

Mr Chinonso Kalu

# Mr Chinonso Kalu - t/a Affinia Healthcare

## Inspection report

1-16 Magnolia Court  
31 Mawney Road  
Romford  
Essex  
RM7 7HL

Tel: 01708 752879

Website: [www.magnolia-court@gmx.com](http://www.magnolia-court@gmx.com)

Date of inspection visit: 16 December 2015

Date of publication: 11/02/2016

## 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?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We undertook an announced inspection of Mr Chinonso Kalu - t/a Affinia Healthcare Ltd on 16 December 2016. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to be sure that someone would be in. At our last inspection on 6 November 2013 the service met required standards in all the areas we inspected.

Mr Chinonso Kalu - t/a Affinia Healthcare is a domiciliary care agency providing a service to people living in supported living accommodation in the London boroughs of Havering and Redbridge. At the time of the inspection there were 20 people with mental health needs using the service.

# Summary of findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relative's views about the staffing level were varied. We found that some shifts such as on weekends were covered by one member of staff. Discussions with relatives and our review of the records showed that people were at risk because there were not enough staff deployed.

Staff told us they had support, training and supervision. We noted they had knowledge of adult safeguarding, basic food hygiene and whistle blowing. They told us how they respected and ensured people's privacy and choice. Records showed they regularly attended staff meetings. Staff were able to describe the steps they should take to protect people from abuse or to record and report appropriately if they became aware of incidents of abuse.

People told us they made their own decisions regarding various day-to-day tasks including choice of food, activities and times of going to bed or getting up. We noted there were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required.

Each person had a care plan which stated their support needs. However, the care plans were not regularly and fully reviewed. This showed the care and support people received did not reflect their current needs.

People and relatives told us they knew how to make a complaint. They told us staff listened to them and they were happy with the way the registered manager responded to complaints.

The registered manager had systems in place for auditing and monitoring of the quality of the service. Fire safety checks, people's personal allowance and medicines were regularly audited. A survey questionnaire was distributed to people and their relatives to ask them their opinion about their experience of the service. The registered manager was analysing the response to the questionnaires at the time of the inspection and told us an action plan would be developed and shared with the stakeholders. This ensured that people's views about the quality of the service were considered and included in future improvements.

We found that although the registered manager had policies and procedures in place to assist staff decision-making when supporting people, these had not been reviewed or updated and were not organised well which made information difficult to find. We have made a recommendation about this.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. There were not enough staff at all times. This showed that people were at risk of not receiving care and support that met their needs.

Staff had knowledge about adult safeguarding and people told us their privacy and dignity was respected. People and relatives told us they felt safe. They told us the staff were friendly.

**Requires improvement**



### Is the service effective?

The service was effective. Staff encouraged and supported people to make their own decisions regarding various aspects of their life.

Staff told us they the registered manager provided them with support, training and supervision. They told us they worked as a team and they were happy at the service. This showed the registered manager supported staff to do their jobs effectively.

**Good**



### Is the service caring?

The service was caring. People told us staff were compassionate and caring. Relatives told us staff communicated effectively and updated them about people's wellbeing.

People told us they liked the service. They said staff did a good job and they were happy with the care they received. We noted each person had a key worker who reviewed and ensured that appropriate care and support was available for them.

**Good**



### Is the service responsive?

The service was not always responsive. Care plans were not reviewed in full and on a regular basis. This put people at risk because the care and support they were receiving was not based on their current needs.

The service had a complaints policy and people knew who to make a complaint if they had a concern.

**Requires improvement**



### Is the service well-led?

The service was not always well-led. The provider's policies, procedures and documents were not always maintained and readily available. There were clear lines of accountability understood by staff.

People's views regarding the quality of the service were sought and a system was put in place to check regularly people's opinion about the care they received. Staff had regular meetings. This meant that people and staff were able to influence the quality of the service through feedback and meetings.

**Requires improvement**



# Summary of findings

Policies and procedures were in place, however, they had not been reviewed and updated. We have made a recommendation about this.

# Mr Chinonso Kalu - t/a Affinia Healthcare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the provider two days' notice of this inspection because the location provided a domiciliary care service. We visited the location on 16 December 2015 and spoke with people who used the service and care staff on the phone on 21 December 2015. The inspection was carried out by one adult social care inspector and an

expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in learning disabilities.

Before the inspection we looked at all the information we hold about the service. These included the notifications that we had received from the provider and communications with people's relatives and other professionals. We also spoke with a social care professional from the local authority.

During the visit to the location we spoke with two relatives of people who used the service, the deputy manager and the registered manager. We also checked 5 care files, 5 staff files, and documents such as the providers' recruitment policy, safeguarding policy, staff training records and staff handbook. After the inspection we spoke by telephone with four people who use the service, four relatives and two care workers.

# Is the service safe?

## Our findings

People and relative's views about the staffing level were mixed. One person said, "There are usually enough staff on duty, but only one staff member on shift at night time." One relative told us, "The service has one member of staff on some shifts and if there was an emergency this would take them away and leave no one on duty." Another relative said, "One day [when I visited] there was no one to let us in. As far as I am concerned, there was never enough staff on shift on weekends." We checked the staff rota and found that the weekend and night shift were covered by one member of staff at Magnolia Court, where 16 people lived. We discussed this with the registered manager and were informed that the reason why there was only one member of staff on shift on weekends was that most people were away visiting families and friends. The registered manager said he felt one member of staff was enough to cover the night shift because senior staff were always on call and were available if required.

We noted that some people displayed, at times, behaviours that challenged the service. A notification we received from the provider showed that a member of staff who was alone on shift had to deal with an incident which put them and the person using the service at risk. Even though the notification stated that the member of staff followed the provider's procedures to call (for example, the police) for help, it was evident that the safety of the person using the service and that of the member of staff was at risk.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person using the service had their own allocated time for their support needs as part of their care package. We wanted to check how the allocated time was used for each person but this was not possible as we were told that times were flexible and shared between people. The registered manager told us the service commissioners were happy for people to share their hours and to be supported in a flexible manner whereby times of support were not fixed. People and relatives told us they had no problems with this and staff were not late in arriving to support them.

Records showed staff were trained in safeguarding (protecting people who use services from abuse). The staff we spoke with told us they had read the service's adult safeguarding and whistleblowing policies and understood the different types of abuse and knew how to report these should they need to, both internally and externally. People and their relatives said if they had any concerns about people's safety and welfare they would report these to the provider.

There was a staff recruitment process in place. This included a requirement for staff to complete an application form, to attend job interviews, to provide written references and be checked for criminal records. One of the five staff files we checked did not contain evidence of a written reference or police check, however the registered manager told us that they recently moved office and this resulted in the documents not being readily available. However, before the end of the inspection, the registered manager was able to show us the missing references and evidence of police.

People and relatives told us that they were "safe" in the service. One person said, "I am safe here." A relative told us, "I think [the person using the service] is very safe there. [The person] is much more stable because of the support [they have]." Another relative said, "[The person using the service] falls a lot but [they have] a pendant and this alerts staff." We noted that each person had a risk assessment which outlined potential risks and guidance for staff how to manage them. Records showed staff reviewed the risks regularly. Staff told us they knew each person's identified risks and how to manage them. They said they had read the risk assessments and were clear about the actions they would take in case of any incidents involving people.

People told us that they "had no problems with taking medicines." However, two relatives made mixed comments with one saying they "had no problems with my [relative's] medicines" and another relative stating that "a few times [staff] have given the wrong medicines to my [relative]...luckily [my relative] knows what [they] should take and [no accident occurred]". The registered manager and staff informed us that they only prompted and did not administer medicines to people. Staff and their files confirmed that they had attended training in medicine safety.

# Is the service effective?

## Our findings

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The 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.

People told us they made their own decisions regarding how to spend their time and money, when to go to bed or get up, and what to eat and drink. They said they had front door and bedroom keys which they used to go out freely or spend time in their room with their privacy respected. Staff told us they ensured people made their own decisions and lived as independently as possible. They told us that their role was to enable people to gain skills for independent living. The registered manager showed us records of people's personal objectives that included gaining skills to enable them to live in independently in their own accommodation in the community.

People and relatives said they thought the staff were well-trained and competent. One person told us, "I am happy with the carers. They know what to do to provide care. Some of them are very good indeed and knew how to provide good care." A relative said, "Staff treat [the person] well." However, another relative stated, "[The person using the service] is treated well but sometimes there seems to be staff who are quite abrupt with him and they can clash. I do think this is a cultural difference, but it is difficult to explain to him." The registered manager explained that

some people using the service sometimes displayed behaviours that challenged the service but staff had appropriate training to provide care and support that met individual people's needs.

Staff told us they were satisfied with the training they had been given. One staff member told us they had attended various training relevant to their role which included challenging behaviour, basic food hygiene, adult safeguarding, health and safety and MCA. When we asked their understanding of MCA, they were able to provide satisfactory explanation of why it was required and how it should be applied. This showed staff had access to training.

Staff told us the registered manager supported them in their roles. They told us they had regular supervision and annual appraisal. These were confirmed in the records we checked.

Records showed that staff had a comprehensive induction when they started work for the service. They then shadowed other staff and undertook a range of online and classroom-based courses. These were followed up with competency assessments in key areas such as moving and handling and the safe handling of medicine. This helped to put what they had learnt into practice.

We noted that staff provided support, as required, for people to buy food and cooking. People were able to choose to formulate their own shopping list and prepare meals of their choice. Staff told us they were guided by people regarding their food preferences but provided advice if and when appropriate about healthy eating through a nutrition risk assessment. This ensured that people made informed decisions about their preference of food.

Each person was registered with their own GP who they saw regularly. Records showed that people had access to healthcare professionals such as psychiatrists and district nurses. We noted that staff supported people to attend hospital appointments. This showed people received healthcare service as and when they needed.

# Is the service caring?

## Our findings

People told us staff were compassionate and caring. One person said, "Staff are nice." A relative told us, "Staff are caring." Another relative told us staff were "very caring" because they supported a person to attend hospital. Relatives told us staff kept them informed of people's wellbeing and if they had hospital appointment. This showed staff communicated with people's relatives.

One person said, "Staff always knocked before they [came in]." Another person told us, "There is no problem with privacy as everyone has their own flat." A member of staff told us that they ensured people's privacy, for example, by keeping their care files secure, letting people open their letters and by not sharing personal and confidential information with others. We noted care file records were written in a manner that demonstrated sensitivity towards people using the service. Staff told us they were clear about the importance of recording accurately and respectfully so that staff had full knowledge of people's needs and how to support them.

People told us they liked using the service. One person said, "I really love it here." Another person told us, "The staff do a good job." One relative said, "[The person using the service] relies on staff a lot and [they are] looked after very well." Another relative told us, "It's lovely there we can't

fault it." We noted each person had a key worker who met with them and discussed their support and care to meet their needs. This showed that staff provided care and support that people needed and liked.

Staff told us how they built up positive, caring relationships. One staff member said, "Service users come first. We are there to listen to them and do what they want us to do." Another member of staff stated, "I sit down with service users and discuss what is important with them once a month. As I key worker it is my duty to update the records monthly." Care files confirmed that staff met with people and kept records of changes in people's support needs. Staff told us they read the care files and had up to date knowledge about people's needs.

Staff told us that they offered people choices about all aspects of their care and support. People using the service and relatives confirmed this. One person said, "They always ask me first and I make the decisions." A relative told us, "Staff always supported [the person] to decide what to do. They also consulted health and social care professionals if they had a concern." Records showed that people and staff discussed various care and support issues with people and assisted them to make their own decisions. We noted that the care plans were personalised and people were encouraged to be as independent as possible.

# Is the service responsive?

## Our findings

Each person had a care plan which stated their support needs. However, there was no evidence to suggest that the care plans had been reviewed for a long time. For example, one person's care plan was last reviewed on 11 February 2013 and another person's was reviewed on 11 January 2013. The registered manager told us that keyworkers reviewed care plans with people. We looked at the key worker reviews notes and noted these were not full or comprehensive reviews to identify changes in people's support needs. This showed that people's care plans were not regularly reviewed in full and they were not receiving care that reflected their current needs.

A relative told us a person was not appropriately assessed before coming to the service. They said they believed the service did not have facilities to provide appropriate care to respond to the person's needs in full. The relative informed us that staff did not always respond to calls and at one time they had to wait for more than 15 minutes before a member of staff arrived to assist the person to get up from the floor. We looked at the person's records and noted that they had complex needs which meant that they required more observation, care and support. The person was currently not at the service, but their admission to it had implications such as their needs being identified and met, which the registered manager must take into account when completing people's needs assessment and deciding whether or not to accept a referral to provide care.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were available at the service twenty four hours a day. The registered manager told us that staff were advised to be flexible and provide care as and when people needed. People told us staff always arrived and completed tasks before leaving. However, a relative told us that they observed an occasion when there was no member of staff to go out shopping with one person. We discussed this with the registered manager and were informed they had not been aware of this incident. They said they would have addressed the issue immediately if they had known about it.

We asked people whether the care they received met their individual needs and preferences. They told us they were satisfied with the care and support they received. One person said, "The care is good. I am very happy with what the support workers do for me." another person commented, "it's lovely here, we can't fault it." A relative told us, "The staff have good manners. They do listen."

People and relatives told us they knew how to make a complaint. A relative said they were satisfied with how their complaint was dealt with by the registered manager. Another relative told us they had no reason to make a complaint but they were aware of how and who to contact if they had a concern. The provider's complaints policy gave clear instructions on what people needed to do if they wanted to raise a concern to someone independent of the agency, for example, the local authority. We noted that one complaint had been recorded, investigated and addressed by the registered manager. This showed that the provider took people's complaints seriously and addressed them.

# Is the service well-led?

## Our findings

People told us they were happy with the service provided. One person said, "I am happy with this agency." A relative told us, "Most of the staff are very professional and nice."

The registered manager had regular contact with people either in person or by telephone. He told us he worked fulltime from Magnolia Court (where 16 people lived) but also regularly visited or telephoned the other two houses. The registered manager said that during his visits he asked people of their views about the service and addressed any issues that needed improvement. We were told that these were routine checks and were not recorded.

Staff told us that the provider and senior staff were supportive and helped them to work effectively. One staff member told us, "The manager is supportive. He is available if I want to discuss anything with him. This is good for me and the service users because we work together." Another staff member commented, "They [the senior staff] are always contactable if we need them. They're only a phone call away and will send someone out to us straight away if we need support."

We looked at how the people who used the service were involved in the running of the agency. Records showed they were asked for their views when they were first assessed, during the planning of their care, and when their care was reviewed. The registered manager had sent out survey

questionnaire to people and relatives in November 2015 and was collating the feedback at the time of this inspection. We were informed that the feedback was positive and the outcome of the report and the action for improvement would be prepared and shared with all the stakeholders. This showed that there was a quality assurance system in place.

The registered manager had a system for monitoring, recording and reporting incidents and accidents. Records showed that seven incidents had been reported and investigated by the registered manager during the last year. The registered manager told us and records confirmed that regular auditing and monitoring of fire safety, the premises, people's money and medicines took place. This showed that the service had systems in place for auditing and maintaining various aspects of the service.

We looked at the provider's policies and procedures and noted that they were too bulky and not easy to find what one wanted. The registered manager said this was because of the recent office move and this would be addressed. However, information we received before our visit and our inspection showed that some of the policies and procedures had not been reviewed or updated regularly.

**We recommend that** the provider ensures that the policies and procedures are well maintained and readily available for inspections and for use by staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People's health and safety could be at risk because enough staff were not deployed to meet people's needs. Regulation 18 (1).

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not taken proper steps to ensure that the premises were safe to use for their intended purpose. Regulation 12 (1) (2) (a)