Affinity Homecare Shrewsbury Limited

Affinity Homecare Shrewsbury

Inspection report

Suite 1B Network House, Badgers Way
Oxon Business Park, Bicton Heath
Shrewsbury
Shropshire
SY3 5AB

Tel: 01743367000
Website: ww.affinityhomecareshrewsbury.co.uk

Date of inspection visit:
09 August 2017

Date of publication:
29 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 9 August 2017 and was announced.

Affinity Homecare Shrewsbury is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit, the agency was providing a service to 41 people some of whom had complex health needs. The frequency and duration of visits across the service varied dependent on people's needs.

There was no registered manager in post at the time of our inspection. The service is required to have a registered manager. During our inspection, we met with the new manager of the service and the provider. 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.

Risks associated with people's needs were not always accurately assessed and management plans were not always put in place to guide staff how to reduce risks for people. People did not always feel safe with the support they received from staff. The provider did not have systems in place to record and analyse accidents or incidents.

People were at risk of receiving inappropriate care because their care plans did not reflect their needs and the support required to meet these. People's choice was not always respected. Staff did not receive training or information about how to support people with specific health needs.

People and their relatives knew how to raise concerns or complaints but the provider did not always record or investigate complaints. The provider sought people's views on the quality of the service but did not use this information to make improvements.

The provider lacked sufficient systems to ensure people received safe and effective care that met their needs and preferences. The quality assurance systems the provider was using had failed to identify the shortfalls we had found and were not driving improvements of the service.

Staff had not received training on the Mental Capacity Act and had limited understanding of what this meant for their practice. Staff sought people's consent before supporting them and provided information to people in a way they could understand to allow them to make decisions for themselves.

People were satisfied with the support they received to take their medicine. Only staff who had received training in the safe management of medicine administered medicine. Staff monitored people's health and supported them to arrange and attend appointments as necessary.

People were supported by staff who were kind and caring. Staff treated people with dignity and respected and supported them to remain as independent as possible. People were involved in decisions about their care.

You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks associated with people's needs were not always appropriately assessed and staff were not always provided with guidance on how to minimise risks.

People did not always feel safe with the support provided by staff.

The provider did not have systems in place to monitor accidents and incidents.

People were satisfied with the support provided to take their medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were not provided with training to meet people's specific needs.

Staff sought people's consent before supporting them.

People were supported to access healthcare as and when necessary.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's choice was not always respected.

People were supported by staff who were kind and caring.

Staff had formed positive working relationships with people and their relatives.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans did not always reflect their level of need and the support required to meet them.

People knew how to complain but the provider did not always respond to or investigate complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider did not have effective systems in place to identify shortfalls in the service and to drive improvements.

People and their relatives found staff and management approachable.

Staff felt supported by the management team and their colleagues.

Affinity Homecare Shrewsbury

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.

This inspection took place on 9 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one 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

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider.We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with eight people and seven relatives. We spoke with seven staff which included the provider, the manager, the care coordinator and four care staff. We viewed four records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as quality assurance processes and two staff recruitment records.

Requires Improvement

Is the service safe?

Our findings

Risks associated with people's needs were not always accurately assessed and management plans were not always put in place to guide staff how to reduce risks for people. We found a number of risks that had not been documented. For example, a person's care record we looked at demonstrated they were living with complex health needs. Staff demonstrated they were aware of the risks to this person and had taken appropriate action to report concerns about their skin care to the district nurses. However, the provider had not identified the action that should have been taken to reduce the risks associated with this person's various health needs. We saw that another person had limited mobility. There were no risk assessment or management plans in place to instruct staff how to support this person safely. We found that risks assessments that were in place for people were generic and limited in detail.

Staff demonstrated they would take appropriate action if they found that someone had fallen or had an accident. They said they would call the office or emergency service dependent on the situation and make the person comfortable until help arrived. One staff member explained that they had been told not to lift anyone if they had a fall. If the person was unable to get themselves up they would call 999. When we spoke with the provider we found that they did not have a system in place for recording accidents or incidents involving people who used the service. They therefore, were unable to analyse any trends or demonstrate what action they had taken to prevent reoccurrence.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

While some people felt safe with the care provided others did not. One person told us, "I feel absolutely safe. I'd soon let you know otherwise. I say things as they are." This was the view shared by a relative who told us they 'definitely' felt that staff supported their family member safely. However, two people we spoke with told us did not always feel safe with the service they received. One person explained that they did not always receive support from regular staff. They told us, "Occasionally a stranger arrives; I am a bit uncomfortable with strangers. I feel they [Affinity Homecare Shrewsbury] should let me know whose coming through my door." Another person told us they were no longer confident to be supported out by staff. They explained that when a staff member escorted them to a hospital appointment, the staff member spent most of their time on their mobile telephone. The staff member had not noticed they had become dizzy and they had nearly fallen.

Staff told us they kept people safe by reading their care plans and risks assessments. One staff member told us, "Before we ever use a hoist to lift people we ensure the hoist and slings are in good repair." They went to tell us when they supported one person to move with a hoist, they gave the person the controller to hold so that they felt in control of the situation. Another staff member told us, they ensured people wore their community alarms and that they made sure everything people needed was left in hand's reach before they left them. We saw that the provider routinely assessed people's homes for any environmental risks. Staff told us they looked out for any hazards such as, trailing leads, faulty equipment or frayed rugs during each visit. Where concerns were found they spoke to the person or their relative to rectify the situation.

Staff had received training and were knowledgeable about the different forms and signs of abuse. They knew how to report concerns of abuse and poor practice to the management team and were confident that they would escalate concerns to the relevant authorities. Staff also knew they could report concerns directly to external organisations. Where there were concerns about a person's wellbeing we found that a referral had been made to the local safeguarding team.

Staff told us that the provider completed checks to ensure they were suitable to work with people before they started work with them. These included references from previous employers and checks with the disclosure and barring service (DBS). The DBS is a system which allows organisations to check potential staff are suitable to work with people who use their services. Staff we spoke with and records we looked at confirmed these checks had been undertaken.

People we spoke with found that staff were usually punctual. One person told us, "They let me know if they're running late but usually they are on time." Another person said, "They're [staff] always rushing around, sometimes it can be earlier or later. They're on the go all the time, but they always do what needs doing." Staff told us if they were running late they would contact the person they were due to visit or the office to let them know. Staff said they had enough time to travel between calls. If they found that they did not have enough time allocated to meet people's needs, they would contact the office in order for them to reassess the person's needs.

People were satisfied with the support they received to take their medicines. One person explained they relied on staff to pass them their medicine. They said, "If it's somewhere I can't reach they [staff] dish it out, otherwise I manage it." They went on to tell us that the staff wrote everything down in their care file. Another person said, "They [staff] do it [medicine] very well, if a new one comes in, I make sure they know what I have." A relative told us, "They [staff] go by the rules of the doctors." They went on to tell us their family member had their medicine dispensed in blister packs which the staff gave them and recorded everything in the log book. Another relative explained they were reassured their family member had support to take their medicine safely. They said, "If I go away it is good to have them [staff] there." Staff told us they had received training on how to manage medicines safely. They demonstrated they would take appropriate action if a person refused to take their medicine or if there had been a medicine error. One staff member told us a person they supported had received their monthly medicines that morning and they had noticed a tablet they usually had was not in the blister pack. They had come into the office to report this to the manager who would check with the person's GP. Staff told us, they had 'Spot checks' of their practice during which they were observed administering medicine to ensure the on-going safe management of medicine

Requires Improvement

Is the service effective?

Our findings

People we spoke with had different views on staff's skills and knowledge. One person told us, "They [staff] have good initiative and I don't like to have to tell them what to do all the time." Another person said, "They've [Affinity Homecare Shrewsbury] provided a fantastic service for us, it's the same three people on the team and it's a massive compliment to Affinity for being so consistent." However, two other people felt that not all staff were well trained. One person told us, "They [staff] don't have enough understanding of my needs." Another person said, "I don't think they [staff] understand the illnesses I have got." They went on to tell us they had spoken to the previous registered manager about providing better information to staff so that they had a better understanding of how their health conditions affected them. However, this this had not been provided. Two further people we spoke with told us that they had experienced difficulty understanding some staff as their first language was not English. One person said, "There was one [staff member] who I couldn't understand, they didn't speak English." When we spoke with the provider they disputed that they employed any staff who could not speak English.

Staff felt well supported in their roles and told us they were happy with the training provided. Two staff members told us, they were looking to progress their career in care and were being supported to do so by the provider. Another staff member told us the training provided had increased their confidence. We saw that some people had complex health needs. However, we found staff were not provided with training or information about people's specific health needs and how to support them effectively. This was confirmed by the provider and staff we spoke with. One staff member told us they had looked up information about a person's condition they supported on the internet.

Staff told us they had regular one-to-one meetings with their line manager. They used these opportunities to talk about any concerns they had and to discuss their training and development needs. We saw that provider had systems in place to ensure essential training and refresher training was arranged as necessary.

Staff told us they received a structured induction where they completed essential training and worked alongside experienced staff until they felt confident to work on their own. One staff member told us, they felt well prepared following their induction. They said they would speak to other staff or management if they were unsure of anything. Staff who had not had previous experience of care were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised training programme that teaches staff about the standard of care required of them.

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 make 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. Staff had not received training about the MCA and had limited understanding of the Act and what this meant for their practice. However, staff told us they always sought people's consent before supporting them. One staff member told us, "We help them [people] along the way to make decisions." They went on to tell us they

explained things to people to help them understand. Another staff member said, "If people have trouble understanding, I go through things with them step-by-step." Staff understood that they could not force a person to do something they did not want to do. The provider confirmed that they were not supporting anyone who lacked mental capacity. The manager told us they would liaise with other professionals when completing MCA assessments and best interests meetings.

People we spoke did not require support with their meals as they were either able to prepare their own or their relatives did this for them. Staff told us they offered people a choice of what they would like to eat and drink. Where necessary they always made sure they prepared people a drink to have between visits. If they had concerns about people's nutritional intake they would put in place food and fluid charts to monitor what they had eaten and drunk.

People were supported to access healthcare as and when needed. One person explained that they were prone to skin breakdown. They told us that staff had organised an appointment with the skin clinic for them. A relative told us, "They [staff] do contact me if they think there is a danger. [Staff member's name] alerted us that [family member] was sick and looking pale the other day." They went on to explain that this led to their family member being admitted to hospital. Staff monitored people's health and demonstrated they would take appropriate action if they noticed deterioration in a person's health. They would arrange a GP appointment or contact the emergency services dependent on the situation. During our inspection we saw that the care coordinator made contact with the district nurses to request a visit for one of the people they supported. While we observed that staff contacted healthcare professionals as necessary, they did not always keep a record of this contact to refer back to.

Requires Improvement

Is the service caring?

Our findings

People's choice was not always respected. One person told us they had specifically requested female staff only but this was not respected. They said, "I said to them [Affinity Homecare Shrewsbury] never send a male care, but I was told I couldn't say no to having a male carer." They said they had been told by a manager of Affinity Homecare Shrewsbury, "You can't ban them." They went on to say they had been supported by a male staff member who they found pleasant but, they flatly refused to allow them to help them with personal care. Another person told us that their usual care worker had recently turned up with two new staff to show them how to support them. They said, "I was a bit over whelmed, I was only told they were all coming that morning by phone and I wasn't consulted, they didn't respect my choice."

People and their relatives found staff to be caring and friendly. One person told us, "These staff are like little angels, I only have to say and they do it for me." Another person said, "The care is first class, I've not once had one [staff member] I wouldn't want to come back, they always ask what I want doing and if my [spouse] is not well, they will do extra." A further person said, "They've [staff] got their hearts in the right place, if I need something I call them and they get it done, I have no concerns whatsoever." A relative we spoke with said, "These people [staff] brighten up my [family member's] day." Another relative said, "I think the world of the one's [staff] I have got. I just cannot fault them. One is exceptionally good. I would give them a medal if I could."

People and their relatives described positive working relationships with staff. One person told us that a staff member had supported them to their spouse's grave and this meant a "great deal" to them. They said, "[Staff member's name] is marvellous, they've got an old head on young shoulders." A relative told us, "[Family member] is happy with them [staff]. [Family member] has made friends with them. They [staff] are lovely." Another relative told us, "They [staff] are around the same age as [family member's name] and they can really think of them as their friends."

People and their relatives told us they were involved in decisions about their care. One relative told us, "The carers listen to what [family member] wants and that's fantastic." Staff told us they recognised people as individuals and that they each had different needs and wishes. They told us they always offered people choice. Where people had communications needs such as, hearing difficulty they spoke clearly to them or wrote things down for them.

People were encouraged to remain as independent to enable them to live at home for as long as possible. One person told us staff only helped them where needed. One relative told us, "Family member likes to be independent, they [staff] leave them do what they can for themselves."

People and their relatives found staff to be polite, respectful and mindful of their dignity. One relative told us, "There's a pool of them [staff], I've seen about half a dozen girls, they are all polite and there's no problems at all." When we asked one relative if staff protected their family member's dignity they said, "They [staff] can't do anything wrong. They are marvellous, they keep [family member] clean." Another relative found that staff were respectful of their home environment. They told us, "They [staff] keep the

house tidy. They know I'm house proud." Staff told us they promoted people's dignity. One staff member told us they promoted people's dignity by getting them as involved as possible in their care and by not taking over. Another staff member told us they made sure people were comfortable to be supported by them. They explained that one person became embarrassed when receiving personal care, they said they took time to reassure them and then they would accept support.

Requires Improvement

Is the service responsive?

Our findings

People's needs and preferences were not always recorded or considered. One person told that they currently did not have a care plan in their home. They explained that they had a care plan review meeting with the previous registered manager and requested more information to be added. They said they had to cancel a meeting that had been arranged to go through the new care plan. In the meantime, they said new staff who attended asked to read the care plan as they did not know what support they needed to give. They said they had to keep explaining to staff what they needed them to do. They went on to tell us they had their call times had been changed without consultation and were waiting to have these changed back to their preferred time. A relative we spoke with told us there was no care plan in place for their family member. They said, "It's not required as [family member] is very independent."

We found that some people's care plans were limited in detail and did not always record people's preferences for service delivery. Some people had complex care needs and this was not reflected in their care plans. Information provided by healthcare professionals was not always incorporated into people's care plans. People's care plans did not always provide sufficient information about what people could do for themselves and what staff needed to support them with. Staff we spoke with told us they referred to people's care plans and spoke with people about what support they needed. One staff member we spoke with said, "The care plan does not give you everything they [people] need doing. You learn on the job." Staff told us they usually had the 'same runs' where they supported the same people on a regular basis. They found that this was of benefit to the person and staff alike. For example, one staff member said, "You get to know people's personalities and how they like things done. This is helped by going in to the same people." This was echoed by another staff member we spoke with who said, "We find out people's preferences as you get to know them. I get to know them by talking with them." We discussed the short falls in people's care plans with the provider and manager who told us they would take immediate action to make the required improvements.

Staff told us they were informed about any changes in people's needs through a group text sent from the office. If they noticed any changes in a person's needs they contacted the office so that person's needs would be reviewed. They used the daily records to pass messages to other staff members.

People and their relatives told us they knew how to complain and would do so, if they felt the need. One person said, "If I had concerns I would tell them [staff]. If they did not do what I wanted, I would report them." We looked at complaints records and saw one complaint about the conduct of a staff member. We saw that the provider had taken appropriate action to address the concerns raised. However, during the inspection we became aware of some concerns and complaints that had been raised but, found no record of these in the provider's complaints book. When we spoke with the provider they were unable to provide us with information they had taken in relation to all the complaints about the service. This meant that they had not consistently followed their own complaints procedures. We were not assured that all complaints had been investigated and that lessons had been learnt.

People and their relatives told us they were involved in planning and reviewing their care. They also told us

staff asked them what they wanted them to do on each visit. One person said, "I'm more than happy, they are super. They're willing to do anything." They went on to say, "Before they [staff] go they ask me if there is anything else I want done." Another person felt that staff used their initiative. They told us, "[Staff member's name] is absolutely wonderful. They look around and see what needs doing and does it."

Requires Improvement

Is the service well-led?

Our findings

People had mixed views about how well the service was run. One person told us, "The image I get is that they're [Affinity Homecare Shrewsbury] a company that goes from disaster to disaster." Another person told us they had been considering moving to another provider but, had postponed this following a talk with the new manager who was planning to make significant changes. Other people we spoke with were positive about how the service was managed. One person told us, "I have found them [Affinity Homecare Shrewsbury] to be well run, I wouldn't want to go anywhere else." They went on to tell us they had got on well with the previous registered manager who they found easy to talk with and felt they went over and beyond what was required of them. One relative told us, "I am very happy with Affinity, they're a small organization but they're very good." They went to say, "[staff member's name] is very good, they can't do enough." Another relative told us, "Without the care and support [family member] has had they would not have been able to remain at home. Overall I'm thrilled and delighted with the carers."

We found the service was not well-led. The provider did have not effective systems in place to ensure people's care plans and risk assessments had all the required information. They did not ensure staff had accurate information about people's needs and associated risks. Risks to people had not always been appropriately assessed and management plans were not always put in place to minimise these. The provider had not ensured that staff received training or information to meet people's specific needs. This meant staff were not provided with information on how to support people effectively. The provider had not ensured that people's preferences were always known and respected.

There was a lack of formal quality assurance systems. The provider told us they conducted care plan audits but they were unable to provide evidence of this taking place. They had not identified the shortfalls we had found. The care coordinator showed us how they checked medicine administration records (MAR) when they came back in to the office. If they ever found any gaps or errors in recording on the MAR they told us the staff member was given additional training on the safe management of medicines. However, they did not keep a record of these actions. This meant we could not be certain that the provider was carrying out appropriate checks to ensure people's care and support was provided safely and in a way that met their needs and preferences.

The provider sought people's feedback through quality assurance questionnaires however; it was unclear how they were using this information to drive improvements. They had not provided feedback to people on the outcome of their surveys and had not recorded any action they may have taken to address any concerns raised. Complaints had not always been documented. It was unclear what, if any action had been taken to investigate complaints or that appropriate action had been taken to resolve issues and make improvements.

The provider told us the registered manager was no longer in post. They had recognised the service was not running as it should be and that required actions had not been completed. In response they had employed a new manager to take over the day-to-day management of the service. This manager had been in post three days when we completed our inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The previous registered manager had appropriately referred a safeguarding concern to the local authority safeguarding team but had not notified us as they are required to do by law.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and relatives we spoke with felt comfortable to contact the office when they needed to. One person explained if the person they wanted to speak to was not available, they would always call them back. One relative told us they impressed with the new manager and communications they had with them.

Staff spoke of a positive working environment where they were supported by the management team and their colleagues. One staff member told us, "It's a nice team to work in. I think the support of the team is really good." Another staff member said, "I feel really well supported in my job. I can go to them [management team] even about home life they have been brilliant, really supportive." Staff told us they could contact the office or the 'on call' whenever they needed support. One staff member said, "'On call' is really good if they are in a call, they will call you back." Another staff member told us, "[Care coordinator's name] is really good. If there any problems they are always available." Staff attended staff meetings and felt confident and able to raise any issues they may have. They were asked their views on how improvements could be made and that these were listened to.

The provider conducted 'spot checks' to monitor staff practice and approach. This was confirmed by staff that we spoke with who told us they received feedback on their practice and any areas for development. Records we looked at confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify us of all significant events they are required to do so by law.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure risks associated with people's needs were appropriately assessed and guidance was not always put in place to minimize the risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess and monitor the quality and safety of service and to drive improvements.