

Mr Chinonso Kalu

Affinia Healthcare

Inspection report

1-16 Magnolia Court
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Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 21 October 2016. At our last inspection on 16 December 2015, we found that the provider breached regulations because people's personal care and support records were not up-to-date. We found that there were not enough staff at all times and this could put people at risk of not receiving care and support they needed. We also found the provider's policies, procedures and documents were not always maintained and readily available. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make.

Mr Chinonso Kalu - t/a Affinia Healthcare is a domiciliary care agency providing a service to people living in supported living accommodation in the London Borough of Havering. At the time of the inspection there were 26 people using the service.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we saw that improvements such as increasing the staffing level and updating the care plans were made. People told us that they were safe within the service. We noted the service had enough staff who were appropriately recruited, trained and supervised. People told us they were happy with the way staff treated them. They told us staff were always available when they needed support with personal care or medicine administration.

Risk assessments and care plans were completed and reviewed for people. People, their relatives and staff were involved in the review of care plans and we noted that each person's care plan reflected their assessed needs and contained guidance for staff on how to support them. People took part in various activities, which they told us that they enjoyed.

There was a good management arrangement in place. Policies and procedures were updated and made available to staff and regular staff meetings took place. The registered manager sought people's views about the quality of the service and, where needed, made improvements. People were also confident that the registered manager would deal with their complaints.

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. Enough staff were deployed to provide care and support to people when needed. The service had a robust recruitment system in place to ensure that staff were suitable and fit to provide safe care.

Risk assessments were completed for people and staff had received training in adult safeguarding medicine administration.

Is the service responsive?

Good ●

The service was responsive. Care plans were reviewed and detailed with information about their needs and how staff should respond to them.

People told us they had individual activities which they enjoyed. They told us they knew how to make a complaint if they were concerned about the service.

Is the service well-led?

Good ●

The service was well-led. People and staff told us they were happy with the way the service was managed. They told us the registered manager listened and supported them

There were systems in place to monitor the quality of the service. The service had a clear management structure in place. We noted that people's views about the quality of the service were sought.

Affinia Healthcare

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.

The inspection took place on 21 October 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at all the information we hold about the service. These included notifications that we had received from the provider and communications with people's relatives and other professionals.

During the visit we spoke with two people who used the service, two members of staff and the registered manager. We also reviewed four care files, four staff files, and documents such as the providers' recruitment and safeguarding policies.

Is the service safe?

Our findings

At our previous inspection on 16 December 2015 we found that the service was not always safe. We noted that people were at risk of not receiving care and support that met their needs because there were not enough staff at all times. Following the last inspection the provider sent us an action plan stating how they planned to improve the service.

During this inspection, we noted that the provider had deployed enough staff who could provide care and support that people needed. One person told us, "I like it here [because] there are staff around all the time". Another person said, "Yes, there are enough staff. I have no problems. They are there for me when I need them. Staff are always available." The registered manager explained the staff arrangement system at Magnolia Court, where 16 people lived. He told us that there were two care staff and an on-call manager during the day, shifts on weekdays and two care staff and a deputy manager on weekends. The registered manager told us that the night shift at Magnolia Court was covered by one sleep-in care staff and an on-call manager. We were told that each person using the service had their allocated support time which had been identified and agreed to by people, their representatives and the service. The staff rota showed that staff were allocated to provide support as described by the registered manager.

People told us they felt safe within the service. One person said, "I feel safe. Staff are good. They always check on me if I am all right." Another person told us, "I do feel safe here. If I have a difficulty, I have an alarm which I can use. Staff are nice to me." We observed staff talked to people in a friendly and polite manners addressing them by their preferred names, joking and laughing with them. We saw people were relaxed during their interactions with staff.

Staff knew what safeguarding adults meant and how to identify the signs of abuse. Staff knew what actions to take if there were any concerns. They described the different types of abuse and explained how they could protect people by recording and reporting abuse. One member of staff told us that they would report any concerns to their manager. They also told us that they could raise concerns with the local authority, the police or the Care Quality Commission. We noted that staff had attended training in safeguarding and read the service's adult safeguarding policy.

People had risk assessments which identified possible risks and the actions staff needed to take to reduce them. We saw the risk assessments were detailed and reviewed regularly. Staff were aware of the risks to people and the guidance put in place for them to manage the risks. We noted that the risk assessments included fire risk assessment and the security arrangements provided at the premises.

There was a robust staff recruitment process in place. This included interviews, reference checks, application forms, proof of identification and qualifications. Disclosure and barring checks were completed to ensure that only suitable staff were employed. Staff confirmed that they had undergone checks and received induction training before they started work at the service. During the inspection we saw one member of staff who was undergoing their induction training. This showed staff were appropriately checked before starting work at the service.

There was a robust staff recruitment process in place. This included interviews, reference checks, application forms, proof of identification and qualifications. Disclosure and barring checks or criminal record checks were completed to ensure that only suitable staff were employed. Staff confirmed that they had undergone checks and received induction training before they started work at the service. They told us their induction programmes were useful in introducing them to how the service operated. During the inspection we saw one member of staff who was undergoing their induction training. This showed staff were appropriately checked before starting work at the service.

Staff followed people's care plans and prompted or administered their medicines. One person told us, "They give me my medicine every day. They also give me my medicines to take away when I visit [my family]" Another person said, "They give my medicine always on time." A member of staff told us that they either prompted or administered people's medicines depending on their care plans. They told us that they had attended training in medicine administration. Medicines and medicine administration record sheets (MARS) were kept and completed at people's homes. The registered manager or deputy manager checked medicines and MARS to ensure that people had received their medicines.

Is the service responsive?

Our findings

At our previous inspection on 16 December 2015 we found that care plans were not reviewed in full and on a regular basis. We stated that people were put at risk because the care and support they received was not based on their current needs. Following the inspection the registered manager sent us their action plan to address this.

During this inspection, we found that care plans were reviewed and were dated and signed by people and staff. We saw that the plans were detailed and included areas of support, people's views about their care needs, short and long term goals, and agreed actions. We noted that the length of time and the day people needed support were specified in the care plans. This ensured that the support people needed and the time of intervention was clear. People told us staff always came at agreed times and supported them with their needs.

Care plans were personalised and presented in a pictorial format for some people to ensure that they knew and could look at their support plans. We noted that the care plans were written in first person explaining what and how people needed to be supported. People had signed the care plans confirming that they were involved in and agreed to them.

People's assessments of needs were completed before they started using the service. The registered manager explained that in order to respond to people's needs staff had to visit people and complete their assessment of needs. This helped the service and people to decide the type and amount of support required. We saw evidence of the needs assessments in people's files.

The registered manager and records showed that the service operated a key working system. This was when a member of staff was identified as a key worker for a person using the service. A keyworker is a member of staff who has a special interest in a person's welfare and has responsibility for updating their care plans. We noted that keyworkers met people and discussed their needs every two months. This was confirmed by people and in the care plans we reviewed. We also noted that staff completed daily logs outlining the tasks they had completed and the observations they had made. This ensured that that task information was recorded and communicated to staff.

Each person using the service had their own programme of activities. One person told us that they did "different things" including going to work, attending exercise classes and going to a place of worship. Another person told us that they went out shopping, to cafes, pubs and social clubs. They told us they were happy with their activities. During our visit we saw some people going out independently. One person was waiting for a relative to meet them at the service and to go out for lunch. The registered manager explained that staff supported people with activities if these were part of their care plan.

People knew how to make a complaint. One person said, "I know how to complain [but] I have got no complaints about staff. If there is anything wrong or if I am worried about anything, I speak to staff." Another person told us that they would "speak to the manager" if they had a complaint. They said, "[Staff] do listen

to me. I have nothing to complain about."

We noted that the service had a complaints procedure which gave clear guidance on how and who to make complaint to. The registered manager said that people and their relatives had been given information about the complaints. The registered manager and records showed that complaints were recorded, investigated and responded to by the service.

Is the service well-led?

Our findings

At our previous inspection in December 2015 we stated a requirement to make the provider's policies, procedures and documents better maintained and readily available. The provider had sent us their action planning outlining how they intended to make the required improvements. During this visit we saw that improvements had been made and the policies and procedures were well maintained and were easily made available for inspection.

The provider had recently applied to the Care Quality Commission to remove the current location and add a new location to their registration. This was being assessed by CQC at the time of this inspection. However, we discussed the application with the registered manager and were informed that the purpose of the application was to move to a new office which would give them more space for administrative duties. The registered manager said that this would also allow the current office rooms to be used as communal rooms for people. The registered manager told us that the newly proposed office would be managed by them and two deputy managers.

People told us that they were happy with the management. One person said that they had "no problems" with the way the service was managed. Another person told us, "The manager is nice. He listens." Staff told that they were happy working for the service. One member of staff said they had worked for the service for many years and this was because they were happy. They told us they were supported by the registered manager.

There were systems in place for regularly discussing and sharing information relating to the service. The registered manager told us and records confirmed that staff meetings took place once every three weeks. We also noted that handover sessions took place when staff finished and started their shifts. Management meetings regularly took place between the managers to analyse and review the service. These ensured that information was shared between staff and managers.

The registered manager explained how they monitored whether or not staff visited people on time. They explained the electronic device they used to monitor whether or not staff arrived at people's homes. They told us that they randomly rang and made spot visits to people to check if they were happy with the service.

The service sought people's views about the quality support and care they received. The registered manager told us that they asked people how they felt about the service and sent out survey questionnaires to collect their views. Two people we spoke with confirmed that staff had asked their opinion on the quality of the service and that they completed a survey questionnaire. We noted that the feedback received through the last survey was positive about the service.

The registered manager told us and we saw that two deputy managers had been employed since the last inspection. The deputy managers carried out various audits of the service including ensuring that care plans and risk assessments were up-to-date, the staff rotas were complete, and training and staff supervision were carried out. Information we held showed that the registered manager worked with the local authorities and

sent CQC notifications that they are required to send.