidence
The acting manager talked to us about the agency's care needs assessment and care planning process. We were told that they received referrals from local authorities and from self-funding clients, on occasion.

We looked at the care records for five of the people who used the domiciliary care service. We found that an assessment of their needs had been undertaken prior to them being offered a service. We saw that the care needs assessment had been signed by people, their next of kin or advocate and by a representative from the agency.

We asked if copies of people's care plans were left in their homes. The acting manager told us that care plans were kept in the person's home unless they specifically requested they not be kept there. We observed that copies of peoples care plans were kept at the agency's office.

Prior to this site visit we had received concerns about a lack of care plans and care plan reviews at the agency. However we were given no information that led us to believe that people had received inappropriate care as a result of lack of care reviews.

During the visit we spoke with the acting manager and operations manager regarding these concerns. They acknowledged that they had identified a number of care plans that were in need of review. The acting manager informed us that she and one senior colleague had started this process and that they aimed to get two care plans reviewed every month. The operations manager confirmed this.

We asked how many people the agency supported; we were told they provided care and support for fifty two people. The acting manager told us that the majority of the fifty two care plans required review. The operations manager confirmed this. This meant that there would be a considerable time lapse before all of the care plans were reviewed. There was a risk that people may not have been receiving the care and support they required.

We looked at the daily records; they were detailed in content and gave the reader a good overview of the care given to people and changes in needs. The records were signed and dated by staff.

The care plans we looked at reflected the needs identified in the care needs assessments, for example personal care, communication and mobility.

We saw that risk assessments were in place for identified risks, for example moving and handling, community access and use of car. Action plans were in place, with guidance for staff to help minimise the risks of people or staff coming to harm.

We spoke with social care professionals as part of this review. One told us that they had recently referred a person who had complex needs. They said that the agency staff had worked extremely hard with this person to ensure that they received the care they required. They told us that they were impressed with the staff, because they had achieved a great deal with this person in a very short period of time.

Our judgement
The agency has a care planning system to support people who use the service with their health, personal and social care needs. However the system is not fully effective, because a number of care plans have not been reviewed.

Risk assessments are in place and provide information on how the risks are managed.

Overall we found Affinity Trust- Domiciliary Care Agency-South was meeting this essential standard, but to maintain this we suggested improvements.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People we spoke with told us that they felt safe with the agency care workers.

Relatives told us that they believed their relative was safe whilst being looked after by agency staff.

People told us that their agency care workers always carried their identity badges whilst in their homes.

One person told us that when support staff did any of their shopping, they provided a receipt for monies spent and recorded it in their file.

Other evidence
During our visit we looked at the agency's safeguarding procedures, these were clear and easy for the reader to understand. We saw there was also had a copy of the local authority multi-agency safeguarding procedures. The acting manager informed us the procedure had recently been reviewed and updated. She also told us that each member of staff had been issued with the updated procedure. Staff spoken with confirmed this was the case.

Care staff talked to us about the training they had received in respect of safeguarding people. They told us they had undertaken protection of vulnerable adults training, manual handling training. Training records we saw confirmed this. The acting manager told us the agency was in the process of implementing a staff competency assessment

which included safeguarding people.

Staff informed us that they were aware of the agency's 'protection of vulnerable adults' procedures. We discussed scenarios with them in respect of potential safeguarding issues. They were clear as to the procedure to be followed if they suspected or observed someone was being abused. They informed us that they would contact the manager or a senior member of staff at the agency immediately and ensure the person was safe from harm.

Staff also talked to us about the agency's whistle blowing procedures. They told us that they would have the confidence to use this procedure if the need arose.

We discussed the arrangements in place to protect people's financial interests, in the event that care staff had to support them in this area. The acting manager told us that each member of staff had been made aware of the procedures. The acting manager told us that no records of financial transactions were kept at the agency's office, and that all records were kept in people's homes. We spoke with staff about this and they confirmed what the acting manager had told us.

We saw from the records that incidents were being dealt with properly. Social and health care management teams were kept up to date in respect of any incidents, or potential safeguarding issues.

We asked if support staff had undertaken training regarding the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The acting manager told us that none of the staff had completed this training. As such staff may not have an understanding of the issues that may arise, if people did not have the mental capacity to make decisions about, their health and daily life. The acting manger and operations manager told us this training had been planned for April 2012.

We were shown identity badges used by agency staff. We saw from the date on the cards, that they were current, provided a photograph of the staff member and had the agency's telephone number on them. We spoke with one member of staff about the use of his identity card. He told us that he did not wear it whilst in the community, as it may bring attention to the person he was supporting.

Our judgement
Systems are in place to ensure that staff know how to recognise abuse and how to act if they have any concerns.

However staff have not undertaken training in The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

Overall we found Affinity Trust- Domiciliary Care Agency-South was meeting this essential standard, but to maintain this we suggested improvements.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People spoken with told us they had regular visits from office staff. They told us that senior staff from the agency visited them to find out how they were doing.

People told us that they had received questionnaires about the care provided by the agency.

People told us that they were confident that any issues brought to the attention of the office staff would be dealt with in a timely manner.

Other evidence
We asked the operations manager and acting manager about the arrangements in place at the agency for monitoring the quality of the service. We were told that the operations manager and one of the directors of the company, spent a considerable amount of time working at the agency's offices. We were told that they were in a position to monitor all of the activities undertaken, by staff; for example listening to how people who use the service were spoken to by staff, and taking calls from people who use the service.

We were told us that questionnaires were sent out to service users, their families, agency staff and other health and social care professionals every year. We saw that the most recent one had been sent in September 2011. We looked at a some of the responses and found that on the whole the responses were positive. For example; I trust the staff to support and listen to me and I am happy with the time and support I get

and the support given is good, another one commented things have changed for the better recently and they have made me more independent. Negative comments referred to staff not arriving on time and staff being changed around.

We spoke with the acting manager about these issues. She told us that some staff had been late on occasion, but that this was unavoidable due to traffic conditions, or emergency situations arising from an earlier visit. She told us that if staff had been held up, people would be informed by telephone. She also said that there were occasions when changes had to be made to staff allocations, and that these instances were unavoidable. She told us that people would be contacted prior to the staff change.

The acting manager told us that completed questionnaires would be analysed during management meetings. We saw from the analysis of the September 2011 survey that 94% of people surveyed were happy with the support they received from the agency.

We saw records of monthly audits undertaken for people who required more that 30 hours care a week. We asked about those people who did not require 30 hours care a week. The acting manager told us that they would be contacted bi-monthly to seek their views about the care provided. People spoken with confirmed this was the case. We saw spot check agreement forms, signed by people who use the service, agreeing that senior staff could visit their homes unannounced. Staff spoken with confirmed that spot checks were carried out from time to time.

Other audits included roster audits, care plan and daily records audits and incident and accident audits.

We saw that incidents and accidents and potential safeguarding issues had been reported to the relevant authorities.

Our judgement
There are arrangements in place to monitor the quality and safety of the service. The agency ensures that people, and their relatives, are given opportunities to share their views about the quality of the service.

Overall, we found that Affinity Trust- Domiciliary Care Agency-South was meeting this essential standard

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The agency has a care planning system to support people who use the service with their health, personal and social care needs. However the system is not fully effective, because a number of care plans have not been reviewed. Risk assessments are in place and provide information on how the risks are managed.	
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Systems are in place to ensure that staff know how to recognise abuse and how to act if they have any concerns. However staff have not undertaken training in The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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