



# Inspection Report on

**Affinity Homecare Aberystwyth**

**26 Bridge Street  
Aberystwyth  
SY23 1QB**

## **Date Inspection Completed**

18 November 2022

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Affinity Homecare Aberystwyth

Type of care provided	Domiciliary Support Service
Registered Provider	Affinity Homecare Group Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	30 March 2021
Does this service provide the Welsh Language active offer?	This service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People using Affinity are cared for and supported by a small team of experienced workers who are effectively led by their managers. Workers feel well supported and consider they work well together as a team to support people.

Care workers know people well. They know what and who is important to them. They are also able to recognise any changes and how to report such changes to promote, as far as possible, people's health.

There are high levels of satisfaction with the service, with relatives feeling confident they made the right decision by choosing Affinity, and feeling able to recommend the service to others.

Improvements to the governance and overall management of the service are required to ensure compliance with regulations. In particular in relation to training; supervision and oversight of the service.

## Well-being

People are safe and protected from harm. Workers know their responsibilities in relation to safeguarding. They are able to report any concerns to their managers and are confident these will be appropriately managed and reported.

People's needs are met by workers who are friendly; kind and motivated. Relatives are complimentary, describing workers as "*gentle, caring and encouraging*".

Care workers are reliable and flexible, and people receive their care and support from workers who speak Welsh if they choose.

People also receive care and support from a service which is person centred. Workers feel they know people well, and this is corroborated by relatives. One relative described the workers as "*my eyes and ears*" adding "*I cannot express how grateful I am*". There are examples of care workers going over and above their allocated duties.

Whilst care workers consider they have received the appropriate training, and most relatives consider workers to be suitably trained, there are some gaps in the training matrix due to training either not being completed, or is out of date.

Workers feel valued and part of a team, but supervision is not always carried out in line with regulation.

## Care and Support

Relatives of those receiving care and support are wholly complimentary about the service. One described the service as “*absolutely fantastic*”. Care workers are reliable and friendly. One relative described care workers as “*extremely professional*”. Relatives consider workers really know people well and know their “*quirky ways*”.

There is a level of consistency with people seeing the same workers on a regular basis. Care workers, and the duty rotas, corroborate this, with care workers saying they have regular routes which means they can get to know people and what is important to them.

People’s physical health needs are appropriately met. Care workers are able to recognise if a person is becoming unwell and also if a person’s skin is at risk. Relatives are informed about any changes and we were told about one occasion when workers remained with a person who had sustained an injury until medical assistance arrived. Relatives also spoke about how workers will sometimes pop-in to see a person outside of their scheduled visits to make sure they are OK.

Care workers say they have enough time to carry out their duties. Travel time is built in to the rotas. However, there are inconsistencies in the planned start/finish times, and the actual times. We discussed this with the manager who agreed to review the rotas to make sure they are an accurate record.

Care records are detailed and contain the information needed to ensure workers know people’s current needs and how these are to be met. Some people have a helpful personal profile and we discussed the potential benefits of having this for each person the service supports. Relatives are able to refer to the care records. Daily records are comprehensive but we have asked the provider to make sure the language used is always reflective of person centred care.

## **Environment**

This is a domiciliary care service, therefore this area is not considered. However, we note the office is clean and comfortable. There is an additional training room which can also be used for people to meet in private.

Environmental risk assessments are carried out for people's homes to ensure they are safe and to identify any possible hazards for both the person and those working in their home.

## Leadership and Management

There are some governance arrangements in place to monitor quality but these lack rigor. Questionnaires have recently been sent to people; their relatives and care workers. The responses have been considered and summarised, but no Quality of Care report has been written. The responses are largely positive, and the manager has documented the actions taken.

No reports written by the responsible individual (RI) have been submitted. This is an area for improvement and will be followed up at the next inspection.

Care workers feel valued and supported but they do not always receive appropriate supervision. The supervision matrix indicates almost all supervision is over-due, but this may not be an accurate record as individual files show supervision has been carried out more recently. This is an area for improvement and will be followed up at the next inspection.

Care workers are appointed following a safe recruitment process. Files show the appropriate references have been obtained and safety checks carried out. Files are easy to navigate but do contain some old and out of date information.

Most care workers think they have had the training they need to effectively and safely carry out their duties. Most relatives also consider workers to be skilful and well trained, but one thought people would benefit from workers having more training before they started to carry out their duties. The training matrix shows a significant number of staff have either not completed areas of training, or their training is out of date. This is an area for improvement and will be followed up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------



73	No reports were available to demonstrate the RI has carried out the required monitoring visits. The manager was unaware of any such reports.	New
36	There are gaps in staff training with some staff either not having completed training, or training is out of date. A relative said they thought staff could, at times, be better trained before carrying out care duties. The training matrix shows some staff at not up to date with supervision.	New

**Date Published** 05/12/2022