Affexa Limited

Affexa Care Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 6 December 2016. This was a focused inspection as we returned to check if improvement had been made since our previous inspection where we had concerns that the service was not fully safe, effective and well led. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Affexa Care Services on our website at www.cqc.org.uk.

Affexa Care Services provides personal care to people in their own homes. At the time of this inspection 18 people were using the service.

There was a registered manager in post who was also the registered 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.

Improvements had been made to the way in which new staff were employed. Safe recruitment procedures were being followed to ensure that prospective new staff were of good character and fit to work with people. There were sufficient staff to safely meet the needs of people who used the service.

New external training had been arranged to ensure that staff were receiving training that was safe, accredited and specific to their job role. People were being supported with their medicines by staff who were trained and deemed competent to manage their medicines.

People were safeguarded from abuse as staff and the registered manager acted and reported potential abuse for further investigation. Risks of harm to people were assessed and minimised.

The principles of The Mental Capacity Act 2005 were being followed as people were consenting to their care. People were regularly asked their views on the service they received.

People were supported to remain healthy and to eat and drink sufficient amounts. Staff sought medical advice if people were unwell.

There were systems in place to monitor and improve the quality of the service and the registered manager had made the required improvements since our last inspection.

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.

The manager followed safe recruitment procedures when employing staff to ensure they were of good character and fit to work with people. There were sufficient staff to meet the needs of people who used the service.

People were receiving their medicines from staff that were trained to administer medicines safely.

People were safeguarded from abuse as the staff and registered manager knew what to do if they suspected someone had suffered abuse.

Risks of harm were assessed and minimised.

Is the service effective?

Good

The service was effective.

People who used the service were being supported by staff who were supervised, trained and effective in their role.

The principles of The Mental Capacity Act 2005 were being followed to ensure that people were consenting to their care.

People were supported to eat sufficient amounts and if they became unwell medical advice was obtained.

Is the service well-led?

Good

The service was well.

The registered manager had made improvements to the quality monitoring systems since our last inspections.

People were regularly asked their opinion on the service they received.

People and the staff respected the registered manager.

Affexa Care Services

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 was a focused inspection. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Affexa Care Services on our website at www.cqc.org.uk.

This inspection took place on 8 December 2016 and was announced. The manager was given 24 hours' notice because the location provides a domiciliary care service.

We looked at notifications sent to us by the registered manager and used the action plan they had sent us following our previous inspection to inform the inspection. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications.

We visited the offices and met with the registered manager. We looked at two staff recruitment files, training records, staff practise observations and one person's care records.

Good

Is the service safe?

Our findings

At our previous inspection we found that there was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager was not following safe recruitment procedures to ensure that staff employed to care for people were of good character and fit to work with people.

At this inspection we found that the registered manager had gained references for staff that were formerly recruited. They had also recruited two new staff since the last inspection. We saw that the new staff had been recruited using safe recruitment procedures by carrying out checks to ensure that new prospective staff were of good character and fit to work. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that the manager could be sure that staff were of good character and fit to work with people.

Previously we had been concerned as the registered manager could not be sure that staff were competent in the administration of people's medicines. At this inspection we saw that staff had been trained or there was planned training from an accredited trainer. We saw that a trained member of staff had begun medicine competency observations on other staff to check they were following the correct administration procedures. People who used the service needed minimal support with their medicines. Some people only required reminding to take their medicine. We saw when people required more support there was a care plan in place informing staff how they liked to have their medicines. We saw medication records which were signed by staff to say they had administered the person's medicines and these were checked by the manager for any discrepancies.

There were sufficient staff to meet people's needs and staff told us they had time to get from one person to another without being late. People who used the service told us that staff generally arrived on time and if they were going to be late they were contacted. The registered manager was committed to recruiting new staff prior to offering people a service. One staff member said: "[The manager] will ask you if you want the extra hours before committing to saying yes to a new person so they're sure they can cover the calls".

People were safeguarded from abuse as staff and the manager followed the safeguarding procedures when they suspected someone had been abused. We saw that the registered manager had recently referred an alleged abusive situation to the local authority for further investigation as care staff had become concerned about the person's welfare.

Risks of harm to people were assessed and plans put in place to minimise the risks to people. Regular reviews took place to ensure care being delivered continued to be safe. Risks to staff working alone was minimised through the effective use of risk assessments and equipment. One staff member told us: "The manager cares about the staff; we've been given a torch and an attack alarm for when we are out alone at night".

Good

Is the service effective?

Our findings

At our previous inspection the registered manager could not be sure that staff were competent and effective in their role as there was no evidence of the training that staff said they had previously attended. The manager themselves was carrying out training with staff however they were not trained or accredited to do so.

At this inspection we found that the registered manager had taken on two external training organisations and staff had begun to complete accredited training. Staff had begun medication training and moving and handling as two of the first courses to begin with. We saw that the registered manager was able to monitor who required training in which areas. New medication observation checks had been implemented. These were carried out by senior members on staff in people's homes to ensure that they were competent in the administration of people's medicines.

Staff had told us they felt supported by the management and we saw records that confirmed staff had received regular support and supervision from the registered manager and a senior member of staff. These consisted of one to one meetings with the individual staff member, staff meetings and 'spot checks' which the registered manager referred to as 'random performance reviews'. These reviews were undertaken throughout the year unannounced and checked the performance of the staff member whilst on a planned care call.

People who used the service had consented to their care or when they lacked mental capacity their representatives had been involved in the decision making process and a decision made in the person's best interest. 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. People we spoke with told us that they had been part of the planning of care process and we saw records that they or their representative had signed a contract agreeing to the care. One person had told us: "I met with the manager and discussed what I needed; I did sign a consent form agreeing to it".

Some people received support to prepare their food and drink to maintain a healthy diet. We saw if there were identified concerns about people's eating and drinking staff recorded what was offered to eat and what was consumed. The registered manager told us that where people had been purchasing and eating microwave meals the staff had advised people to buy specific ready meals which were reputably healthier.

The registered manager and staff worked with other health care agencies to support people with their health care needs. Staff we had spoken with knew what to do if they thought someone had become unwell. We saw records that confirmed that staff had sought medical advice when one person was showing signs of being unwell

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also the registered provider. Since our previous inspection the registered manager had made improvements to the way they recruited new staff. They ensured they had the skills to be effective in their role and were of good character to work with people. Quality monitoring systems were continuing to be developed to help the registered manager monitor and improve the service.

Since our previous inspection a quality survey had been sent out to all people who used the service and their feedback gained. These were completed every six months to ensure people continued to be happy with the quality of service. We saw feedback on these was generally positive. One person had made some critical comments and the manager had discussed these with the person's relative for clarification as the person had been unwell and unable to discuss their concerns themselves.

The manager had developed policies and procedures to ensure that they were working within the legal framework required to manage and run a care service. This included a safeguarding and whistleblowing procedure. We had been notified of safeguarding referrals the manager had made since the last inspection as is required.

Daily records and medication administration records were brought back into the office monthly and audited by the manager to ensure they were of good quality and there were no gaps in care delivery.

People, their relatives and staff had previously told us they liked and respected the manager. A relative told us: "I feel the values the manager shows are reflected in the carers who help my relative day to day. I'm confident if carers fail to meet the standards the manager expects for their clients they will firstly be supported in ensuring they improve, however if they fail to meet the standards I feel the manager would take prompt action". A person who used the service told us: "The manager and staff are very professional and put me immediately at ease; they dress nice and seem to know what they're doing".