Affinity Trust

# Affinity Trust - Domiciliary Care Agency - Shipley and Airedale

## Inspection report

Unit 9, Parkview Court
St Pauls Road
Shipley
West Yorkshire
BD18 3DZ

Tel: 01274533553
Website: www.affinitytrust.org

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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

Affinity Trust provides supported living and outreach services to adults with learning disabilities in Bradford, Keighley and Ilkley. At the time of the inspection the service was supporting 95 people in total which included 47 people living in supported living properties. Within supported living services 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe and support workers understood how to protect people from abuse. Risks related to people's care and support needs were continuously assessed and monitored and their support was reviewed to maintain their safety.

People's medicines were managed safely. People received appropriate support to meet their health care needs. People were supported with their dietary needs. The service worked with other professionals to ensure people's care and health needs were met.

The service continued to follow safe recruitment procedures. Support workers were trained for their roles and there were sufficient numbers of staff available, who worked flexibly to support people.

People continued to be involved in making decisions about their care and support. They were supported to be independent and take positive risks. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible; the policies and systems in the service supported this practice.

Support plans were personalised and reflected people's preferences, choice of lifestyle and cultural needs.

People followed their interests and hobbies and maintained relationships with family and friends.

The service had a registered manager. There was an open and transparent approach by the registered manager and the management team. People using the service and staff confirmed the management team were supportive.

Quality assurance processes were in place and operated effectively to monitor the quality and safety of the services provided.

Concerns were acted upon promptly and any lessons learned were shared with the staff team to improve

the quality of care provided.

People using the service, their relatives, health and social care professionals and staff had opportunities to give feedback and influence the development of the service.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service remains good. | **Good** |

# Affinity Trust - Domiciliary Care Agency - Shipley and Airedale

**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.

The inspection took place between 8 and 23 January 2019. It was announced at short notice to make sure the registered manager and people supported by the service would be available.

The inspection team consisted of an inspector, an assistant 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. Inspection activity started on 8 January 2019 when we carried out telephone interviews with people supported. On 14 January 2019 we carried out telephone interviews with support workers and on 14 and 21 January 2019 we visited the providers offices. On 23 January 2019 we visited four supported living properties.

We spoke with nine people supported by the service, fourteen support workers, three support managers, the registered manager and the newly appointed manager. We looked at seven people's care records and other records relating to the management of the service such as training records, meeting notes, audits and action plans.

We used information we held about the service to help us plan this inspection. This included notifications which the provider is required to send us about important events. On this occasion we did not ask the provider to send a Provider Information Return (PIR). This is information we ask the provider to send us

periodically which included key information about the service.  We contacted the local commissioning and safeguarding teams and they did not have any concerns about the service. We had sent surveys to people who used the service and their relatives, staff and health care professionals. The completed surveys including the comments received were used to inform our judgement of the service.

Good

# Is the service safe?

## Our findings

People were kept safe from abuse and improper treatment. People told us they felt safe. In a survey carried out by the provider at the end of 2018 the clear majority (98%) of people who responded stated they felt safe with their support workers. One person told us the service had supported them to identify a safe place where they could go if they ever felt vulnerable in their own home or the local community.

Support workers knew how to recognise abuse and how to report any concerns about people's safety and welfare. One support worker said, "Its supporting the right to live free from abuse." Support workers told us they would report any concerns to their manager and were confident any concerns would be dealt with. The registered manager had made appropriate referrals to the safeguarding team when this had been needed.

There were enough staff deployed to make sure people received the right support. The service consistently worked to ensure people were supported by staff who had similar interests. Staff were allocated to teams which helped to make sure people were supported by staff they knew. Support workers we spoke with had no concerns about staffing levels. One said, "It's rare that we're understaffed. We can be overstaffed sometimes."

The service continued to follow safe recruitment processes. All the support workers we spoke with told us the required checks had been done before they started work.

Risks to people's safety and welfare were identified and managed. Assessments were in place which identified risks to people's health and safety. These included areas such as mobility, eating and drinking, choking, skin care and environmental risks such as domestic appliances. Assessments were in place for specific areas of risk such as epileptic seizures, behaviour which challenged or the risk of financial abuse. The assessments showed clearly the actions being taken to mitigate identified risks. Support workers understood that managing risk was about supporting people to do the things they wanted to do in as safe a way as possible. One support worker said, "You basically keep people as safe as you can. Make sure they can do their day to day things in a safe way."

Information about emergency procedures was kept in each of the supported living properties. This included information about the support people would need in the event of a fire. People told us they practiced what they should do in the event of a fire and knew where the fire assembly point was. Checks were carried out in the supported living properties to make sure people's homes were safe. These included checks on the fire systems, hot water, gas and electricity. Shortfalls were reported to the landlord for action.

People's medicines were managed safely. People received different levels of support with their medicines depending on their needs. People were happy with the support provided with their medicines. One person told us they collected their own medicines from the pharmacy and said support workers helped them to make sure they took them correctly. Another person told us they were hoping to start looking after their own medicines soon. Their support worker told us they would be completing risk assessments with the person to make sure this could be supported safely.

Support workers received training about the safe management of medicine. One said, "We have training every year and we also have updates on training. The managers come and if anyone makes a mistake we must do an incident report. We're always up to date with the training." Another support worker said, "I've been to [name of external training organisation] and I had a questionnaire and a meeting with the manager. The manager observes me every six months." The support managers carried out three monthly audits of medicines. We saw the audits were effective in identifying any shortfalls and making sure they were addressed.

The provider had policies and procedures in place for the prevention and control of infection. Support workers were provided with personal protective equipment such as gloves and aprons. Support workers confirmed they received training on infection control and prevention and food safety. The supported living properties we visited were clean and people told us staff supported them with housekeeping.

Accidents and incidents were recorded and analysed to identify patterns or trends. This information was used to help prevent reoccurrence. Any lessons learned were shared with the staff team. For example, following a choking incident in a supported living setting in another part of the country, a case study had been rolled out to all support workers. This provided an opportunity for support workers to reflect on what had happened and discuss what they would do should a similar situation arise again. In addition, the registered manager told us they planned to have speech and language therapy (SALT) champions in place by the end of February 2019.

Good

# Is the service effective?

## Our findings

People received care and support from staff who were trained and supported in their roles. Support workers were provided with a comprehensive induction and training considered essential to meet people's needs and their role. Newly appointed support workers had a six-month probation and shadowed more experienced colleagues until they were competent and confident in their role. One support worker told us, "Yes, I had [induction], I had to read all the policies and procedures and care plans for the two people I was going to support. I did shadowing for a month."

Training was based around current legislation, best practice and tailored to meet the needs of people. For example, one person supported was profoundly deaf and a support worker told us, "At the moment we're getting training on British Sign Language (BSL). I did it years ago so it's a refresher for me. All staff and our team leader have to do it." Another support worker told us, "We do specialised training like challenging behaviour, Makaton (using signs and symbols to help people communicate), safe swallowing and epilepsy. It depends on the client you're looking after."

Support workers received regular supervisions and appraisals which gave them the opportunity to discuss their work and identify training needs. Team meetings took place regularly. These were used to share information about changes within the service and ways to improve people's lives.

People's needs were assessed and the information was used to develop detailed and person centred support plans. The assessments considered all aspects of people's lives and identified what they could do for themselves and where support was needed. People and their relatives were involved in the assessments and ongoing reviews of care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No applications had been made to the Court of Protection.

We found the service was working within the principles of the MCA. Policies and procedures were in place regarding the MCA which provided staff with important information. People's consent to care and treatment was recorded. Where people lacked capacity to give consent to their care and treatment best interest decisions were documented.

People were supported to eat and drink a varied diet which took account of their needs and preferences. People's support plans included information about their likes and dislikes and any special dietary needs. For example, one person's support plan stated they should have a soft, moist and chopped diet with food cut into pieces of no more than 1.5cm in size. This was supported by photographs which helped to make sure

support workers knew exactly what was required.  People were referred to speech and language therapy (SALT) services and/or dieticians where necessary and the guidance they provided was included in people's support plans.

The service worked with other organisations to ensure people received effective care, support and treatment. The service worked closely with the NHS Learning Disabilities Health support team based at Waddiloves health centre supporting people to access the services provided there. These included dental services, podiatry, audiology, ophthalmology and psychiatry.  People's health action plans confirmed they had access to the full range of NHS services. People had hospital passports in place. These included important information about their needs and helped to make sure they continued to receive the right care and support in the event of an admission to hospital.

People were supported to live healthier lives. For example, one person told us they had joined a slimming club and one of their support workers had joined with them to provide support and encouragement. In another example, we saw a person was supported to do batch cooking at the weekend so that they could have healthier home cooked meals during the week. People were supported to take part in health screening programmes such as those for breast and bowel cancer.

People's homes were adapted to meet their needs and decorated to reflect their taste and interests. One person invited us to look around their living room which had lots of photographs of activities they had taken part in and ornaments which reflected their interests.

Good

# Is the service caring?

## Our findings

People were happy with the care and support they received. People told us their support workers were kind and treated them with respect. In a survey carried out by the provider at the end of 2018 the clear majority (96.7%) of people who responded stated they were well supported. Comments included, "They support me really well", "It's very good", and "They take time to understand me."

Support workers understood the importance of treating people with respect and dignity. They told us they would always knock on doors and wait for an answer before going into people's rooms. They said they would make sure doors and curtains were closed when providing personal care. They told us they encouraged people to do what they could for themselves but let them know they were nearby if support was needed.

When we visited people in their homes we observed positive interactions. Support workers spoke with people respectfully. It was clear people had developed positive relationships with their support workers. For example, we saw people laughing and joking with their support workers. We also saw people seeking and receiving comfort from support workers when they were unhappy about something.

People were supported to maintain their independence. For example, one person told us they could now do their own washing because their support worker had marked the programme they needed to use on the washing machine with stars. In another house we saw one person helping their support worker to prepare the evening meal. They told us they enjoyed this. They said everyone who lived there took it in turns to help cook the evening meal. Peoples support plans included information about what they could do for themselves and where they needed support. For example, one person's support plan stated they were confident travelling independently within their local community but needed support when travelling in unfamiliar areas.

People were supported to make decisions about their support and treatment. Support plans included information about people's choices and preferences. The results of the provider's survey showed people were satisfied they could make choices about things like the clothes they wore, their meals and activities. Comments included, "They help me to do things like pay my bills and go shopping", "They listen." People supported were involved in the recruitment of support workers.

Support workers we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to support workers and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

People's information was managed and stored securely. People supported had been given information about how their personal information was managed.

Good

# Is the service responsive?

## Our findings

People received support which was responsive to their needs. Comments from people supported by the service included, "They help me out a lot", "They give me the support I need" and "[They] take into consideration my needs and wants."

Person centred care was at the heart of the service. In support of their commitment to providing personalised care and support the provider was implementing Person Centred Active Support (PCAS) across the organisation. PCAS is a way of providing just the right amount of assistance, to enable a person with intellectual disability to successfully take part in meaningful activities and social relationships.

At the time of our inspection this was being implemented in the Shipley and Airedale service. One of the support managers had been trained in PCAS and had started a pilot in one of the supported living properties. They explained they had chosen that location because the people there had been receiving support for many years and PCAS had provided an opportunity to take a fresh look at their care and support. They explained the process was all about going back to basics and supporting staff to look at everything they were doing and why. In the property where the pilot was taking place observations of practice had already shown an increase in people's levels of engagement and activity.

People were involved in making decisions about their care and support. Their support plans had detailed information about their support needs, preferences and goals and this supported the delivery of responsive care. For example, people were asked if they had any preferences about the gender of their support workers and about the personality traits they would like their support workers to have.

The records showed and people confirmed they were supported to achieve their goals. For example, one person had been supported to join a drama group and was enjoying the opportunity to take part in shows. Another person was being supported to achieve their goal of living independently and their night time support was gradually being reduced. They told us they had been supported to have a bogus caller alarm fitted and this had helped them to feel more secure.

People told us about the different activities they took part in at home and in the community. One person told us how much they enjoyed gardening and another person told us they liked going horse riding. Other people told us they enjoyed going to day centres and the parties organised by Affinity Trust.

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements. People's communication needs were assessed. This information was used to develop communication profiles which provided support workers with important information about supporting people to express their views. For example, one person's records stated. "The best time to communicate is in the evening when [name] is relaxed." Where appropriate the service made use of technology to support people with communication needs. For example, one person who had a hearing impairment had a vibrating

mattress linked to the fire alarm system.

People were supported to maintain existing relationships with family and friends and to develop new relationships with their peers. One person said one of good things about Affinity Trust was, "They let me go on holidays with my friends."

Support workers knew people well and this enabled them to be responsive to changes in people's needs. For example, in one case support workers were concerned the person supported was 'not quite right'. They contacted the on-call manager and called an emergency ambulance. The on-call manager accompanied the person to hospital and stayed with them from 11pm until 5am when they were admitted to a bed. The same manager went back to hospital the next morning to make sure the person had someone they knew with them. This was over and above what was expected and showed how the service valued the people they supported as individuals.

People were supported to make decisions about their end of life care. The service did everything possible to make sure people wishes were respected, often going over and above what was expected. In one case the service had supported a person from the time they received their diagnosis in 2017 to their death in 2018. Support workers supported the person with hospital visits and admissions, staying with them in hospital and on one occasion sleeping on the floor beside their bed because there was nowhere else they could sleep. When the person said they wanted to spend their last days in their own home the service worked with external agencies including the Macmillan nursing service to make this happen. The subject of funeral arrangements was introduced by talking to the person about a TV programme they had watched and which included a funeral scene. The person passed away peacefully at home with support staff present and their funeral wishes were respected. Throughout all this the other people living in the house were supported to understand what was happening.

The provider had a complaints procedure in place. People supported were given information about the complaints procedure in an accessible format. Complaints were recorded and where necessary were escalated within the organisation. Complaints were responded to and people were given information about what further action they could take if they were not satisfied with the way the provider had dealt with their complaint.

Good

# Is the service well-led?

## Our findings

The service had 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 registered manager had been promoted to a new role within the organisation. In their new role of divisional director, they would continue to have management oversight of the Shipley and Airedale service. A new manager had been appointed to take over the day to day management of the Shipley and Airedale service. They were in the process of applying for registration with the Commission.

The service had a clearly defined management structure in place with four support managers covering different areas. The local management team was supported by a senior management team which provided support in areas such as health and safety, quality and human resources. Support workers spoke positively about their managers. Comments included, "She's very good. She's very supportive. She's trained us to do SCIP [Strategies for Crisis Intervention and Prevention]. It's about challenging behaviour and how to deal with it.", "She's lovely. She's approachable. If we have a problem, she's happy to talk to us about it. We can go to the office and have a chat.", "We have a good team. I know my team leader or manager are just at the end of the phone."

Systems and processes to monitor and assess the quality and safety of the services provided continued to be operated effectively. This helped to make sure the service was delivered safely and people experienced good outcomes. There was a schedule of audits which included care/support plans, finances, health and safety and medication. In addition, support workers and supported managers had schedules of checks and audits which they were required to complete at specified intervals. These audits and checks were monitored by the senior management team through the providers electronic care management system to make sure they were done and any shortfalls found were dealt with.

The service had an open and inclusive culture. Engagement with people supported and their families was carried out in a variety of ways. These included satisfaction surveys, a carers/parents' forum, formal care review meetings and social events such as parties.

The provider had a clear vision for the service. This was shared in four key objectives which were delivered by the Chief Executive and discussed with every member of staff in their annual reviews. Staff were given the opportunity to share their views about the service through surveys, forums and meetings.

The provider was continuously looking at ways of improving the service. The implementation of Person Centred Active Support (PCAS) was one example of this. In another example, the provider had set up a centralised recruitment team which the registered manager told us this had helped to streamline the process.

The registered manager and staff team worked in partnership with other professionals such as community nurses and commissioners to promote and maintain people's quality of life.