

Afresh Healthcare Limited

# Afresh Healthcare Limited

## Inspection report

960 Capability Green  
Luton  
Bedfordshire  
LU1 3PE

Tel: 02081758924

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Afresh Healthcare Limited is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people living with dementia, older people, and younger adults. At the time of our inspection there was 1 person using the service.

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

Risk management needed to be improved. Risk assessment documentation was not in place for a person who had been previously assessed by the registered manager as being at risk of developing pressure sores. This meant staff would not know how to identify and manage those risks.

Enough staff were employed to provide the care people needed but the registered manager was unable to demonstrate staff had been recruited safely.

People's medicines were not always managed safely. People told us that when they needed support with their medicines staff were there to support them. However, medicines administration records (MARs) which were written by the service did not have sufficient information on them to ensure the possible risk of administration was mitigated. For 'when required' medicines, also known as PRN medicines, these were not listed on the MAR chart or in the care plan and clear directions for staff on how PRN medicines should be taken or given was not evident.

People were asked to give their consent for support and the principles of the Mental Capacity Act were followed. People were supported to have a 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. However, staff had variable knowledge about the MCA.

People were at risk of poor care and support because the registered manager did not have effective auditing and governance systems in place to monitor the quality of the service. Audits had not been robust to identify the concerns and shortfalls we found on the inspection. Opportunities to learn lessons could have been missed.

People felt safe with the care and support provided by the service. All staff had received safeguarding training and knew how to protect people from potential harm.

The services infection prevention and control policies and procedures were being adhered to, ensuring both staff and people using the service were protected from cross contamination.

People's needs were assessed prior to using the service. People felt listened to, respected, and involved in decisions about their care and support. Each person had a personalised care plan in place which detailed their care needs and preferences and gave staff guidance on how to provide safe and effective care. These

were reviewed regularly.

Staff had completed all mandatory training and some staff were being supported by the registered manager to achieve further accredited training. Observational checks of staff practice were taking place.

Staff treated people with respect and upheld their privacy and dignity. People described staff as very polite, respectful, kind, and caring. Staff knew people well and encouraged them to be as independent as possible.

People and staff were positive about the registered manager. Staff said the registered manager was approachable, welcomed ideas, and always responded.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating

This service was registered with us on 25 January 2022, and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection. We have also made recommendations that the provider considers current guidance in relation to managing medicines and recruitment of new staff.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Afresh Healthcare Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 10 May 2023 and ended on 1 June 2023. We visited the location's office on 15 May 2023.

#### What we did before the inspection

We reviewed information we held about the service since they registered with the CQC. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service about their experience of care provided. We spoke with 4 members of staff including the registered manager and care workers.

We reviewed a range of records. This included one person's care records. We looked at 3 recruitment files and staff supervision documentation. We also reviewed a range of documents relating to the management of the service including policies and procedures and the provider's training matrix.

We reviewed documents during our visit to the office but continued to review documents via our secure electronic file sharing platform.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The registered manager carried out assessments of risk to protect people from avoidable harm; based on information provided during people's initial assessment for care.
- However, even though a person had been assessed as 'at risk' of potential skin integrity concerns, documentation had not been implemented to guide staff on how to identify and manage those associated risks. (See our well-led section for more about assessing risk).
- The registered manager took immediate action and produced a pressure care and tissue viability screening and prevention plan to ensure safe and effective care.
- People described how staff supported them to stay safe when they were assisting them.
- Staff knew people's needs. Staff were able to talk with confidence about how they supported people and their specific needs.

### Staffing and recruitment

- The registered manager had not ensured safe recruitment practices were being followed. (See our well-led section for more about recruitment).
- Prior to new staff commencing employment the registered manager was required to check staff suitability for their job role. However, we reviewed 3 recruitment records and found not all employment references had been verified, references for conduct in previous health and social care employment hadn't been asked for and a full career history along with a written explanation of any gaps hadn't been explored by the registered manager.
- The registered manager took immediate action and provided us with a full career history for all staff along with an explanation of gaps of employment.
- Disclosure and Barring service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people and people received care from a consistent team.
- One person said, "My calls are more or less regular all of the time. There hasn't been a time when nobody has turned up."

We recommend the provider review their recruitment records and consider current guidance to ensure the right staff are recruited to support people to stay safe.

### Using medicines safely

- Medicines were not always managed safely; however, no one raised any concerns with us. (See our well-led section for more about medicines).
- People were supported to receive their regular prescribed medicines in a timely manner; this was evident from the care call monitoring records. However, incorrect timings were transcribed on the MAR chart, so this did not provide a clear indication of when the medicine had been administered. The MAR did not include any specific instructions, no medicine stop/review date, and some medicines were spelt incorrectly.
- Prescribed medicines which were noted as 'when required,' also known as PRN medicines were not listed on the MAR chart or list of current medication in one person's care plan. A PRN protocol for one medicine had not been completed fully; and even though a request was made to update this, it remained incomplete. A PRN protocol for a second 'when required' medicine was not provided either upon request.
- The registered manager took immediate action to rectify some of our concerns, for example, the implementation of further MAR chart documentation, but these need to be updated after considering guidance from a reputable source.
- Staff who supported people with their medicines had completed medicines training and their competency assessed to ensure their practice was safe.

We recommend the provider consider current guidance in relation to managing all medicines for adults receiving social care in the community.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff who supported them. One person said, "I feel safe when the carers are there."
- Staff who had received training in safeguarding adults were able to describe several types of abuse and knew how to report concerns.
- The registered manager had reported safeguarding concerns to the relevant professionals.

### Preventing and controlling infection

- Measures were in place to reduce the risk of people catching and spreading infection. People had individual COVID-19 risk assessments which provided a description on how staff should support people in their homes to ensure safety.
- Staff had completed training in infection prevention and control, and they ensured they maintained good standards of hygiene including for food preparation and personal care.

### Learning lessons when things go wrong

- The provider had a system in place to identify when incidents happened and to take the necessary action to reduce the risk of reoccurrence.
- No incidents or accidents had occurred since the service began but we were re-assured the registered manager would take quick and effective action.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager had put systems in place to assess people's needs and choices prior to using the service. This indicated whether they could meet people's requirements.
- People's assessments of their needs and choices were regularly reviewed to ensure they received an appropriate level of service.
- The registered manager stayed up to date with current care standards and legislation by attending both provider and registered manager meetings in order to network and share best practice.

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding, moving and handling, and administration of medicines. Staff had a good understanding of these topics.
- People felt well supported by staff. One person told us, "I would say staff have had the right training to support me. Staff know what they are doing and appear confident."
- Newly recruited staff completed an induction that was linked to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff received supervision and competency observations by the registered manager to help ensure they had the knowledge to perform their job roles.
- Staff were positive about their training and how the provider was supporting them to do accredited training. Comments included, "I feel supported by [registered manager] they are sponsoring me to achieve a level 3 qualification in health and social care."

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

- Where required, staff supported people to eat and drink to maintain a balanced diet. One person said, "I am happy with regards to anything [staff] do with food."
- People's care records described people's nutrition and hydration preferences.
- Staff had received training in food hygiene, as well as nutrition and hydration. One staff member said, "[Name of person] will tell me what they would like to eat, and what they would like to drink. I will respect their choices and how they like their food to be prepared."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other health and social care agencies.
- The registered manager stated they had no problems working in collaboration with different practitioners,

including doctors, nurses, social workers, and therapists, sharing information where relevant.

Supporting people to live healthier lives, access healthcare services and support

- People's medical conditions were documented in their care plans, including leaflets relating to specific conditions, for example, low blood pressure and diabetes. These leaflets provided staff with signs and symptoms to look out for when people became unwell.
- The registered manager confirmed they were not currently accompanying people to health appointments, however, could provide this support if required.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager had carried out capacity assessments for people to establish whether they can make their own decision about specific aspects of their care. There was no one being supported at the service who lacked mental capacity to make decisions at the time of our inspection.
- Staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS), however, staff's knowledge was variable. Staff were able to describe that consent would always be obtained prior to commencing care with people.
- People agreed with their care plans and signed to confirm they were happy to receive care and treatment. This meant the provider obtained people's consent to receive personal care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well treated and felt respected. One person said, "Staff are very polite, respectful, kind and caring. The ones I have had have all been very kind."
- Care plans included information relating to people's backgrounds including their ethnicity and religious beliefs.
- Staff knew people as individuals and understood their likes, dislikes and preferences. Staff were able to describe to us how people wanted to be supported and what was important to them in their day to day lives.
- Staff had completed training in equality and diversity. One staff member said, "We ensure clients, and our colleagues are treated fairly, we respect people's differences. Everyone should have an equal opportunity, with no discrimination or segregation."

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

- People were fully involved in making decisions about their care. Comments included, "I have seen a copy of my care plan, I helped put this together. At first the registered manager came round and talked to me about my needs at the first interview."
- People were supported to make day to day choices about their support. One staff member said, "[Name of person] will communicate what is important, what they want and how we can work to their specification to support their needs."
- Staff had a good understanding of how to promote and respect people's choices and involve people in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their independence was promoted. One person said, "If I'm having a good day, staff will always encourage me. They always leave the door shut during personal care."
- Staff recognised the importance of privacy and providing dignified care to people. One staff member said, "Our service values are to keep service users safe, independent whilst also promoting their wellbeing."
- The persons care plan identified areas of independence and provided guidance for staff when to promote this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and handover notes were personalised and detailed their support needs and a description of care provided. Care plans were accessible to all staff on the care planning 'App' to ensure all scheduled care was given.
- Staff inputted daily notes on the electronic care planning system, providing up to date information about the person they were visiting. However, we looked at several daily notes for one person and similar information was being recorded each day. This information needed to be strengthened to ensure the notes reflect the actual care being provided on a particular day and time; and does not describe 'usual' activity. This was fed back to the registered manager during our inspection.
- The registered manager regularly reviewed people's care plans and made changes when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A person's assessment of need and their care plan detailed their communication requirements and preferences. For example, one person's care plan stated, "I do not want carers to wear face masks when communicating with me, as I can't read their lips under their masks. As well as an additional note confirming interesting facts about communicating with the person.
- The registered manager understood the importance and their responsibility for providing information in alternative formats, however, this was not currently required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People confirmed they do not require support to follow their interests or activities at present as they can do this independently. One person told us, "[Staff] will go to the shop and do errands for me if I need something."
- Staff told us they had sufficient time scheduled so they did not feel rushed when providing care. One staff member told us, "[Name of person] watches a particular programme on television which is really interesting, and I have fell in love with it myself."
- The registered manager confirmed strong relationships had been built between staff and people using the service, based on team working and understanding, and stated this had a significant positive impact on the

overall care experience and people's outcomes.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and monitor complaints. This helped them identify concerns relating to the care provided and rectify any discriminatory practices.
- One person told us, "I have never been in that situation. I wouldn't know what to do. I would get on the phone to [registered manager]. I have a copy of the care plan in my house, there might be something in there on how to complain."

End of life care and support

- No one using the service was being supported with end-of-life care and staff had not received training in this area. The registered manager confirmed they plan to source this training for the staff team as they expand the service to more people.
- The registered manager had encouraged people to discuss their end-of-life wishes should they choose to do so, and an advanced care plan had been put in place for one person.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers governance systems to monitor the quality and safety of the service were not effective. For example, MAR charts did not contain the required information, as per The National Institute for Health and Care Excellence (NICE) guidelines. PRN protocols were not completed fully, therefore not providing staff with clear written direction on how each medicine should be taken or given. And one PRN protocol was missing. Care plans did not include information relating to PRN medicines. Known risks to one person had not been risk assessed and safe recruitment practices were not taking place. This put people at risk of potential harm.
- The registered manager's quality assurance system included several audits, a list of these was provided. However, not all audit records were received. The quality checks completed included, audits of care, complaints, staff personnel records, PPE and IPC. There were gaps in the system and audits had failed to identify the concerns we found relating to safe staff recruitment, care plans, medicine records and risk assessments. The registered manager confirmed audits for care calls and the PPE audit had not been completed as the service was only supporting one person. Overall, this meant the registered manager's audits were not effective.
- We did not receive all records upon our first request, these had to be asked for again during the inspection, which delayed the inspection process.
- Policies and procedures were in place, however, we received various versions of these, several of which were reviewed during our inspection.
- The business continuity plan did not provide any details of whom would take responsibility of the business in the registered manager's absence.

We found no evidence people had been harmed, however, the provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager provided evidence of action being taken in response to our feedback. New medicine records had been introduced, a risk assessment completed for one person and the registered manager confirmed they are currently sourcing an alternative electronic care planning system. We will check on the sustainability of these improvements at the next inspection.

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

outcomes for people; 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

- One person commented, "I have a good relationship with [registered manager] they know a thing or two about care. I would recommend the service, due to the fact that I get on very well with staff and have no problems."
- The provider had a clear statement of purpose which set out their vision and values. Staff we spoke to understood these values. One member of staff said, "Our values are caring, providing the right service to improve the lifestyle of people and to care from our hearts."
- The registered manager understood their responsibilities in relation to the duty of candour. Staff could refer to policies and procedures in the event of a serious accident or incident. The registered manager knew what they needed to report to CQC and other relevant agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People were asked to express their opinions of the care being provided through quality assurance visits to the person undertaken by the registered manager.
- The registered manager worked with health and social care professionals, including local authority teams, discharge teams, ambulatory services, and other multi-disciplinary teams to ensure a co-ordinated and integrated approach to care provision. For example, consulting with safeguarding teams to report concerns about people's safety whilst living alone.
- Staff meetings were taking place regularly. One staff member said, "Yes, the meetings are useful, we discuss concerns, how things could be done better and about giving people the best kind of service, in order to promote their health and make them comfortable."
- The registered manager told us, "I am a member of several forums and groups including a local care providers association and Skills for Care. This provided them with knowledge and insight into best practice, new national guidance, and ways to drive improvement at the service."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, systems were not effective to assess, monitor and improve the quality and safety of the service or the risks to people health and welfare. Reg 17 (1)</p>