

Affexa Limited

Affexa Care Services - Stafford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service: Affexa Care Services is a domiciliary care agency that was providing personal care to 21 people living in their own homes at the time of the inspection. People had a range of support needs including those living with dementia and a physical impairment.

People's experience of using this service:

Staff recruitment required strengthening. For example, one person was employed who had a positive disclosure and barring service check. There was no recorded rationale in place prior to their employment to ensure they were suitable to support people in their role

We have made a recommendation that the service review the NICE guidelines for managing medicines for adults receiving social care in the community and ensure medicine management systems are in line with this.

Mental Capacity Act documentation was lacking; however, staff were aware about the MCA and people told us they were consulted about their care.

Systems were in place to monitor people's care; however, some systems could be strengthened to address key areas in the service.

People had access to healthcare professionals.

There was a sufficient amount of suitably trained staff to meet people's needs

People were protected from potential abuse and told us they felt safe. Staff were aware of their safeguarding responsibilities.

People's needs were assessed and they were involved with reviews of their care.

People were treated with kindness by staff and were involved in their care. People told us they were treated with dignity and respect.

People knew how to complain and the provider considered these appropriately.

People received care that was responsive to their needs. However, further detail about people's preferences, life history and end of life wishes in their care plans required strengthening.

The registered manager was approachable and understood their duty of candour.

More information is in the full report.

Rating at last inspection: The last report was published on the 16 December 2016 and was rated Good.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: The next scheduled inspection will be in 12 months. We will continue to monitor information that we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Affexa Care Services - Stafford

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults. It included those living with dementia or people with a physical impairment.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave one days' notice of the inspection site visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 19 February 2019 and ended on 19 February 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. Phone calls to staff and other professionals took place after the site visit on the 26 February 2019.

What we did:

Prior to the inspection we gathered information from a number of sources. We looked at information we held about the service, which included any notifications submitted to us by the provider. A notification is required to be sent to CQC by law and should be sent every time a significant event has happened.

We contacted Staffordshire local authority and Staffordshire Healthwatch to gather their views of the service. Healthwatch helps people speak up about health and social care services in the Staffordshire area.

During the inspection we spoke to five people who used the service, two relatives, two staff members, the registered manager and office staff. We looked at four people's support plans, four staff recruitment files and other information relating to the running of the service including medication records and risk assessments.

After the inspection we spoke to two staff by the telephone to gather their views about the service and one health and social care professional. We also received information from the registered manager that we had requested such as staff training information.

Is the service safe?

Our findings

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

During the last inspection in December 2016, we rated safe as 'good'. During this inspection we found that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment systems require strengthening. For example, a person was employed with a positive Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment choices. Although they were still in their induction period, no recorded rationale had been conducted by the provider prior to their employment to ensure they were suitable to support people in their role. Following our inspection, the registered manager sent us documentation that showed this issue had been considered and a rationale made.
- There were sufficient numbers of staff to keep people safe. One person told us that, "They [carers] come at the right time and are the same carers." Another person told us that if they are late they will telephone them and let them know.
- Staff told us that they have enough travel time to get to people.

Using medicines safely

- People could be assured that they received their prescribed medication however, systems to manage people's medicines required strengthening to be in line with national guidance.
- Some people were prescribed medicines to be taken on an 'as and when needed' (PRN) basis, for example cream. We found there were no written protocols in place.
- We saw on some people's medication administration records (MARS) their medicine was dispensed but not given, as people had that medication later on during the day when staff weren't present. We did not see any risk assessments around this, as per National Institute for Health and Care Excellence (NICE) guidelines.
- We recommend that the service review the NICE guidelines for managing medicines for adults receiving social care in the community and ensure medicine management systems are in line with this.
- We saw that MARS were completed and people told us they received their medication.

Assessing risk, safety monitoring and management

- People told us they felt safe with the care they received. One person told us, "I definitely feel safe, they are nice [carers] and I am not frightened at all."
- Risks were assessed and planned for, however risk assessments weren't always personalised and information was not always consistent. For example, we saw on one person's care plan that they required their drinks to be slightly thickened, however on the persons medication list it stated what dosage of thickener was required but not to what volume. This meant that there was a risk that the person did not get their fluid thickened to the correct consistency. We discussed this with the registered manager who stated they would seek advice from the appropriate health professional about this.
- We discussed the risk assessments with the registered manager who told us information on their system is

usually pre-populated which can make it impersonal. They recognised that this was an area for improvement.

Preventing and controlling infection

- People were protected from the risk of cross infection as appropriate measures were in place.
- One person told us that staff wore personal protective equipment (PPE) such as gloves.
- Staff confirmed they were provided PPE and told us when they would use this. For example, one staff member told us, "[they would use] gloves and aprons for food, medicines and personal care."
- Staff told us that they had received training in infection prevention control and we saw records confirming this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse. When concerns had been identified these were reported to the local safeguarding authority, as required.
- Staff told us they had received safeguarding training and understood their responsibilities in this area.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. For example, there had been a complaint about staff not wearing the PPE. The cause of this was investigated and staff were supported to improve to try and prevent this happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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.
- We checked whether the service was working within the principles of the MCA. One person told us that staff, "Always check that I am ok with it [their care]."
- However, there was no documentation in place to record capacity assessments and best interest decisions. This meant that people's capacity may not be assessed appropriately, if required.
- Following our inspection, the registered manager had introduced a new system to ensure people's capacity was assessed when required.
- Staff were able to tell us about the MCA and what capacity meant, with one staff member telling us, "It is if someone can make decisions for themselves."

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

- Assessments were carried out to identify people's support needs and included information about their personal care and mobility requirements.
- People's protected characteristics were considered during the assessment process, with people asked about their cultural, religious and ethnic requirements and if a translator was required.
- People told us they were involved in their care reviews.
- Some people had health conditions that required specialist intervention. For example, one person had a percutaneous endoscopic gastrostomy (PEG) tube in place which meant they required support with food and medication via the tube. Their care plan detailed the action staff needed to take and showed the service was working under the guidance of their doctor and specialist nurses, which meant the person was receiving the correct support.

Staff support: induction, training, skills and experience; supporting people to eat and drink enough to maintain a balanced diet

- One person told us they felt the staff had received the right training to support them.
- Another person told us that staff, "Helped them with food."
- Where people required a specialist diet, such as diabetic, it was recorded in people's care plans. This meant people were supported to receive the correct diet to meet their nutritional needs.
- Staff told us they felt supported in their job, with one staff member telling us, "I don't ever feel that I am on my own, there is always someone to speak to if I need to."

- Staff told us they received an induction which included shadow shifts before starting on their own. One staff member told us, "I got to know people's routines [and stayed on] shadowing shifts until I felt comfortable. They [provider] asked if I felt comfortable before I started."
- Supervisions were held with staff, with one staff member telling us, "[Person's name] listened to everything that I said, nothing is ever bottled up."

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

- People were supported to access health services.
- One person told us the service had supported them to attend a hospital appointment.
- Records demonstrated referrals to health professionals, such as the district nurse had been made when staff were concerned about a person's health condition.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and compassion by staff.
- One person told us the staff are, "Very kind and friendly." Another person told us, "Carers are very caring."
- A relative commented, "[Person's name] is definitely safe when carers are there. [Person's name] is confident with them."
- Another person told us the, "Carers are good, they ask if things are ok."

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

- People were supported to express their views and be involved in decisions about their care.
- People told us that they were involved with reviews of their care. One person told us, "I feel involved with it [care] and I am involved with the care reviews and I get the care I want."
- One relative told us, "They [carers] involve us in [person's name] care by asking us questions."
- The service invited people to take part in customer satisfaction services, to give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity respected and independence promoted by staff.
- One person told us, "They are very discreet, they protect my dignity."
- A relative told us that since the staff had started working with their relative, their mobility had improved.
- Staff understood the importance of encouraging independence and could give us examples of how they do this. One staff member told us, "[Person's name] does their own teeth and hair to promote their independence."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care had been planned. We saw support plans detailed people's preferences such as, where they liked to eat and who they liked to eat with and staff were aware of people's preferences. However, they lacked further detail of people's interests and life history. We discussed this with the registered manager who stated that they will look to develop this into the care plan assessments.
- People told us reviews were held about their care and they were involved with these reviews.
- People told us they received support from the same carers generally which mean they knew them well.
- The provider used an electronic system to record care tasks. This meant staff could respond to people's changing needs in a timely manner. For example, we saw staff had sent a request into the office requesting a referral be made to a speech and language therapist due to health concerns identified with a person.

End of life care and support

- The service was providing end of life support for people.
- Some details of how people would like to be supported during this time were documented in care plans. For example, where a person would like to be during this period. There was no specific end of life care plan to record all the wishes of a person, which meant they might not receive personalised support, responsive to their needs.
- We discussed this with the registered manager who acknowledged an end of life care plan should be incorporated into their assessment process.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person said, "I would ring the office if I needed to complain."
- We saw one person had raised their concerns, which was followed through and investigated. This meant the quality of people's care would be improved.
- The service had complaints policy in place which was also included in the service user guide given to people when they commenced using the service.

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

During our last inspection in December 2016 we found the service was consistently managed and well-led. At this inspection we found service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were in place to monitor people's care; however, we found some systems could be strengthened to address key areas in the service. For example, the lack of PRN protocols, recruitment processes and MCA documentation.
- The provider recognised there were improvements to be made in relation to their electronic care plan system, which included making care plans and risk assessments more personalised.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their duty of candour and had a clear vision for the service. They would like to, "Grow and expand into other areas, geographically and eventually into more complex care."
- Notifications were submitted to CQC, as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the registered manager was approachable. With one staff member saying, "I feel like they definitely care about making sure you are 100% ready [to work autonomously]. There is no pressure to go off on your own."
- Another staff member told us the registered manager was, "Really supportive" and that they used social media as a form of communicating. Another staff member told us, "Communication was good."
- Staff meetings took place, where items could be raised and discussed, such as the importance of wearing protective clothing.

Continuous learning and improving care

- Staff received random performance reviews to ensure they were supporting people effectively and to help staff improve. These checks included medication competency and after visit performance. For example, on one of these checks it was identified that staff weren't taking the bins out of a person's home. This was then discussed with the staff member to ensure it did not happen again.

Working in partnership with others

- The service worked in partnership with other professionals. One professional told us that listened to their recommendations and put them in place and they were involved in people's reviews with the service.

