

Affexa Limited

Affexa Care Services - Stafford

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Affexa Care Services is a Domiciliary Care Agency (DCA) providing personal care to younger and older adults, with a varying level of personal care needs. Staff provided care to people living in their own homes. At the time of inspection, the service was supporting 15 people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Staff had received some training; however, the provider had not ensured some care staff's yearly refresher mandatory training, was up to date. However, staff had received specific training related to people's health conditions and felt suitable skilled to meet people's needs.

We made a recommendation regarding systems in place to monitor staff mandatory training.

The provider did not effectively use quality assurance system to ensure and evidence that they had reviewed the service provision to identify any issues or trends.

People's care needs, and choices were documented in care files. They detailed the support required from staff at each visit. People and relatives spoke positively about the care and support they received from Affexa Care Services.

Medicines were handled safely by the service.

Staff received supervision throughout the year in the office and community

People told us about the professional and friendly support they received from Affexa Care Services and how this had positively impacted on their lives.

People received support that was individualised to their personal needs. Peoples care plans clearly highlighted background information and how they like to receive care.

The provider held team meetings to discuss relevant topics and to provide staff with up to date information.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 April 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

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. 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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

What we did before the inspection

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 their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received feedback

from one healthcare professional. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, a compliance and risk administrator, three members of staff, two people and three relatives. We looked at three people's care records and medicines records, records of accidents, incidents, and complaints received by the service. We looked at recruitment records, staff supervision, appraisal records, training matrix, and audits completed by the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the services policies and procedures.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- The registered manager assessed the risks to people's personal safety and put plans in place to minimise these risks.
- Risk management plans had guidance to ensure risk mitigation so that people continued to receive safe and effective support.
- People's support plans had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs and the support they required.
- The service carried out an environment risk assessment of the person's home to ensure the person, and staff were safe while carrying on the regulated activity.
- Care files contained risk assessments for the use of equipment in people's homes, to ensure transferring people was completed safely.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been recorded.
- We found that not all staff had not completed the services mandatory annual refresher safeguarding course. However, all of the staff we spoke with had an understanding of safeguarding and the providers reporting process.

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers.
- The registered manager allocated the same staff to the same people as much as possible to ensure there was continuity in meeting people's needs.
- The registered manager oversaw the weekly rota using an online system that helped identify visits that needed staff allocation. They looked at staff capacity and how many new care packages could be accepted.
- The registered manager said the service had not missed a personal care call in the past 12 months. People and relative confirmed that Affexa Care Services had not missed a call.

Using medicines safely

- People had their medicines managed safely.

- Where necessary, people had PRN protocols in place.
- All staff received 'Medication (support and assistance) training' and competency visits throughout the year.
- Each person's file contained a medicines profile. This highlighted the dose and time of administration for each medicine.

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong

- All accidents and incidents were recorded. However, the registered manager stated that they didn't look at common themes due to the small number of accidents and incidents they had recorded.

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 rated as 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

- The service provided training in topics they considered mandatory, such as administration of medication, moving and handling, safeguarding and first aid, which was to be refreshed yearly. Six members of staff had not completed the refresher training the provider considered to be mandatory. The registered manager said they had overlooked this and didn't realise some were out of date.
- However, staff told us they'd received additional training from the service where they had completed a level two in Mental disorders and capacities and end of life care. Staff also told us they had medicine administration competency spot checks throughout the year. One member of staff told us since they joined Affexa Care Services, their induction was very comprehensive and felt a lot more confident going out to help people than they did with their previous care company.
- People and relatives felt staff were trained to meet their needs. One person told us, "Yes they are. They know what they are doing."
- The registered manager worked alongside staff to ensure the care provided they provided was person-centred and carried out safely. The registered manager would also receive direct feedback from the people or relatives through after visit checks. These would take place after the staff member had completed their call.
- The registered manager ensured staff received training where they were working with people with a specific medical condition or a health diagnosis.

We recommend the provider seeks best practice guidance on delivering training that is appropriate and remains up to date, by using appropriate monitoring systems.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as, personal likes, preferences and their social interests.
- People received care and support they needed which supported their cultural identities and preferences at the time specified in the care plan.

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

- People were supported to have a healthy diet.
- A Relative told us staff prepared their meals the way their family member liked it. "They prepare a

sandwich for [Person]. There is a massive range they prepare. Some of the sandwiches look amazing."

- People's files contained information if people struggled with swallowing or if they had food allergies.

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

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People were referred to various health professionals in good time to address any health or changing needs issues. There was evidence in people's care files where staff had conversation with professionals regarding people's needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions, where possible, were protected.
- All staff stated they had received training and had an understanding of the MCA.
- Staff told us their understanding of MCA was, "Treat everybody the same. We have people who have dementia. We never force anything on them and are aware of service user's situations."

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 as good. At this inspection this key question 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; respecting equality and diversity

- People told us about the professional and friendly support they received from Affexa Care Services and the positive impact they have had on their lives.
- One person told us, "The people are very nice and do everything I need doing. I've kept these people [Affexa] as they are doing the right thing for me." One relative was very positive about the support they received from the service. They told us, "They are like my second family ... You've got to have help and support, and it's always there."
- Staff had a detailed understanding of people's needs and supported them. When we asked staff how well they knew people, they told us they had enough time to gain to understand the specific support needs people required.

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

- People confirmed staff knew how they liked things to be done. One person told us, "They take their time, they go over [there call time] sometimes."
- People and those important to them were encouraged and involved in making sure they received the care and support they wanted.
- Care plans were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences. People and relatives told us they were a part of this process.

Respecting and promoting people's privacy, dignity and independence

- People agreed staff respected their dignity and privacy and made them feel comfortable at all times. One person told us, "They do treat me with dignity and respect. I always have a chat, as this is what I like. They notice if I'm not looking well, they will say something."
- People and relatives felt the staff helped people maintain their independence by supporting them with daily tasks as necessary. One relative told us, "The [Staff] gave [Person] confidence to start walking and be free. [Person's] a lot better than they were when they came out of hospital. The [Staff] have played a big part in this."
- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an important aspect of their lives.
- Private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.

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 as good. At this inspection this key question has remained the same. 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

- People's care plans were personalised, and they placed people's views and needs at the centre. People received support that was individualised to their personal needs. People's care plans clearly highlighted background information and how they like to receive care.
- One person told us, "Knowing the registered manager, I've never ever been let down. I communicate with the service, and carers (staff) communicate with each other. They are friendly and approachable."
- The management team told us staff used an electronic mobile application. This allowed the registered manager to see when the visit had taken place, staff members could raise any emergencies and updated people's daily notes. The management team told us the service had an emergency out of hours telephone number to support people 365 days a year.

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.

- People's communication needs were clarified in their assessment and staff adapted their approach to ensure people with additional needs could access information required.
- People confirmed they received information in the way that suited them. For example, the registered manager told us, one person had their rota sent to them in large print following a request.

Supporting people to develop and maintain relationships to avoid social isolation

- People told us that the staff were engaging and chatted to them when offering support.
- People and relatives told us about a Christmas party the service provided for them and relatives. One person told us, "I was invited to the Christmas party. They do it for family and customers like me. Helped me to get out. That's an extra bonus to other firms." A relative said, "They had a Christmas party and [Person] picked up and had a wonderful time."

Improving care quality in response to complaints or concerns

- The provider had received seven formal complaints in the past 12 months. The registered manager stated there weren't any common themes to complaints when responding to these.
- The registered manager passed compliments to the staff to let them know their work was appreciated.
- People and their relatives felt they could approach the registered manager or one of the staff if they had any issues.
- The staff felt they could approach the registered manager with any concerns should they needed to, and it

would be addressed promptly.

End of life care and support

- At the time of our inspection there was no one receiving end of life care. However, the registered manager told us that staff were training on end of life to support people if required.

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 as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- The registered manager did not always use quality assurance systems to ensure evidence that they had identified when staff mandatory was out of date. The oversight from the registered manager was sufficient at this time given the size of the service but would require further development should the size of the service increase.
- However, people were not at risk, and there were no issues found during the inspection process.
- The registered manager had effective systems in place to ensure the safe administration of medicines and to review where visits had been late.
- The registered manager told us they observed staff and the way they worked with people through live supervision, where constructive feedback was given to assist in service and staff development and quality of service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clearly defined management structure within the service.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- Staff all spoke highly of the culture within the organisation. One member of staff told us, "I wouldn't work for anybody and [registered manager] is very fair and very thorough."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, and they had recorded when they had informed the next of kin following an incident or accident. They told us, "We have a policy in place. We don't sugar coat it or brush it under the carpet. It's easier to deal with it."
- All relatives confirmed the service was very responsive and did inform them immediately if an incident had occurred.

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

characteristics

- The registered manager carried out call visit spot checks and after visit checks to gain people's feedback on the quality of the service.
- The registered manager held staff team meetings to ensure all staff team members were aware of any issues, actions to take and pass on positive feedback. The staff team also discussed topics on a regular basis such as any changes in people's needs or care, best practice and other important information related to the service.
- Relatives were positive about the communication they received from the service, where one relative said, "The communication from [staff member] is really good. Any little thing you say, and they will sort it. So, understanding."

Working in partnership with others

- There was evidence in the 'customer notes' section of people's care records where the staff had built working relationships with the local authority, social services, safeguarding, GPs and district nurses.