

Affinity Homecare Limited

Affinity Homecare

Inspection report

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Tel: 01543677227

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21 January 2016

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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?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 21 January 2016. This was an announced inspection and we telephoned 48 hours' prior to our inspection in order to arrange home visits with people who use the service. Our last inspection took place in January 2014 and the provider was found to be meeting the legal requirements we looked at.

Affinity Homecare UK provides personal care and support to people living in their own homes in Burntwood and the surrounding areas. At the time of our visit, 34 people were receiving a service. There was a registered manager at the service. 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.

The provider had systems in place to monitor the quality and safety of the service to identify shortfalls and drive improvement. However, improvements were needed to ensure care plans were accurate and kept up to date.

People and their relatives told us they felt safe with staff. Staff recognised their responsibilities to protect people from abuse and were confident the registered manager would take action if they raised any concerns. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people in their own homes. Sufficient staff were available to meet people's needs.

People received personalised support and were happy with how the staff supported them. Most people had staff who knew them well and had the skills to meet their needs. Staff told us they felt valued and supported by the management. Staff supported people to manage their health care needs and ensured they were referred to health care professionals if their needs changed. People received their medicine and were supported to apply any creams they needed. People's needs and preferences were met when they were supported with their dietary needs and people were supported to follow their hobbies and interests.

Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Staff treated people in a caring way, respected their privacy and promoted their independence.

People knew how to raise a complaint and felt confident their concerns would be acted on. People were encouraged to give their feedback on the service in order that the provider could make improvements to the service where needed.

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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.

People felt safe when they received care. Staff understood their responsibilities to keep people safe from avoidable harm and protect them from abuse. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people. People were supported to take their medicines and apply creams as required.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that knew them well and had completed training so they could provide the support people wanted. Staff supported people to make their own decisions and sought their consent before providing care. Where the agreed support included support with meals, people were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure they were supported to access the support of health care professionals.

Is the service caring?

Good ●

The service was caring.

People told us staff treated them with respect and promoted their dignity. We saw people had good relationships with staff and were comfortable with them being in their home. Staff knew people's preferences and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and preferences and were supported to follow their interests and hobbies. People knew how to raise complaints and were confident action would be taken if they raised concerns about the service.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to the quality and monitoring systems to ensure care plans were accurate and kept up to date. People were happy with the support they received and were invited to comment on the quality of the service. The manager had an open door policy and staff felt supported to fulfil their role.

Requires Improvement 

Affinity Homecare

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 21 January and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make someone would be available at the office.

We checked the information we held about the service and provider. This included the Provider Information Return (PIR), statutory notifications that the provider had sent to us about incidents at the service and information we had received from the public. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A statutory notification is information about important events which the provider is required to send to us by law.

We visited four people and four relatives in their homes. We spoke with the provider, the registered manager and six care staff. We reviewed records held at the service's office, which included five people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Staff understood their responsibilities to keep people safe from harm. They were aware of the signs to look for that might mean a person was at risk of abuse and knew how to report their concerns. One person told us, "If I have a mark or a bruise, they are soon following it up. They call the office and log everything down in my care records". One member of staff told us, "We don't just look for physical signs, we know people well and pick up changes in people's behaviour and report any concerns to the registered manager. Things are taken seriously and acted on". Discussions with the registered manager confirmed they knew how to refer people to the local safeguarding team if they were concerned they were at risk of abuse. Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to use it if they needed to. One member of staff told us, "I know it's there but I have never felt the need to use it because things are dealt with straight away".

People felt safe when they were supported by staff and had no worries or concerns about the security arrangements for their home. Some people had a key safe to enable care staff to gain access to their home as they were unable to move to the door to open it. One relative told us, "Staff always lock up using the key safe, we have no worries about safety". Where people had a number code to enter the property a secure code was used so it would not be possible for other people to work out the numerical code. One member of staff told us, "We make sure people's doors are locked and key safe numbers are kept securely and restricted, for example new staff don't get them straight away".

Risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm to people. Care plans showed there were risk management plans in place for people's health and wellbeing needs and their home environment. One person told us, "Staff help me to move using the hoist. I don't like going in it but I feel safe when staff are moving me". We observed staff using the hoist safely, in line with the person's documented requirements. We saw that staff checked people were happy before they left them. One member of staff told us, "We always check people are warm and have drinks before we leave".

There were enough staff to meet people's needs. People told us the carers usually came at the set time and had enough time to deliver care. One person told us, "There have been some changes, but staff are usually on time". Relatives we spoke with had no concerns about staffing levels. One said, "They pretty well stick to the times and they don't miss". Staff told us they thought there were enough staff to meet people's needs and call times were monitored and reviewed by the management to ensure people's needs were being met safely. When concerns were identified, the registered manager discussed them with the commissioners who were responsible for arranging people's care. Staff recorded their time of arrival and departure in the daily log and records we looked at showed that people had regular care staff.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. The Disclosure and Barring Service is a national agency that keeps records of criminal convictions. Staff records showed that the provider carried out all the necessary checks. Records we looked at had all the required documentation in place which meant the provider followed the necessary procedures to demonstrate staff were suitable to

work with people.

Some people were supported to take their medicines and had creams applied. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. They told us the provider carried out spot checks by observing their practice and monitoring the medicines administration records (MAR). We saw these were completed by staff to record when medicine has been given, or if not given the reason why.

Is the service effective?

Our findings

Staff had the necessary knowledge and skills to provide people with the right care and support. A relative told us, "The staff are all capable and aware of what needs doing. The new staff shadow others until they've had all their paperwork agreed and then they come with an experienced member of staff so they get to know [Name of person's] needs. One started this week, they seemed capable". One member of staff told us, "I was new to care and the induction prepared me for going into people's homes". Another told us, "Shadowing is good because it gives you an idea of what the job involves so you know if it's right for you". Staff told us the training included key skills such as safe moving and handling and included being observed by senior members of staff when they were providing care and support to people. One member of staff told us, "You are always supported during your induction because you work with an experienced member of staff". The registered manager told us and records showed that new staff were working towards the nationally recognised Care Certificate which meant staff were being supported to gain the skills and knowledge needed to work in a caring environment. Staff told us and records confirmed they received ongoing training that was specific to the needs of people they supported, for example, staff were trained to support people who had a catheter. The registered manager monitored the training to ensure staff received updates as deemed appropriate by the provider. Staff told us and records confirmed the senior staff carried out spot checks at least every three months to check their practice. One member of staff told us, "The seniors have a checklist that looks at everything we do and asks if the person if they are happy. If there is anything wrong, it is discussed with us and we are offered additional training". Staff told us they received supervision every three months but could ask for a meeting with the manager at any time if they had any concerns. This showed the staff were supported to carry out their roles effectively.

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.

We checked whether the provider was working within the principles of the MCA. People told us and we saw staff told them what they wanted to do and sought their consent before providing personal care. One member of staff told us how they supported a person who was sometimes reluctant to give their consent to receive personal care. The member of staff told us that when the person refused support, they would call on them again when they had completed their visits, as they sometimes gave their consent when asked again. We saw this matched the guidance in the person's care plan. The member of staff told us they reported any concerns to the registered manager who confirmed that this would be discussed with the person's social worker and GP to ensure any decisions would be made in the person's best interest. This showed the staff and manager understood their responsibilities to support people to make their own decisions in accordance with the requirements of the Act.

Where people were supported with mealtime visits, we saw that their dietary needs were assessed and

monitored to ensure they were met. We observed staff offered people choice in relation to their meals and encouraged them to eat and drink enough to maintain good health. Care records showed that where people were assessed to be at risk of weight loss and dehydration, staff recorded the food and drink people had taken, to ensure their dietary needs were met. Staff told us they reported any concerns to the seniors or the office to ensure that advice was sought from the person's GP. This showed people were supported to eat and drink sufficient to meet their dietary needs and preferences.

People and their relatives told us staff supported them with their health needs. One person who was cared for in bed told us, "The staff put cream on and have kept my skin free of any sores, I can't fault them". When people's needs changed, the staff took prompt action to ensure they were referred to relevant health services. A relative told us, "The staff liaised with the GP and district nurse to ensure [Name of person] was taken into hospital when they had become unwell recently. They always let us know if they are concerned and take action if needs be, they are very hot on it". This showed people were supported to access health care services to maintain good health.

Is the service caring?

Our findings

People told us the staff treated them with respect and cared for them well. One person told us, "The carers have been golden to me". We saw staff treated people with kindness and respect and they were comfortable with them being in their home. People and their relatives told us they got on well with the staff, who took the time to chat with them to and asked about their day and if they were well. One person told us, "The girls are very good, I can have a laugh with them". We saw that people's relatives had good relationships with the staff and chatted easily with them. A relative told us, "The staff are great, we have a bit of leg pulling and teasing. They worry about my back as I care for [Name of person] too and always ask how I am".

We saw when staff entered people's homes they rang the bell and waited until they were invited in. Staff promoted people's privacy and dignity by ensuring curtains and doors were closed when providing people with personal care. One person said, "I always feel comfortable when they give me personal care". One relative told us, "Staff are very discreet, they maintain [Name of person's] dignity when they are changing them". Another relative told us their relation was much happier since their support had changing over to the provider. They told us, "We are very pleased, they are good carers, [Name of person] is a lot more comfortable with them".

People told us that staff supported them to maintain their independence. One person told us, "They ask me if I want to do things for myself, for example I can wash my top half and I usually do my own hair as I know how I like it". Staff told us they encouraged people to do as much as possible for themselves. One member of staff told us, "I always ask if they want to do things for themselves, for example we would wash their lower half and their back and they do the rest".

People told us they made decisions about their care and support. We saw staff offered people choice about their day to day routine, for example asking people which meal they wanted at lunchtime or if they wanted to get up or stay in bed. One person told us, "Staff always ask if I'm ready to get up and go to the bathroom". Staff told us they offered people choice. One member of staff said, "After I've helped people to shower or bath, I always ask if they want deodorant or perfume on and what they want to wear".

Is the service responsive?

Our findings

People told us they were happy with the care they received care and that it met their individual needs and preferences. One person told us, "I don't usually get dressed first thing, the carers know I like to wait until the lunchtime call". Relatives confirmed the support people received was responsive to ensure people's needs were met and their wellbeing enhanced. One relative told us their relation was particular about their bedtime routine, "The staff know how [Name of person] likes their pillows arranging and make sure they are right when they come at night so they have a good night's sleep". People and their relatives told us that where people had a preference for a male or female carer, this was respected. A relative told us, "[Name of person] doesn't like having a male carer when they have personal care. We spoke with the agency about it and although the carer still comes sometimes, they don't help with personal care".

People had agreed how they wanted to be supported and had a copy of their care records in their home. People and their relatives told us a senior member of the care staff or the manager visited them to see if they were happy with their care and if any changes were needed. Where any changes were made, staff told us they were informed by their team leader or the registered manager. One member of staff told us, "Changes are communicated by text or sometimes we are called into the office". The provider information return (PIR) stated an electronic handover sheet was used to collate information about people's changing needs and circumstances. We observed the registered manager used this to record a discussion about the need for new equipment for a person who had recently had a number of falls. They told us this was then shared with the team leader to ensure staff had the relevant information to provide care that was responsive to people's needs.

People told us staff supported people to follow their hobbies and interests and to access activities in the local community. One person told us, "Staff sometimes take me out for a walk but it's not warm enough at the moment". Staff told us they supported people to read books and magazines and talked with them about the past. One member of staff said, "We look at old photographs and talk about the past. They love that".

People and their relatives knew how to raise concerns and complaints and were confident that they would be responded to in good time. One person told us, "I would call the manager or the provider if I had a complaint, but I haven't had one so far". A relative said, "I've never had to complain but would be happy to call the office if I had any problems. You can call anytime during the day and there is an out of hours' service. They always respond". We saw people had received a copy of the complaints procedure. Records showed that complaints were investigated and responded to in line with this.

Is the service well-led?

Our findings

There was no system in place to monitor if care plans were accurate and had all the information staff needed to support people appropriately. We checked the records people held in their home and found that they did not match the records held at the provider's office. For example, the records in the provider's office showed that one person's needs had changed and they required the support of two carers. We saw that the person received care in accordance with the up to date plan but the copy in the person's home had not been updated to reflect this, and did not include the updated risk management plan. We observed that staff supported another person using a particular piece of equipment. The provider's records showed that the equipment had been changed following a review and confirmed that staff were supporting the person correctly but the person's care records had not been updated to reflect this. The provider told us they carried out some checks on care plans during their weekly review meeting with the registered manager but these were not documented and there was no system to address any shortfalls found. The registered manager told us they would introduce a system to monitor the accuracy of care plans and ensure people had an up to date copy of their care plan when any changes were made.

We saw the registered manager had systems in place to check that people received a good service and the provider had recently appointed a compliance officer to support the audit process. An electronic monitoring system was in place to monitor whether people received their planned support and alerted senior staff to ensure people were not left at risk of harm. The registered manager carried out audits on the administration of medicines and where improvements were required, an action plan was put in place and discussed with staff as required. We saw that action had been taken to address a number of medicines errors identified through the checking of completed medicines administration records (MAR) and a full audit of medicines in people's homes was now carried out. Accidents and incidents were recorded and the compliance officer was developing systems to monitor and highlight trends and ensure action was taken to prevent reoccurrence. Spot checks were carried out on staff practice that looked at areas such as dress, time keeping and the support provided. Staff told us and records confirmed that any concerns were discussed with them and they were supported with retraining where required.

The provider sought people's opinion of the service at care reviews and through an annual satisfaction survey. One person told us, "The manager has been to see me and asked questions about the care and about the staff. I'm happy with things". A relative said, "They come unannounced to check standards and have a chat with us. We're satisfied with things". The provider had recently circulated the annual satisfaction survey and the results were not yet available. The analysis of the 2015 survey showed that people were positive about the support they received and no concerns were raised. People were also invited to provide feedback via compliment slips left in their homes by the staff. Comments included, 'Thank you so much for your kindness when my relative was having an off day', '[Name of person] would like to express their gratitude to the carers for all their help every day it is much appreciated'.

We saw the registered manager had an 'open door' policy. A member of staff told us, "The manager is very approachable, things have improved 100% since they came in. They sort things out and are very fair". Staff told us they felt valued by senior staff and management and had regular staff meetings where they felt able

to give their views about the service. Staff knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to senior managers. A member of staff said, "All the management are very supportive and always there when needed. If I had a problem I would feel comfortable going to them. They make time for you". The registered manager understood their responsibilities regarding their registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken.