

Norfolk Affinity Care Services Ltd

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Inspection report

15 Desborough Way
Dussindele
Norwich
NR7 0RR

Tel: 07540778571
Website: www.norfolkaffinitycare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Norfolk Affinity Care Services cares for people in their own homes. The service supports older people, those with physical or learning disabilities and autistic people. At the time of our inspection there were ten people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

The service met the underpinning principles of Right support, right care, right culture.

Right support: People were supported to maintain or increase their independence and had their choices respected. Staff listened to people who used the service and encouraged them to take small steps to gradually increase their skills and independence. Care plans documented how staff should achieve this.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people very well and provided sensitive care which met people's needs. Staff were aware of the limits of their role and people who used the service were actively encouraged to direct their own lives.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people were supported to develop their skills and independence and take part in their local community if they wished. The registered manager led by example and senior staff worked alongside newer staff to ensure everyone was delivering care in the same way.

There were clear safeguarding procedures in place and staff understood their responsibilities. Risks were assessed and managed well. People's medicines were administered safely. There were enough staff and recruitment procedures were robust. Staff followed best practice in reducing the risk and spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained and received a good induction into the service.

Staff worked in partnership with other health and social care professionals to meet people's healthcare needs. Where people needed support with their eating and drinking this was well managed and their food choices respected.

Staff were kind and caring and feedback from people who used the service and relatives was very positive. People felt they received individualised care which met some very specific needs. The registered manager, who was also the owner of the business, was held in high regard by staff and people who used the service.

There were systems in place to monitor the quality and safety of the service and further systems were being developed. Incidents and accidents were analysed and learnt from to reduce the likelihood of a repeat.

There was a clear plan and vision for the future of the business and any learning was identified and acted on. Staff said they received good support from the registered manager and the supported living co-ordinators.

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

Why we inspected

This service was registered with us on 01 December 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring. Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive. Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our well-led findings below.

Norfolk Affinity Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager, who was also the provider, in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be available to support the inspection.

Inspection activity started on 12 May 2022 and ended on 25 May 2022 when we carried out a feedback session.

What we did before the inspection

We reviewed the information we had received about the service. This included notifications the provider had sent us and also the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with two people who used the service and two relatives. We also spoke with the registered manager, one team leader and two care staff. We reviewed three care plans and three medication records and other records relating to the safety and quality of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were clear about how to spot the signs which might indicate a person was being abused. Staff knew how to refer safeguarding concerns by reporting within the organisation and externally.
- The provider had referred safeguarding concerns to the local authority for further investigation and had notified CQC.

Assessing risk, safety monitoring and management

- The provider assessed risk and documented the steps staff should take to reduce risk as much as possible. People who used the service were supported to take part in activities, access the community and increase their independence and associated risks were well managed.
- Care plans clearly outlined how staff should manage specific risks. For example, one person had experienced a recent increase in their epileptic seizures. The provider had alerted relevant health and social care professionals and requested a review of the person's needs. They had also reviewed their own risk assessment and put in place practical interim measures to help keep the person safe.
- Risks relating to people's reactions to distress, including self-harm, were well documented. Care plans contained clear strategies to help keep people who used the service safe whilst encouraging them to maintain or increase their independence. Plans identified possible trigger situations for people and gave staff strategies to help avoid these or lessen their impact.
- The provider had assessed environmental risks relating to people's own homes. The safety of staff who lone work had been assessed and the provider had a system in place designed to monitor their safety.

Staffing and recruitment

- There were enough staff to meet people's needs. Care calls ran on time and people told us calls were not cut short or missed out. One person told us, "They are very reliable... If there are any problems [the provider] is on the phone to tell us, like if staff are running late, but they are usually here within 10 minutes."
- Staffing aimed to ensure that people were supported by the same small group of staff. People told us this worked well, especially those who struggled to get to know and trust staff unfamiliar to them.
- Some staff worked a high number of hours each week. We checked with staff who told us there was no pressure on them to do this and confirmed they had adequate breaks. The provider has given us assurances they will continue to monitor this to ensure staff are not too tired to carry out their roles safely.
- Staff were safely recruited and there was a robust recruitment procedure in place.

Using medicines safely

- Staff received training in the administration of medicines and had their competency checked. One person had been prescribed a new medicine requiring a particular technique to administer. The provider had arranged specific training for staff that supported this person.
- Medication records were detailed and accurate. Some people's medicines were given by relatives as well as care staff and the provider had worked well with families to ensure medication records were clear.
- Staff demonstrated a good understanding of medicines, including those which have to be given at a particular time or those which are given as required, for occasional pain for example.

Preventing and controlling infection

- There was an infection control policy in place. Staff understood the procedures relating to infection control, including the specific risks posed by COVID-19. Appropriate personal protective equipment (PPE) was available and staff told us they wore PPE as required and followed government guidance.
- People who used the service and relatives told us staff worked in line with good infection control practice and they felt safe.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and records were good. Where incidents occurred, the provider carried out an investigation and promptly took steps to reduce the likelihood of a repeat incident occurring.
- We noted that where the potential for confusion and a possible medication error had been identified, processes changed.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care, and support needs were assessed before they started using the service. The registered manager carried out initial assessments to consider if the service could meet people's needs safely.
- Pre-admission assessments were used to draw-up care plans and risk assessments. The provider worked with people who used the service, relatives and health and social care professionals to ensure each person's needs were fully assessed and documented.

Staff support: induction, training, skills and experience

- People who used the service and their relatives told us they felt staff were well trained and they had confidence in them. One person said. 'Staff are trained and they know what they are doing.'
- Staff told us they received the training they needed to carry out their roles. Training, although currently all online, was varied and followed up with some face to face mentoring and shadowing of new staff by senior staff. Staff received a comprehensive induction and they confirmed that they were not expected to provide support and care until they felt confident, although this was not recorded on their induction training record.
- Staff demonstrated a very good understanding of people's individual needs and clearly knew them well. There was an additional benefit to one person who used the service of having staff from their previous placement follow them to this new service. This reduced anxiety and enabled staff to build on previous work and increase independence.

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

- Records were clear about people's needs relating to their eating and drinking. People's preferences were respected when buying or preparing foods.
- People were encouraged to maintain a healthy balanced diet. Staff supported an autistic person to increase the range of foods they ate. They had introduced the person, who also had sensory loss, to herbs and were planning to build on this and maybe grow some vegetables.
- Staff made sure people had access to drinks, and food if they wanted this, before the end of the care call.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was evidence in records of excellent communication with other agencies when supporting and monitoring people's health needs. The service works alongside epilepsy specialist nurses, GPs and district nurses to meet people's healthcare needs. People with learning disabilities and autistic people were supported sensitively to access the healthcare they need.
- E mails between the service and healthcare professionals showed the service was pro-active in raising

concerns and sharing information about people's healthcare needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were clear about people's rights and understood the principles of the MCA. Staff working with one person who had been legally deprived of their liberty understood the implications for this person. They were clear about their own responsibility to keep the person safe whilst maintaining their human rights.
- Records had assessed people's capacity to consent to a variety of care needs including medication and personal care. People who used the service confirmed that staff always asked for their consent before providing care and support. Staff understood the limits of their role when encouraging people to receive care and treatment and were clear about people's right to refuse.
- Care plans stated they had been discussed with people and agreed. People confirmed this had taken place, but records were not signed by the people concerned. We fed this back to the provider who gave us assurances they would action this.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us the staff were kind, gentle and treated them with respect. One person said, "They are gentle with me. I have a lot of pain.... I rely on them for everything. I trust them."
- Staff working with a person with highly complex needs spoke with affection and were committed to increasing their independence and introducing them to new experiences. The person's relative praised the kindness and thoughtfulness of the staff. They told us, "The carers know what they are doing. They know [my relative] well and know all the ways to treat [them]."

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

- Care plans were reviewed with people, and their relatives, if appropriate. One relative said, "[The provider] wrote the care plan with us and went through it all. [The provider] checked we were happy with everything and it met all [my relative's] needs." Another relative commented, "Everybody is familiar with [my relative's] needs. They all know the care plan. I was involved in setting up the care plan."
- The provider sent out annual service user satisfaction surveys which gave people additional opportunities to raise any issue about their care. People also told us they felt comfortable raising issues about their care informally with the provider and were sure their feedback would be listened to and acted upon.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were very detailed and documented people's specific needs, choices and preferences. In some cases care tasks were broken down into very small steps and gradual progress towards goals was well evidenced.
- Staff were very knowledgeable about people's individual needs. One relative commented, "Staff work extremely hard and are dedicated. ...The changes in [my relative] have been clear. There has been a remarkable improvement."
- Where the service identified a change in a person's needs, they were proactive in raising this with relatives or health and social care professionals to ensure needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about how people chose to communicate and strategies for successful communication.
- One person had very specific needs around communication due to their complex needs including sensory loss. Staff were able to tell us, in detail, how they supported this person to make choices, increase their skills safely and make sense of the world around them. Care plans documented exactly how to communicate with them and their relative confirmed that staff were very skilled. This had resulted in a significant reduction in distressed reactions, which included hurting themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person's care records documented how they were supported to take part in activities and daily living tasks in the community.
- One autistic person had a care plan in place designed to help increase their confidence, with the ultimate goal of accessing the community one day.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place but no written formal complaints had been received. People were very happy with the service and one person said, "Why would I need to complain!"

- Where issues had been raised informally, the provider documented them, investigated and took action if required. People felt confident they could raise issues and concerns if they needed to.

End of life care and support

- Nobody was receiving end of life care at the time of this inspection. Care plans did not have a section for end of life care. The provider told us that this was planned to be added.
- Where people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order in place this was recorded on their care plan and staff were aware of it.
- Staff had not yet received end of life training but one staff member told us they were confident that should this be needed to support a person in the future, it would be provided. The provider confirmed that they had already discussed this with the local clinical commissioning group and this was going to be provided soon to enable them to offer care to people at the end of their life.
- One older person told us the staff supported them to manage the pain of their increasing health conditions and showed a good understanding and compassion for their increasing needs.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt valued and confirmed any suggestions they made about people's care would be carefully considered. Staff received supervision and appraisal and had opportunities to raise issues and make suggestions within these meetings.
- Staff meetings had been difficult to co-ordinate due to the small team, alongside the Covid-19 pandemic. However, all staff confirmed they received the information they needed via their care plan app. The provider told us he planned to have face to face staff meetings in the future as his staff team grew.
- People who used the service, relatives and staff all felt the provider is very approachable and supportive and all felt comfortable raising issues.
- People who used the service provided feedback via annual service user satisfaction surveys. These were collated and reviewed. We reviewed the most recent surveys which were completed in December 2021 and noted that no major problems or concern had been highlighted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were open and honest with family members and professionals and took responsibility when things went wrong.

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

- The service had a registered manager, who was also the provider, in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated a very good knowledge of people's needs and the needs of the staff team.
- There was a system of audits in place and oversight of risk was good. The provider had submitted notifications to CQC and to the local authority where required, and staff were clear as to their roles and responsibilities.
- Staff were well monitored by senior staff and felt supported. Structured spot checks were not yet fully embedded but all senior staff, including the registered manager, were involved in care shifts which gave them a good understanding of what was happening within the service.

Continuous learning and improving care

- The provider monitored the service well and identified areas for improvement. They took part in various local forums and initiatives relating to meeting people's more complex needs in the future.
- The provider had a clear plan in place to grow the service slowly and sustainably. They intended to introduce some additional roles to the service in order to achieve this.

Working in partnership with others

- Records demonstrated the service worked in partnership with a variety of health and social care professionals and those who commissioned care packages. People who used the service and relatives confirmed this worked well.