Affinity Homecare (Cheshire) Ltd

Affinity Homecare Cheshire

Inspection report

4 Parkway
Wilmslow
Cheshire
SK9 1LS

Tel: 016255408800

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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

The inspection took place on 02 November 2016 and the visit was announced.

This was the first inspection for the service following the transfer of the business to Affinity Homecare (Cheshire) Ltd.

Affinity Homecare Cheshire is a domiciliary care agency providing personal care to people living in their own homes around the Wilmslow area. The Care Quality Commission has inspected this service in relation to 49 people assessed as needing personal care. Other services are available from the agency including shopping and housekeeping which are not regulated by CQC.

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

The risk of abuse was minimised as clear policies and procedures were in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse.

Thorough recruitment processes were in place to help check the suitability of staff working with vulnerable adults.

Staff received training so that they administered medicines safely.

Care records were personalised to inform staff and other professionals how to best support the individuals they cared for.

Staff received suitable induction and training to meet people's needs. Staff were supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service. Audits were carried out and where shortfalls were identified the management was using the information to improve the service.

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 were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practice.

Staff received training so that medicines were administered safely.

Is the service effective?

Good

The service was effective.

People were supported by trained staff who were supervised and supported.

People's rights were protected. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring.

The staff knew the care and support needs of individuals well and took an interest in people, their pets and their families in order to provide good care.

Care plans where detailed and written in a person centered way so that people remained in control of their lives.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

Complaints were taken seriously, monitored and action taken when required.

Risks were assessed and measures were in place to support people in the least restrictive way.

Is the service well-led?

Good

The service was well led.

The agency had a registered manager.

Staff and people using the service spoke positively about the leadership of the agency.

There were systems in place to assess and monitor the quality of the service, which included seeking the views of stakeholders. The quality assurance system helped to develop and improve the service.

Affinity Homecare Cheshire

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 02 November 2016 and was announced.

The provider was given 48 hours notice because the location provides a domiciliary care service and we wanted to ensure that someone would be available to assist with the inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. Including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service. We also contacted the local authority contracts quality assurance team who responded and reported they had not had any issues relating to the provider.

We reviewed four care records of the 49 people supported by the agency and spoke with six people receiving care and support over the course of both inspections. We examined staff recruitment and staff training records. We looked at three staff recruitment files held at the premises and interviewed two care staff. We saw a selection of records relating to the management of the service such as policies and procedures and complaints. We also spoke with the registered manager, the person in day to day control of the agency and a senior carer.

Good

Is the service safe?

Our findings

We spoke with six people receiving personal care support from the agency. They told us that they felt safe, and they were well looked after by the agency. One person told us, "They [staff] do a good job, they are very lovely, they always ask me before they leave if everything is done and I am ok, very thoughtful".

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was. Staff told us that they were confident that the management would address any concerns appropriately.

We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the manager. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We spoke with the manager regarding the development of the business and she told us that they had stopped taking on more clients as they needed to recruit more care staff. This demonstrated that she understood the importance of having suitable staff in post to meet the needs of the people receiving support.

Staff told us, that except during periods of staff sickness, they generally supported the same people on a regular basis, which meant that people received care and support from people they knew.

We checked three staff recruitment files and found that thorough processes were in place. We also looked at information held at the agency to confirm that staff had suitable Disclosure and Barring Service (DBS) checks. This service checks the suitability of people for working with vulnerable adults.

We found that carers received medication administration training and records were available to demonstrate that all staff had completed trainng and their competence had been assessed by senior staff. We saw that one person received medicines covertly, that is when medication may be given disguised in food or drink. As this person lacked capacity to agree to this, we reviewed their records and saw that the family, the social worker and the General Practitioner (GP) had been involved in the decision making and that the medicines were necessary to maintain the person's wellbeing.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and

knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

Good

Is the service effective?

Our findings

People told us that they usually had the same staff, they said that they rarely received support from people unfamiliar to them.

Staff felt they got support from the senior staff and management of the service. Two staff we interviewed said they received regular support and had met with senior staff regularly since they started work to check they were competent in meeting the needs of the people they supported. Staff told us that they always worked with more experienced staff at the beginning until they were sure of what they were doing. Formal processes were also in place to assess the quality of their performance with supporting people using the service as senior staff undertook unannounced visits to observe carers whilst supporting individuals. In addition to on the job support staff meetings and formal one to one supervision were planned and scheduled in advance. These processes gave staff the opportunity to discuss their performance and identify any training needs they had.

We found that staff had previously attended training, and a schedule of refresher training was monitored by the registered manager. Training relevant to staff roles such as; medicines administration, health and safety, food hygiene and moving and handling had been completed and was in date.

We saw that care records were very detailed to inform staff and other professionals how to best support the individuals they cared for. Changes in people's health were documented in their care records. These were available to inform health professionals who became involved with their care, either through an identified need or an emergency situation. This demonstrated that the agency staff supported people to access and receive ongoing healthcare support.

We found that staff knew the people they supported well. Care plans were written inclusively and contained information for the reader of what the individual could do for themselves which supported people to remain in control and maintain a degree of independence.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005.

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.

Staff had received training relating to MCA 2005, staff commented that this was included as part of their induction. We spoke with staff who understood the importance of consent and people told us that staff sought their consent before carrying out any care support. We saw that people using the service and/or their relatives had been involved in planning their care and that staff consulted with them about their care needs.

We saw in one instance the MCA had been followed correctly where the appropriate processes had been followed to administer a person's medication covertly in their best interests (as described in the safe section of this report).

Good

Is the service caring?

Our findings

We saw the agency maintained a record of compliments, which included: "Thank you so very much for all your help and support over the problems I have been having" and "Many thanks for your very good service and the carers are all great friends".

One person we spoke with told us that the carers helped her looking after her pets which meant the world to her.

We spoke with staff who said that they enjoyed their role, they visited the same people each day and had got to know them well. The carers told us that the senior staff and the agency manager were very supportive.

The agency had a checking in and out system which meant that carers dialled in on arrival at a property and dialled in again on leaving which meant all calls were monitored and the manager could check people were receiving the care as planned. The system had also been set up to alert when medicines were required at a specific time. This helped ensure carers were available and in place to administer medicines when needed. The system alerted the office personnel if the carer was not likely to arrive on time giving them time to check and reallocate the call to ensure people received medicines as necessary.

We found care plans were written to engage staff regarding individual needs and behaviours in a positive way. The service took account of people's diverse needs and chosen lifestyles. Staff we spoke with told us they enjoyed supporting the people at the service and were able to tell us a lot of information about people's needs, preferences and circumstances. This showed that staff had developed positive caring relationships with the people they supported and valued them.

Good

Is the service responsive?

Our findings

We spoke with people using the service who were complimentary about the service. They told us that they knew how and to whom they should complain.

We saw that the agency had a complaints policy and procedure. Three complaints had been received prior to April 2016 and one person had complained to the inspector in April regarding the timing of the calls or missed calls. No complaints had been made to the manager newly in post since April. We spoke with the manager about this who said that some calls were moved to a preferred time and when this wasn't possible immediately she would look to move the time of the call at the next opportunity. She also told us that missed calls were not acceptable and the logging system identified if staff had not attended or had not signed in, either way this was addressed. People we spoke with told us they knew who the manager was and that she visited them from time to time to check everything was alright.

We reviewed people's records and saw that they had plans specific to their needs. The care plans we inspected contained assessment documents which had been completed before they started to use Affinity Homecare to make sure that their needs could be met by the agency. The plans of care outlined people's abilities, identified needs, risks and action required by staff. Records had been kept under regular review and had been updated every three months or earlier if the person's health needs change. Where appropriate the person's relatives had been involved in the assessment process.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made so that people were supported with their needs in the way they had chosen. We saw that on occasions when staff needed to cover calls due to staff absence a summary of the person's care needs was forwarded to them so that they were aware of their duties before arriving at the person's home.
Care files kept in the individual's home also included basic information which may be required by other health professionals should the need arise, for example should they need to go to hospital as an emergency.

Good

Is the service well-led?

Our findings

A Service User Guide was available for people wishing to know about Affinity Healthcare. The agency had a clear vision and a set of values that included providing privacy, dignity and quality care for people wanting to stay in their own homes. They had principles of providing care in a caring, friendly and professional manner which included people's active participation and involvement.

The agency had a registered manager who was in post from April 2016. We spoke to the registered manager and she demonstrated good knowledge of all aspects of the business including the needs of those using the service, the staff team and her responsibilities as manager. Quality assurance audits had been developed to assess the safety and performance of the service and the effectiveness of the records. Medication and training audits where in place to identify shortfalls. This meant that staff knowledge and competency in their role could be checked periodically.

Senior staff led by example and worked alongside staff to provide the care. People receiving support told us that all senior staff were approachable and available if they needed to speak with them.

Affinity Healthcare had systems in place to seek the views of those using the service and their relatives, the staff working in the service and stakeholders. Views were sought at care reviews and an annual satisfaction survey was carried out. We also saw that staff commitment and their qualities were recognised by the manager with certificates awarded for carer of the month.

The staff we talked to spoke positively about the leadership of the agency.

The agency had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising concerns if they felt unable to raise them with the registered manager.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.