

Affinity Trust

# Affinity Trust - Domiciliary Care Agency West Kent

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 27 September and 2 October 2018 and was announced. We gave the provider 48 hours' notice so that people would know we were coming and would be available to meet us and speak with us if they wanted to.

Affinity Trust Domiciliary Care Agency West Kent provides care and support to people living in shared houses and individual flats called 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Each person had their own bedroom and bathroom and some people shared kitchens, dining rooms and lounges and others had their own. The service supported 34 people living with learning and physical disabilities living across Kent.

CQC carried out an announced comprehensive inspection of this service on 20 July 2016. A breach of legal requirements was found relating to support plans. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. The breach of regulation was now met. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Affinity Trust - Domiciliary Care Agency West Kent on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service continued to be run by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The registered manager had reviewed support plans with people so that they were detailed and gave guidance to staff about how to support people to achieve their goals and ambitions. There was now information about how to support people to develop and increase their skills to live more independently.

People were supported to take part in activities of their choosing including gaining employment. People's wishes should they become ill were recorded in their support plans. Any concerns and complaints were investigated and responded to.

The service continued to be well led, the registered manager was skilled and experienced in leading the service. People were asked about their views of the service and these were acted on to improve the support people received. The registered manager met with people and observed the staff to make sure people continued to receive good support. The registered manager had notified CQC of incidents and events as required and displayed their rating as required.

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

We always ask the following five questions of services.

### Is the service responsive?

Good 

The service was responsive.

We found that action had been taken to improve support plans so they were more focused on individual needs and goals.

People were supported to take part in a range activities, hobbies and interests were supported.

Staff knew about people's wishes about the care they wanted should they become ill.

Complaints were listened to, responded to and resolved.

### Is the service well-led?

Good 

The service remains Good

# Affinity Trust - Domiciliary Care Agency West Kent

## **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.

We undertook an announced focused inspection of Affinity Trust on 27 September 2018 when we met people in their homes. We met the registered manager at the agency office on 2 October 2018. The inspection was carried out to check that improvements had been made to meet legal requirements following our inspection of 20 July 2016. The inspection team consisted of two inspectors. The team inspected the service against two of the five key questions we ask about services; is it responsive and is it well led. This is because the service was not previously meeting a legal requirement in relation to the key question, is it responsive.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met and spoke with six people, nine staff and with the registered manager. We spent time with people in their homes, talking with them and talking with and observing staff. We sampled people's support plans and other records including health care records and audits. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service responsive?

## Our findings

We carried out an announced comprehensive inspection of this service on 20 July 2016. A breach of legal requirements was found relating to support plans. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Affinity Trust - Domiciliary Care Agency West Kent on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At the last inspection on 20 July 2016 there was a breach of a regulation relating to a lack of detail in people's support plans about how they wanted to be supported. There was a lack of detailed plans about how to support people to increase their skills. Since the last inspection, the registered manager had met with each person and had reviewed and improved their support plans which were now detailed and clear.

The registered manager and staff had worked hard to make sure people's support was person centred and that staff supported people to achieve their goals and ambitions. Support plans now detailed the support people needed to achieve their goals. There were clear plans about what support people needed to increase and develop their skills to be more independent. Support plans had been written with people and included photographs and pictures to make them meaningful to people. People were happy and proud to show us their support plans showing photographs of their achievements including developing their cooking skills.

People told us about their support, they said that staff were there when they needed them and that staff continued to respond to their needs. Staff we spoke with knew people well and could tell us in detail about people's needs and about their hopes and goals for the future. We observed staff supporting people with patience and understanding. One person had taken part in a concert and was watching the DVD of the concert on the television. Staff sang along with the person and clapped at the end of each performance which the person smiled at and looked happy about.

People were supported to take part in a range of activities and told us about their hobbies and interests including gardening, going to the cinema and their supported employment. People were supported to take part in preparing their meals and cleaning their homes and to increase their skills as much as possible.

People's needs and wishes should they become ill were recorded for staff to follow. People's wishes about the support they wanted at the end of their lives was discussed and recorded. Staff were knowledgeable about people's health needs and supported people to live healthy lives encouraging healthy eating and exercise.

People knew that their complaints would be listened to, acted on and resolved. Staff knew people well and knew when people were unhappy by picking up subtle clues like changes in mood or body language. People told us that they felt listened to and that staff would act on their complaints. The complaints procedure

continued to be displayed and was produced in a way that was meaningful to people.

The registered manager kept a record of any complaints, the investigation and resolution. Complaints were tracked as part of the registered manager's monthly audits so that any patterns could be picked up and addressed.

## Is the service well-led?

### Our findings

The service continued to be well led. Everyone continued to be involved in the monitoring of the service. People and their loved one's views were sought and acted on so that changes were made to improve the service.

Changes had been made based on people's views including more activities being arranged and people's current hobbies being developed. A person told us that the staff were aware they were interested on fast cars. The staff arranged an off-road experience for the person which they said they really enjoyed.

The registered manager was an experienced, qualified and skilled leader. Staff said they felt supported and involved. The culture was one of empowering people to have a fulfilled and meaningful life and everyone worked together to achieve this. There continued to be strong links with community partners and local people including shops, library's, leisure centres and cinemas. Staff told us they felt supported, they saw the registered manager regularly as the registered manager visited people to check how things were going.

Staff said there had been a period of staff vacancies being covered by regular agency staff. They said this had impacted on people's support for example, some agency staff could not drive so could not take people out. This had now been addressed. The registered manager had worked with the provider's human resources team to focus recruitment to people's needs and this had led to some permanent staff being recruited and had improved people's continuity of care.

Various audits were carried out to make sure people were safe and that they had the support they needed. The registered manager checked to make sure people had the hours of support they needed and that there were no late or missed calls to people. Some people had 24 hours of support each day and the registered manager checked to make sure this was what people received and that it was effective and reliable.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager understood their legal obligations. They had correctly let us know of any significant incidents.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be kept informed of our judgments. We found the provider had displayed their rating in the property and on their website.