

Affinity Trust

# Affinity Trust – Domiciliary Care Agency – East Sussex

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Affinity Trust Domiciliary Care Agency East Sussex is a domiciliary care service based in St Leonards on Sea. However, support provided is in the Hailsham area. The service provides support and personal care to people with learning disabilities in their own homes. At the time of the inspection the service was supporting nine people with a variety of health and social needs. People had varied needs and required support with autism, epilepsy and behaviours that challenged.

This comprehensive inspection took place on 29 and 30 August 2017 and was announced. This was the first inspection carried out since the service was registered in September 2015.

There was a registered manager in post. 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.

People and staff spoke positively about the service and the support provided to them. The organisation had systems to monitor and review the quality of the care and support provided and some areas of record keeping had been identified before our inspection. We too assessed there were some areas of quality assurance where further development was needed and we made recommendations in relation to the quality of some record keeping.

People told us staff were kind and caring and treated them with dignity and respect. They said they were looked after well. People knew who to speak with if they had any concerns or worries.

There were good systems for the management of medicines that ensured people who needed support were given this safely. There was information in care plans about how people liked to take their medicines. Staff had received training on medicines and there were systems to monitor their competency in this area.

Staff attended regular supervision meetings and told us they were very well supported by the management of the agency. Staff meetings were used to ensure staff were kept up to date and to hear their views on day to day issues. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently.

The registered manager and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. They also ensured people were not having their freedom restricted or deprived unnecessarily.

Care plans gave staff detailed advice and guidance on how to meet people's needs. People told us they had

been involved as part of the process. Care plans were reviewed regularly and as and when people's needs changed. If professional advice and support was sought then this was included within the documentation.

Risk assessments were carried out in relation to people's homes and to their individual needs and where necessary actions were taken to mitigate risks to reduce the risk of accidents or injuries.

There was good leadership in the home and staff knew they could speak with the registered manager or site manager whenever they needed to.

## 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.

People's medicines were stored, administered and disposed of safely.

Risk assessments were written and staff had a good understanding of the risks associated with the people they supported.

Staff understood the procedures to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

### Is the service effective?

Good ●

The service was not consistently effective.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was training and supervision to ensure staff maintained and developed their knowledge and skills.

People were supported to have access to healthcare services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff talked to people in a way they could understand.

### **Is the service responsive?**

The service was responsive.

People received support that was responsive to their needs because staff knew them well.

People knew who to speak with if they had any concerns or worries.

**Good** ●

### **Is the service well-led?**

The service was not consistently well led.

Record keeping did not always clearly demonstrate the running of the service.

There were effective systems to monitor the quality of the care provided.

There were good systems to keep staff up to date with the running of the service.

**Requires Improvement** ●

# Affinity Trust – Domiciliary Care Agency – East Sussex

## **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 checked 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 comprehensive inspection took place on 29 and 30 August 2017 and was announced. The provider was called the day before our inspection to let them know we were coming. We did this because staff were sometimes out of the office and we needed to be sure there would be someone available. Two inspectors carried out this inspection.

Affinity Trust Domiciliary Care service is registered to provide personal care. Support is provided to people living in their own homes. There were ten self-contained one bedroom flats on the site and there was also a communal lounge area, separate office and sleep in area for staff. At the time of inspection there were nine people using the service.

We spent the first day of our inspection at the registered office in St Leonards on Sea. The second day of our inspection was in Hailsham where people lived and we met with people and staff.

Before the inspection the provider completed 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. We also reviewed other information we held about the service. This included notifications of events that had affected the service such as any safeguarding investigations. At the time of our inspection there was one safeguarding which had been raised by a family member and this was subject to an ongoing investigation.

We met with three people, the registered manager, service manager, team leader and a staff member. We

reviewed three people's support plans and risk assessments and aspects of another person's support plans. We also looked at recruitment records for two members of staff, quality monitoring audits and other records relating to the management of the service. Following our inspection we received feedback from two relatives of people living at the service.

This was the first inspection since the service was set up.

## Is the service safe?

### Our findings

One person told us, "I feel safe because staff help me." Another told us, "I know how to call for help in an emergency if I need to." They also told us fire drills were held regularly and they knew where they needed to go if the alarms sounded.

Medicines were given and recorded safely. There was advice on the medication administration records (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they experienced pain. A copy of each person's PRN protocols were stored with the MAR charts. All staff completed training on medicines and their competency in giving medicines was assessed annually.

The provider told us in their PIR there had been a number of medicine errors in the past year. We looked at the actions taken by the service to reduce the numbers of incidences. Each error had been investigated and the staff member had stopped giving medicines until they had retrained in this area and had been reassessed in relation to their competency. If errors continued disciplinary action had been taken. The site manager told us the procedures followed had been effective in addressing this area.

Staff recruitment checks were undertaken before staff began work at the home. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults.

There were enough staff working at the service to meet people's needs safely. We were told there had been a shortage of staff and this had been covered with the use of staff overtime and agency staff. These posts had been advertised. One staff member had been recruited and was due to start in post and interviews were also to be held the week after our inspection for two full time positions. There were clear 'on call' arrangements for evening and weekends and staff knew who to call in an emergency. The organisation had procedures to ensure staff did not work over 48 hours a week. Staff told us there were enough staff to meet people's individual needs. The site manager said they always tried to have regular agency staff.

People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and knew what action they should take if they believed people were at risk. There were policies and procedures available to guide staff in safeguarding people from abuse. This was supported by a programme of training. Staff told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to.

One person displayed behaviours that challenged others. It was evident the service had recently provided additional support measures for staff and were seeking professional advice and support to ensure a more person centred approach could be provided to the person. Risk assessment documentation in support plans had been updated at regular intervals and incidents recorded. We were told a service review would also be carried out to ensure the placement remained appropriate.

People's properties did not form part of this inspection. However, there were systems to ensure each flat was safe and regular checks were carried out by staff. Records showed regular environmental and cleaning checks were carried out in each of the flat and where appropriate, equipment was appropriately serviced and maintained.

## Is the service effective?

### Our findings

People received support from staff that knew them well and had an understanding of how to support them appropriately. Their health needs were met and there were good systems to ensure people attended a range of healthcare appointments.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The manager understood that when people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The 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. Staff knew if people were unable to make complex decisions for example, about medical treatment, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests.

The service ensured the least restrictive practice was applied when one person moved in from an environment where all their support had been provided and controlled. It was assumed the person had capacity to make decisions regarding their life and the controls were relaxed. However, it was evident very quickly this was not possible and new support systems were put in place. Again this proved to be too much for the individual. Best interests meetings were held. The person confirmed their desire to continue living at the service and accepted new supports could appear controlling but were assessed as needed for their health welfare. The person told us, "I know I need support," and they were happy with the controls. They confirmed they were much healthier as a result and had more energy to do the things they wanted to do.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. The training programme and records showed staff had completed essential training and where renewals were due; timescales for achievement had been set. Staff told us they received training which included safeguarding, MCA and Deprivation of Liberty Safeguards (DoLS). They were able to describe some of the areas that may constitute a deprivation of liberty. They had received training on infection control and medicines management.

A staff member told us, "Training is brilliant; we are always kept up to date." Another staff member told us, "Training has been really good. Learning as a group is always better." For example, they said when staff had SCIP (strategies for crisis intervention and prevention) training they, "Shared the approaches used with different people and agreed a consistent response to use."

One person had a particular condition that required a skilled and consistent staff approach. The staff training matrix did not demonstrate staff had received training in this area. However, we were told some of the staff had received training in this area with previous employment and further training would be provided to all staff. Staff knew how the person should be supported and their support plan gave clear guidance about support needs and how they should be met. Following the inspection, the provider confirmed six staff had completed the training in January 2016, one staff member already had the training and further staff had

completed training since the inspection.

All of the staff team were offered training on autism. A staff member told us, "I recently requested training on autism and positive behaviour support and this was provided. As a result this has changed my approach. I observe body language more and understand the importance of routine in a person's life." We were told the company's trainer was going to provide a bespoke course for staff on autism based on the specific needs of a person living at the service. A staff member told us they had received training from a person who had autism and this had been particularly powerful as the person was able to give actual examples of how the condition applied to them.

There were effective systems to enable new staff to develop competence in their role. We were told during induction there was time to get to know the policies and procedures and to read through support plans before providing care and support. On completion of induction staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they received formal supervision six weekly. Records for staff newly employed confirmed they received regular one to one supervision. A staff member told us, "I can't fault them, they are very supportive." Another staff member told us they felt supported and said, "I have asked for more supervision at times and this has been done."

People were supported to attend a range of healthcare appointments to meet their individual needs such as GPs, opticians and dentists. The level of support given was based on individual requirements. If professional advice and support was sought then this was included within the documentation.

## Is the service caring?

### Our findings

During our visit we observed staff treated people with kindness and respect. People told us staff were good to them and looked after them well. Staff knew people well, and care and support was offered in a friendly and caring way. Staff were knowledgeable about people's likes, dislikes, support needs, and things that were important to them. A staff member told us, "It is a joy to work here."

People chose to have staff support whilst we met with them. If people were slow to respond to questions, staff were careful not to speak for them. At times staff encouraged people to respond or rephrased the question in a way that was more suited to the person's needs and abilities.

Whilst we did not inspect people's individual flats some people invited us to meet with them in their flats and we observed how different each was in reflecting the different personalities of the people living there. People were proud to show us their photos and objects that were of importance to them.

A staff member told us one person was making friends independently through the activities they participated in. They told us they provided assistance with text messages on the person's phone to help them remain in regular contact with their friends.

Staff were able to give us examples of how they maintained people's privacy and dignity. For example they said they ensured their doors and curtains were always closed when support with personal care was provided. There was specific information in support plans about how each person liked to be supported and if they had any particular preferences. For example, one person whilst happy to be supported by all staff stated their preferred gender of staff. A staff member told us they tried to respect this wish as often as they could.

Staff recognised people needed support to maintain relationships with family and friends and where support was needed this was provided. With people's consent, keyworkers spent time getting to know their family representatives so there were good communication. (A keyworker is a named person who works closely with a person to ensure their needs are met).

Staff communicated effectively with people. There was a very relaxed and calm atmosphere in the service and staff had a good rapport with people. We observed one person requesting support with a particular task. However, rather than providing the support, the staff member talked to the person about what they needed. The person then went to the local shops independently to buy what was needed and when they returned home they carried out the task independently with occasional prompts of encouragement from the staff member. The person was very pleased with the outcome.

Some people chose to spend their time in the flat. However, having a communal area meant that if people wanted company they could choose to spend time there with their friends. There were a variety of board games available in this area. There was also a kitchen in this area which meant people could choose to share a meal together if they wanted this.

## Is the service responsive?

### Our findings

People told us staff knew them and looked after them well. Information in support plans was person centred. One person's relatives told us "I'm happy that she says she likes living there & likes her flat. If she's had any problems the carers have sorted them out. For example, there was information about what a typical good day and bad day could mean for a person. There was also information about people's likes and dislikes and how they wanted staff to support them.

People met with their keyworkers regularly to discuss their care plans and risk assessments, to talk about the goals they were working on and to plan activities. One person had chosen to go to the Harry Potter Warner Brothers Studio and this had been arranged. Another person had chosen to go to Dover Castle and this had been arranged for the day following our inspection.

A staff member told us, "If someone wants to do something it happens. We find a way to make sure we can arrange it." Another staff member said, "People who want to, are doing enough activities, others need a lot of encouragement and motivation."

Staff gave examples of the progress some people had made since moving to the service. For example, although one person still received staff support they had increased the numbers of meals they cooked independently, they could go to the gym and to the pub independently and had recently been involved in gardening to the side of the property. The person told us they were hoping to grow vegetables soon.

There was a folder with information about each person's individual achievements since moving to the service. For example, for one person making the decision to change GP and opticians and finding a new Church locally were big achievements. This person told us they had been supported to save up enough money to go on a holiday with a friend. When some people moved to the service increased emphasis had been placed on increasing daily living skills such as attending to laundry, cleaning their individual flat and expanding cooking skills. For one person, asking them to brush their teeth didn't work but when staff put the toothpaste on the brush and handed it to them, they then brushed their teeth. Staff told us they continued to find ways to expand people's skills.

There was a range of documentation held for each person related to their care needs. This included information about their medical and support needs. People's support plans were reviewed regularly and annual reviews were held to ensure relatives and professionals were kept up to date with the care provided. The records contained detailed information and guidance for staff about people's routines, and the support they required to meet their individual needs.

People told us they would talk to their keyworkers if they had any worries or concerns. There was an easy read/pictorial version of the complaint procedure. The document would assist people who were unable to use the full complaint procedure, to raise any concerns or worries they might have. There was one formal complaint recorded and this had been dealt with appropriately and in a timely manner. A record was also kept of any compliments received from relatives and professionals who visited the service.

## Is the service well-led?

### Our findings

The culture at the service was open, relaxed and inclusive. People were happy and there was a warm atmosphere. Although there was a registered manager in post, the general day to day running of the service had been delegated to a site manager who reported regularly to the registered manager. People and staff gave very positive feedback about the registered manager and the site manager and were clear they could contact either if they had any concerns or worries. This was the first inspection of the service and there were areas still being developed and areas where record keeping required further attention to reflect the work carried out.

One person's relative gave positive feedback about some areas of the service such as the activities and work around health eating. However, they also raised concerns about communication which at times was not working well and leading to conflict between the service and them. This is an area that requires improvement.

One person used a particular mode of transport on an almost daily basis. The person's support plan stated staff should ensure the person was in a good mood when going out as if they were not they could be unsafe. Staff told us it was rare the person would be in a bad mood so they did not see this as a problem. However, no risk assessment had been carried out and there was no guidance for staff on what they should do if the person was not in a good mood.

As part of staff recruitment people were asked if they had any questions they would like prospective staff to be asked and a record was kept of the questions and responses. We were told the outcome was feedback to people but there was no record of this or how this had contributed to the overall decisions regarding recruitment. It was noted a couple of people had stated in a recent survey they would like to be involved in staff interviews and this had been arranged for the next round of staff interviews.

One person's health action plan referred to daily exercises recommended by their physiotherapist. There was no information in the support plan about the exercises, or when they had been recommended, and if any follow up visits had been arranged to review them. A staff member told us the person did not do these exercises but they received regular exercise by other means. They said they would contact the physiotherapist to check if they should still be supporting the person with the exercises. This had not been identified through regular monitoring.

One person had a history of epilepsy but there was no risk assessment. It had been a number of years since the person had a seizure but there was no information about what type of epilepsy the person had experienced and what action staff should take if the person had a seizure. This had not been picked up through auditing of records.

One person had goals around weight loss. Their aim was to lose weight in 2016 but their weight had actually increased. An audit carried out stated goals should be reviewed with the person but this had yet to be done. It was noted this person now refused to be weighed. We discussed the issue of goal plans and that if people

did not want to have goals they did not have to have them. Some people may have areas they want to work on but don't want this to be formalised. However, if there is a goal it should be achievable and records should demonstrate the actions taken to support the person to meet their goal. It was noted goal planning was an area highlighted by management as needing more work.

Daily records referred to the tasks staff carried out rather than commenting on how someone had been. For example, there was a statement that one person had been a bit tearful. There was no record of the action staff had taken or that this had been explored with the person to find the cause. There were no audits of the activities provided. Some people led very busy and active lives. Others chose to lead more sedentary lives. Some people required motivation and encouragement to participate in activities, but once they got to the activities they enjoyed them. There was no link between goal plans, activities and daily records. Whilst keyworkers wrote a monthly summary that included some plans for the following month the information provided was not always detailed. The organisation had already identified audits were needed in these areas and record keeping needed to be more detailed.

Staff encouraged people to make decisions independently. However, some 'best interest' decisions were taken by others on behalf of a person and as a result there were restrictions in place. Whilst the service operated within legal requirements, the actions taken to ensure as far as possible the person was supported to accept/understand the restrictions were not always recorded.

Staff encouraged people to make decisions independently. However, some 'best interest' decisions were taken by others on behalf of a person and as a result there were restrictions in place. Whilst the service operated within legal requirements, the actions taken to ensure as far as possible the person was supported to accept/understand the restrictions were not always recorded.

We recommend the provider ensures there are appropriate systems to maintain accurate and complete records in relation to the care and treatment people receive.

A number of problems had been identified with record keeping earlier in the year and support had been provided to ensure these areas were addressed and kept up to date. All staff had received training in record keeping but following a recent safeguarding investigation it had been recommended further training be provided in this area. This had yet to be arranged but in the interim this had been discussed at a staff team meeting. An exercise had been carried out that involved roleplay and staff were then asked to write an account of what they had witnessed. The various recordings were then discussed and compared.

The registered manager met with the local authority on a regular basis to discuss each of the people supported, progress made and any issues encountered. If there were actions to be carried out as a result of these meetings an action plan was written and records showed actions had been completed. There were systems to ensure health and safety aspects of the service were audited regularly and any shortfalls found were addressed. Audits of medicines and of support plans were carried out and checks undertaken regularly to ensure any action points were addressed. When shortfalls were found in staff performance, there was a 'no blame' culture. Staff were assisted through additional training and support to address shortfalls and improve their performance.

A staff member told us team meetings were held regularly. They said we talk about the people we support, what works well and what we could do better. We discuss activities we want to plan and how this can be facilitated. They said they valued positive feedback from their manager as this boosted confidence. Minutes of meetings were detailed and demonstrated the work on-going to address any shortfalls and to ensure clear communication within the team.

Newsletters were written periodically. These provided information about staff leaving and joining the service, photographs of various activities that had happened and information about people's various achievements.

Annual surveys were carried out. It was noted families and professionals surveys were due to be sent in September 2017. Following the last survey the site manager had provided feedback that some of the questions needed to be more open. For example, they said, "If you ask people if they are involved in staff recruitment, most people would say, 'no' but if you asked if they are given the opportunity to be involved in staff recruitment the answer would be different." People had given positive feedback in the survey. They felt supported and knew who to speak with if they had any concerns.