

Afya Care Ltd

Afya Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Afya Care Ltd is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported three people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The registered manager of Afya Care Ltd had a good understanding of people's needs and oversight of the management of the service and development of staff. However, further development of the provider's quality assurance systems was needed to ensure the quality of care being delivered would be sustained as the service developed.

Staff had access to people's care plans and provided care which was responsive to people's needs. However, they would benefit from some more detailed information about how to manage and support people with their risks. The impact of some limited information in people's care records was low as the management had a good oversight of people's needs and staff had been trained in the management of risks and safeguarding people from harm and abuse.

However, we have made a recommendation that the provider consider current guidance on recording risk management plans.

The provider responded to our inspection feedback and was open to making improvements to the service such as reviewing people's care plans and their quality assurance systems to ensure they would be effective in providing staff with accurate information of people's care requirements and driving improvements across the service.

Relatives confirmed that people's care needs were consistently being met and that people received their medicines as prescribed. The provider's electronic care management data system alerted managers of any late or missed calls or any unmet need.

There were sufficient numbers of suitably recruited and trained staff to meet people's needs. The management team provided care as required which gave them an opportunity to receive feedback from people and observe staff practices.

We were assured that safe infection control practices were being used and that staff were COVID-19 tested and vaccinated in line with guidance.

Afya Care Ltd valued feedback from people, their relatives, staff and other stakeholders to help them

understand people's experiences of the service. The management team were passionate about delivering good quality care to people and ensuring people were safe and their needs were met. There was a clear aim by the managers to drive improvement and to ensure good outcomes for the people the service supported.

People's relatives highly praised the care being delivered and approach of staff and the management and response of Afya Care Ltd. Staff encouraged people to retain their independence and make decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us in August 2020 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Afya Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

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

Inspection activity started on 4 November 2021 and ended on 12 November 2021. We visited the office location on 4 November 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We also spoke with or received email feedback from two relatives. We also spoke with the registered manager, office manager and received feedback from two staff by email.

We reviewed a range of records. This included three people's care records and a selection of medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the potential risk of abuse because staff had received appropriate training and had a good understanding of safeguarding policies and procedures.
- Staff were confident that any concerns raised to the management team would be acted on promptly. They were aware of the provider's whistle-blowing policy and told us the actions they would take if the managers didn't act on their concerns such as contacting external agencies.
- The registered manager was aware of their role to report any potential safeguarding incidents to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management; Using medicines safely

- People's risks associated with their health and well-being had been identified and assessed. A system was in place to alert the managers if staff had not delivered specific care to people or if staff were running late. This helped to ensure people's care was being met and people's care needs were being monitored.
- The registered manager was able to describe how they supported staff in the management of people's risks and the actions they had taken such as referring people to key health care professionals. Staff confirmed that they were aware of how to support people to help mitigate their personal risks.
- People received their medicines as prescribed. Medicines risk assessments were in place to guide staff.
- We were assured people had received their medicines as prescribed as the provider's electronic care data system alerted the managers if staff left people's home without administering their medicines.
- However, not all aspects of people's care plan provided staff with the guidance they needed to support people to manage their risks such as the safe management of how people should be supported using a hoist.
- We raised these concerns with the registered manager and who told us they would take immediate action to update people's care plans to provide staff with detailed risk management plans to follow.

We recommend the provider consider current guidance on recording risk management plans.

Staffing and recruitment

- People were supported by a small team who knew them well and met their care and support needs safely.
- The registered manager and office manager had received the required training to deliver personal care which enabled them to cover staff absences when needed.
- We reviewed the provider's planning of people's care visits and found sufficient travel time had been allocated between calls which promoted calls to be delivered promptly. This was confirmed by staff.
- We reviewed the provider's recruitment practices and found that people were protected from staff that

may not be fit and safe to support them as safe recruitment practices and background checks were consistently carried out.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place to reduce the risk of spread of infection.
- Staff told us they had received training in infection control to help develop their infection control practices. They were aware of the importance of good hand hygiene and the use of PPE (personal protective equipment) to help reduce the risk of spread of infection. The staff infection control practices were observed and checked by the management team.
- The provider ensured staff were regularly testing for COVID-19 in line with current guidance and confirmed that at the time of this inspection all current staff had received double COVID-19 vaccination.

Learning lessons when things go wrong

- Accident and incident forms were completed as needed. The registered manager stated they would take the appropriate actions to investigate into any incidents and identify any recommendations which would be shared with staff.
- Changes would be made to people's care plans to reduce the risk of repeat incidents and shared with staff.

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

- People's needs were assessed before they started to use the service to ensure their support needs could be met. The registered manager told us they worked alongside the person, their family, the funding local authority and other key professionals to better understand people's support requirements and risks.
- Relatives confirmed that people were supported in line with their individual assessed needs.

Staff support: induction, training, skills and experience

- Staff told us they were suitably supported, trained and competent to carry out their role. Training records confirmed this. The registered manager provided additional training where needed and assessed staff care practices including safe medicines management.
- Staff received induction training and shadowing of their colleagues to better understand people's support requirements. They were supported to complete the Care Certificate (nationally recognised set of care standards).

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

- People's nutritional needs were met by staff if they required support. This included meal preparation, dietary requirement and support to eat.
- Some details of people's preferences regarding food and drink were documented in their care plan to guide staff on people's preferred food and drink.

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

- The care team worked collaboratively with people's families and supported people to live healthier lives and access healthcare services as required.
- Staff knew people well which enabled them to identify and report any small changes in people's well-being in a timely manner.
- Staff worked in conjunction with healthcare professionals to ensure people had access to health services and had their health needs met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

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.

- People's consent to care and treatment was sought as part of their initial assessment.
- People were given choices about the care and promoted to retain their independence. Information about promoting people to have maximum choice about their support requirements was limited in their care plans, however staff knew them well and people were able to tell staff how they wish to be supported.

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's relatives highly praised the kindness and approach of the staff who supported them and told us they would recommend Afya Care Ltd to other people who require support in their home. One relative stated "They are very attentive and caring for my mother and I don't have anything negative to say." Another relative said, "The staff that she [relative] sees are caring" and went on to say "On the whole the service has been very good and I have no complaints."
- Staff told us they had the time to support people in an unrushed manner. They were aware of the actions to take if a person didn't answer their door or they found people unwell or injured.
- The registered manager led by example and was passionate about ensuring people received high quality care from competent and caring staff. They said, "We focus on the individual and their needs. We are willing to learn and make adjustments where necessary."

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

- Staff encouraged people to be involved in the decisions about their care. People were able to express choices and direct staff on the support they required.
- Staff stated that they fully involved people in the support they provided. One staff member said "We always follow the client's support plan and respect their wishes to ensure the care we provide is person centred."
- Relatives confirmed that they were always contacted if there was a change in people's needs or staff were running late.
- The registered manager stated they encouraged and observed staff providing choices to people with limited mental capacity such as showing them a selection of clothes to wear or supporting people in their best interest based on their knowledge about people's preferences.

Respecting and promoting people's privacy, dignity and independence

- Through training, observation of staff practices and guidance, the registered manager had ensured that staff understood the importance of maintaining people's privacy and dignity.
- People were supported to retain their independence and encouraged to do things for themselves.

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 received care and support which was personalised and centred on their needs. Staff knew people well which gave them the opportunity to recognise small changes in people's well-being and report any concerns. The registered manager provided examples of how they had responded to people's changing needs or requests such as taking over the management of people's medicines.
- Where time allowed, staff spent time with people and ensured they were comfortable and had access to things that were important to them before they left.
- Care plans were regularly reviewed with people and if appropriate, people's relatives were involved in this process. However, staff would benefit from some more personalised information about people's preferences and routines. This would ensure staff had the information they needed to consistently provide person centred care especially if people were unable to express their needs or wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded such as information about people's preferences to wear hearing aids or not.
- The service user guide stated that information could be provided to people in different formats if required and requested.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people. The provider told us they had received no complaints since registering with CQC but would ensure all complaints were investigated and acted on.
- People's relatives told us their concerns were listened to and felt that the management team and staff were responsive to issues they raised.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- An end of life policy was in place. The registered manager stated that they were working on improving the recording of people's preferences and wishes of end of life support and funeral arrangements. This would ensure that staff had the information they needed to support people and respect their end of life

preferences and wishes.

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 provider's electronic care management data system enabled the registered manager to monitor 'real time' activities such as the punctuality of staff, medicines administration and specific aspects of delivery of care such as being supported to get washed and dressed. The managers were immediately alerted to any concerns or unmet needs so they could take prompt action.
- However further expansion of the provider's quality assurance systems was needed to assist the provider's oversight of the service and to ensure the service consistently met the regulatory requirements. For example, the provider's system had not ensured that the quality and accuracy of people's care records and risk management plans were in place to direct staff on people's support requirements. The implementation of an additional comprehensive staff development monitoring system would ensure the registered manager fully understood staffing development and support needs.
- The provider's monitoring systems had not identified that medicines management care for one person was not being delivered in line the provider's medicines policy and that complete protocols for the administration of 'as required' medicines were not in place.
- The impact of these concerns on people who received a service from Afya Care Limited was low as the management team was able to monitor the care being delivered and receive feedback from people as they frequently delivered care as part of the care team. This enabled them to check the quality of care people received and address any concerns about staff care practices.
- We discussed the current governance processes with the provider who acknowledged that these practices were not sustainable if the service expanded or the managers were absent from their role. They agreed to take prompt action to review people's care records and their quality performance systems to help them in monitoring the service and drive improvements as needed.

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

- There was an open culture across Afya Care Ltd which was confirmed by staff and people's relatives.
- The registered manager gave examples of incidents which had led to discussions with people and their relatives. They were aware of their responsibility to take specific actions under the 'Duty of Candour' regulation and notify relevant people and agencies of any incidents that occurred when delivering the regulated activity.

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

outcomes for people; Continuous learning and improving care

- Since registration with CQC, the provider had developed a service that provided good outcomes for people.
- Staff and people's relatives praised the management of the service. One staff member stated, "I have a very kind and professional manager who is committed to ensuring staff and clients are happy and listened to." People's relatives recommended the service. One relative stated "I would recommend them to anyone."
- The staff team worked collaboratively with people and their relatives to deliver good quality care which was person centred and focused on people's individual needs.

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

- The provider ensured that systems were in place to retain good communication and engagement with people, their relatives and staff throughout the pandemic. One staff member said, "We are always in close communication either by emails, staff phone or team meetings via [video call]".
- The managers used feedback from people and staff to help shape the service and drive improvements such as communicating and receiving feedback from people soon after they start to use the service to ensure their care requirements are being met. They planned to implement a more structured approach to gain regular feedback from people, relatives, staff and other stakeholders.

Working in partnership with others

- The registered manager was passionate about delivering high quality care and engaging with other local community organisations as needed. They gave us examples of working with key health care professionals such as occupational therapists to support people to remain in their own home.