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Affinia Healthcare

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

Affinia Healthcare is a domiciliary care agency that provides personal care to people living in a supported living setting in the London Borough of Havering. At the time of our inspection, there were three people living at the supported living site that received personal care. The supported living site was made up of 16 self-contained flats.

People's experience of using this service

Systems for the safe management of medicines were ineffective. We made a recommendation in this area. Audits had not identified the shortfalls we found during the inspection.

Risk assessments were in place to ensure people received safe care. Relevant pre-employment checks were carried out to ensure staff were suitable to care for people safely. Safeguarding procedures were in place to and staff were aware of these procedures.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. 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. People had access to health services and were supported with meals when required.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate.

Systems were in place for quality monitoring to ensure people and staff feedback were sought to improve the service. People and staff were positive about the management of the service.

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

Rating at last inspection

At our last inspection on 10 July 2018, the service was rated Requires Improvement (published 17 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified one breach of Regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will speak with the provider prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 ●

Affinia Healthcare

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Affinia Healthcare provides care and support to people living in a supported living setting, so that they can live as independently as possible. 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.

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 72 hour's notice because we needed to ensure that a member of the management team would be available to support us with the inspection.

What we did before the inspection

We reviewed relevant information that we had about the service. We checked the last inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people that used the service, the registered manager, deputy manager and two staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

After the inspection

We contacted professionals involved with the service for information.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated requires improvement. At this inspection, the key questions has remained the same. This meant 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.

Using medicines safely

- Effective systems were not in place to ensure the safe management of medicines.
- Medicine Administration Records (MAR) showed medicines were administered as prescribed. A person told us, "They give me my medicines on time."
- However, we reviewed people's MAR against the medicine stock and supplies received and found for two people, there was a number of surplus medicines. Records showed that medicines were not being returned at the end of medicine cycle and in some instances, medicines that were carried forward had not been recorded. We also found for medicine recorded as being carried forward, the total was incorrect. Additionally, the provider's medicine policy stated that the date of opening should be recorded on medicine boxes, however, this was not always happening.
- For one person, we found there was one medicine less against the recordings of the MAR. We were informed after the inspection, the medicine was found in the medicine cupboard where they were stored therefore was not securely stored in the person's medicine box.
- Medicines were securely stored in a separate room in the office area. The provider's medicine policy stated, 'All medicines must be stored in a cool (below 25C), dry place'. There were no systems in place to record the temperature of the room. Therefore, staff would not be aware if the temperature of the room went beyond the recommended temperature levels and there was a risk that people may not receive the full benefits of their medicine. We were informed after the inspection, that temperature monitoring was now in place.
- Staff had been trained in medicines management and received a competency assessment to check their understanding of medicines.

We recommend the service follows best practice guidance on medicines management.

Assessing risk, safety monitoring and management

- At our last inspection, we found not all risks associated with people's care and support were assessed and measures were not put in place to ensure staff supported people safely. Specifically, no risk assessments were in place for people's health conditions and behaviours that challenged.
- During this inspection, we found improvements had been made. There were risk assessments in place that were specific to people's individual needs and health conditions. There were risk assessments for falls, skin integrity, behaviour that challenged and health conditions. For people at risk of falls, people had call bells and regular welfare checks were carried out to ensure people were safe.
- Staff told us that they found the risk assessments helpful. A staff member told us, "Yes, it is helpful so we can keep people safe." A professional told us, "I work closely with (deputy manager) with a service user and (deputy manager) input with this service user has led to a decrease in challenging behaviour of attending to

A and E needlessly."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- People told us they were safe. A person told us, "I am definitely happy and safe here." A professional told us, "My visual observation is that the service users always look happy and well cared for."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents.
- There were no incidents since the last inspection. The registered manager told us that should incidents occur, these would be analysed to learn lessons from, to minimise the risk of re-occurrence.

Staffing and recruitment

- There was an appropriate number of staff available to support people safely. A staff member told us, "Staffing is manageable, there is always three staff, which is enough." A person told us, "They always have staff."
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out to ensure that they were suitable to work with people at the service.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff were aware of their roles and responsibilities in this area.
- Staff had access to personal protective equipment (PPE). We observed PPE were available at the office.

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.

At the last inspection, this key question was good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses to perform their roles effectively such as first aid, safeguarding and moving and handling. A staff member told us, "We have multiple training, they are really good." A person told us, "They do know what they are doing."
- Regular supervisions and appraisals of staff had been carried out. These focused on their development, their objectives and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "When we do our supervision, they are really supportive and good managers."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- A key worker system was in place that reviewed people's support needs monthly. A key worker is usually a member of staff that knows the person well and has oversight of the person's support.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for them.

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

- Care plans included the level of support people would require with meals or drinks.
- People were involved in menu planning and staff supported people with meals. The deputy manager told us, "We started getting food from (name of company) so people are able to choose what meals they would like online and order from there. There is lots of healthy options."
- Where people had issues with their weight, records showed that referrals had been made to dieticians to identify what support they required with their nutrition.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access a number of health services such as GPs and hospitals to ensure they were received treatment as required. Annual health reviews had been carried out for people with learning disabilities. A professional told us, "The service users are supported to attend all their appointments, they are very responsive to the needs of the service users' referrals for Psychology;

Physiotherapist or Community Nurse, these are promptly made whenever required."

- A hospital passport was in place that recorded key information about people's health needs and would help people communicate their needs to health professionals.

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.

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.

- Assessments had been completed to determine if people had capacity to make specific decisions.
- Staff had received training on the MCA and were aware of the principles of the Act.
- Staff told us they always requested people's consent before doing any tasks. A staff member told us, "I ask them all the time for consent." A person told us, "They ask for consent." We observed that the registered manager asked for people's consent to check if they wanted to speak to us.

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.

At the last inspection this key question was rated good. At this inspection, the rating has remained the same. 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; equality and diversity

- Staff were caring and had a positive relationship with people. A person told us, "I get along with all of them (staff)." Another person commented, "They (staff) are friendly."
- People were protected from discrimination within the service. Staff had been trained in equality and diversity and LGBT (Lesbian, Gay, Bisexual and Transsexual) awareness. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People were involved in decisions about their care. Reviews and key worker meetings showed that people had been included in care planning and people decided the support they required.
- Staff told us people made decisions for themselves as they were independent.
- Care plans had been signed by people to confirm they agreed with the contents of the care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people's privacy and dignity were respected. We observed that staff knocked on people's doors and waited for people to open their door before entering. A staff member told us, "Before giving personal care, I will always close the blinds and windows and get their consent."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care, was vital in protecting their dignity.
- Staff encouraged people to be independent. People had their own flats, which they had responsibility to maintain, such as with cleaning. Staff told us they encouraged people to be independent when supporting them with personal care and also with shopping and cooking meals. A staff member told us, "We always encourage people to do things by themselves and praise them if they do it."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated requires improvement. At this inspection, the rating has changed to 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 person centred and detailed people's support needs. A staff member told us, "Care plan is helpful. We know what they need and follow it without any mistakes."
- Care plans included information on how to support people. For example, information on one person's care plan included, 'Person may wake up mid-morning and tries to get out of bed and may be prone to falls due to unsteady feet therefore staff to carry out welfare checks around that time.' The person told us, "If I press this (call bell), they come straight away." A professional commented, "The care agency are person centred and support the client group to ensure their health and social care needs are met at all times."
- There was an oral care plan, which detailed if people had an oral health assessment and the support required to maintain oral health such as reminding people to brush their teeth twice a day.
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us the information was used to communicate with each other between shifts.
- People were supported with regular activities if they wanted to participate. There was an activities coordinator that arranged a weekly programme of activities for people. A weekly activities plan was in place that ranged from outdoor and indoor activities. Activities were also discussed at review meetings and people's interests were pursued such as one person enjoyed knitting and the person was supported to knit by buying materials to knit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our last inspection, we found that care plans did not always mention people's ability to communicate and how staff should communicate with people.
- At this inspection, we found improvements had been made. There were communication cards available that detailed people's ability to communicate and the resources they required to aid with communication. Easy read care plans and end of life care plans had been developed along with additional materials on alcohol intake. There was also a phone application available to convert speech into text. The registered manager informed they were currently in the process of developing easy read materials for complaints and medicine management.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure.
- No complaints had been received since the last inspection.
- People were aware of how to make complaints.
- Staff were able to tell us how to manage complaints.

End of Life

- The home did not support people with end of life care. However, end of life care plans were in place. The registered manager told us this was in place as the service was preparing in advance should the service be required to support with end of life care. An end of life policy was in place and staff were trained in end of life care.

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.

At the last inspection, this key question was rated requires improvement. At this inspection this key question has remained the same. This meant that the management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection, we found improvements were needed with quality assurance systems as where issues had been identified by the management team, there was limited detail on what the issues were and if action was taken.
- At this inspection, although there had been improvements with risk assessments and communication plans, further improvements were needed to identify shortfalls, specifically with medicines management.
- The management team carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included checks on care plans, risk assessments and staff files.
- Weekly and monthly medicine audits were carried out. There was a section for managers to include if there was excess medicine in stock. However, this was marked as 'No'. We found that there were a number of excess medicines in stock when we reviewed medicine management in the service. These alongside other shortfalls, such as a lack of temperature recordings, had not been included as part of medicine audits.

This meant the provider had failed to ensure that adequate quality assurance systems were in place to identify and address shortfalls, to ensure people received safe care at all times. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

- There was an effective system to gather people's and staff feedback on the service.
- Tenant meetings were held with people to gather their feedback. Records showed people discussed group activities, medicines and meals.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team. This ensured people received high quality support and care.
- People told us the service was well-led and said they liked living at the service. One person told us, "They are good managers (registered and deputy manager)."
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I enjoy it, I enjoy making a difference everyday. (Deputy manager) is really understanding and very supportive." Another staff commented, "(Deputy manager) is a wonderful person. The best manager I ever met. I can approach him, he is kind and supportive." The deputy manager told us, "(Registered manager) is

very supportive."

- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's, relatives and staff's thoughts about the home and act on their feedback where possible, to create a cycle of continuous improvement.

Working in partnership with others:

- The service worked with professionals to ensure people's needs were met.
- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people received prompt treatment. Records confirmed that people had access to a range of health services.
- The registered manager told us they were working with health professionals to pilot an initiative whereby people would be supported to set up a support plan online with relevant information about them, which all relevant professionals in the NHS would have access to. This would help to ensure that people received co-ordinated care from the relevant healthcare professionals.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring and improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p>