

Affection Care Services Ltd

Affection Care Services Ltd (Bucks)

Inspection report

33 Totteridge Road
High Wycombe
HP13 6EB

Tel: 01494474387
Website: www.affectioncareservices.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Affection Care Services Ltd (Bucks) is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 23 people were being supported who lived in the Princes Risborough or High Wycombe area of Buckinghamshire.

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

People were not routinely supported by staff who had been recruited using robust and safe processes. Not all staff had received pre-employment checks prior to supporting people. Staff received training either after their start date or well before their start date. Fifty percent of staff who provided feedback told us their training did not prepare them to support people safely. This was supported by comments from people.

People were not routinely supported with their medicines as prescribed. Pain relief medicine was given too soon to 1 person on a regular basis. Records relating to medicine were not always accurate.

People were supported by a service which needed more effective management systems and processes to drive improvement. Action plans developed and completed did not reflect the records we viewed. The provider did not ensure all regulations were met.

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; however, the policies and systems in the service could be improved to support this practice.

People told us they were happy with the support the care staff gave them. Comments included "I have no problems with the carers, they treat me with respect", "They are kind and caring" and "I have nothing bad to say about the carers".

Relatives told us "I find them [staff] good", "They include me in the care and respect me" and "The manager is very responsive and nice".

Staff had access to risk assessments and found they contained the information needed to reduce injury or harm to people/keep people safe from harm.

The service worked well with external social and healthcare professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Since the service has been registered with us on 9 October 2018 it has remained rated as requires improvement.

Why we inspected

We carried out an announced comprehensive inspection of this service on 28 and 29 October 2019. Breaches of legal requirements were found.

We have found evidence that the provider needs to make further improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Affection Care Services Ltd (Bucks) on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicine management, staff recruitment and good governance at this inspection.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Affection Care Services Ltd (Bucks)

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

Day 1 of the inspection was carried out by 1 inspector, day 2 was carried out by 2 inspectors. An Expert by Experience made telephone calls to people and their relatives during the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 April 2023 when we requested initial information from the service. One Expert by Experience made telephone calls to people and their relatives on 18 and 19 April 2023. We visited the location's office on 14 and 24 April 2023. We continued to review evidence until 25 April 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

During the inspection we met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked a range of required records. These included care plans, staff personnel and training records, a sample of policies, procedures and other guidance, audits, observations of staff practice and medicines administration records. We spoke with 6 people who use the service and 6 relatives.

Emails were sent to all staff inviting them to provide feedback to us. We received responses from 8 staff. We contacted community professionals who are involved in the care of people who were supported by the service and received 2 replies.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Using medicines safely

At our last inspection the provider had failed to ensure people were supported with their prescribed medicines safely and as directed by the prescriber. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider failed to ensure people's medicine administration records showed people consistently received their prescribed medicine as required.
- People who required pain relief medicine were at risk from over or under dosing. One person was prescribed Codeine 30 mg and Paracetamol 500mg up to 4 times a day. We noted the medicine administration record (MAR) showed they had routinely been given Paracetamol less than 4 hours apart. This had the potential to cause them harm.
- We found medicine records (MARs) did not routinely match daily notes of which medicine had been given. Therefore, we were not confident people received their medicines as prescribed.
- The registered manager had spoken with staff in staff meetings held on 14 July 2022 and 15 February 2023 about ensuring the MARs were signed. We noted some corrections on the MARs had been made by the registered manager for 1 person on 22 March 2023. However, there was no evidence to suggest why the alteration had been made. We spoke to the nominated individual and registered manager about this. We did not receive an explanation.

Records showed the provider had failed to ensure the proper and safe management of medicines. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and their relatives told us they received their medicine when needed. One relative told us "Carers are good with Mum's medications".
- Records showed staff had competency assessments carried out by the registered manager in respect of medicine administration.

Staffing and recruitment

- People were not routinely supported by staff who had been employed using safe recruitment processes.

- Recruitment checks were not always fully completed to ensure staff were suitable to work with people using the service. Staff recruitment records showed a Disclosure and Barring Service (DBS) check had not routinely been completed prior to a member of staff supporting people. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found information the provider sought about staff during the recruitment process was limited. We found gaps in employment histories, previous qualifications and skills.
- We found references were routinely undated and not verified. We found evidence of telephone calls being made to referees. However, the provider failed to ensure validation of the referee in writing. Records relating to staff recruitment were not easily accessible and we had to ask the provider for copies of interview notes as they were not held in the office.
- Staff did not routinely receive training to ensure they had the right skills prior to working with people.

The provider had failed to ensure people were supported by staff with the right character and attributes to provide safe care. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in respect of risk management.

- People were protected from avoidable harm.
- People lived safely and free from unwarranted restrictions because the service assessed and managed safety well.
- Risk assessments were in place to reduce the likelihood of injury or harm associated with moving and handling, falls prevention, home environment, and medical conditions, where applicable. These included diabetic risk assessment and blood thinning medicine risk assessment, as examples.

Learning lessons when things go wrong

- The service had completed an action plan following the last inspection. This had been updated to reflect changes made.
- Staff told us they knew how to report events to the registered manager.
- The registered manager told us no incidents had occurred recently. However, there was a system in place to monitor accidents and incidents when needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the company of staff. Comments included "The carers mostly come on time, they know their job", "They include me in the care and respect me", "It's fun when they [staff] come to visit they are chatty and friendly, the same ones [staff] seem to turn up and on time". Other comments included "They are kind and caring" and "I have no problems with the carers, they treat me with respect".
- Care staff had received training on safeguarding people from abuse and told us they knew who to report concerns to.
- The provider and registered manager were aware of when and what needed to be reported as a safeguarding to the local authority. When concerns were noted, the service worked well with external

agencies to prevent a reoccurrence.

Preventing and controlling infection

- One person told us staff did not routinely wear uniforms. We noted this had been addressed in staff meetings.
- The provider had supplies of personal protective equipment (PPE) available to staff. We observed the service had ample supplies of PPE for staff to collect when required.
- Training on infection prevention and control was included in the provider's mandatory course requirements, in addition staff who supported people with meal preparation had received food safety training.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were operated and effective to ensure compliance with the regulations. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found records within the service were not routinely accurate and complete. Quality assurance processes were not effective and had not routinely picked up the issues we found.
- The service used 2 electronic systems for care plans and staff rotas. They were not able to accurately record who was allocated to a person's call and what the member of staff had completed on a care call. We found the registered manager had also introduced an offline spreadsheet which detailed staff rotas. This did not match the other 2 systems. The registered manager was unable to confirm which staff member they were expecting to undertake any call.
- We found the length of calls did not routinely reflect the commissioned time from the local authority. The times of calls listed on the staff rota did not reflect the time visit were actually carried out.
- The provider had completed an action plan after our last inspection. However, actions identified as completed were not found to be in place at this inspection. For instance, the provider had stated all care worker files would be "checked and updated every 3 months." We found gaps in records held about staff. Records relating to staff recruitment were not readily available in the office.
- Action plans completed by the service stated improvement had been made. However, we did not find this. The provider's supervision policy and action plan dated February 2022 stated "Staff supervisions will be done every 3 months" and "spot checks will be done every 3 months". The action plan stated this had been completed by 18 July 2022, we found this was not evidenced. The nominated individual told us their expectation was staff would have a spot check or supervision every 3 months on a rotational basis. However, records viewed did not demonstrate this. Four of 8 staff who provided feedback to us stated they felt unsupported.
- The provider's policies were not always dated, had a version control or reflected actions carried out by the

service. For instance, the recruitment policy did not reflect overseas recruitment. The quality assurance policy did not reflect what the provider was doing to ensure compliance with the regulations. An action plan dated February 2022 stated the service had been successful on 22 May 2022 in carrying out care plan reviews 3 monthly. However, we found this had not been routinely sustained.

- People's records relating to their ability to consent to care were confusing. For instance, 1 person's file stated they had mental capacity, but a family member held power of attorney for them and the service involved them in decision making. We spoke with the registered manager about ensuring records were clear as to why third parties were involved in decision making.

The provider failed to ensure systems and processes were established and effective to monitor the quality of the service provided. This had the potential to put people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

- The registered manager was aware of their responsibilities under the duty of candour and a policy was in place to support this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were aware of who the registered manager was and told us they had visited them at home to discuss the care. Some people expressed difficulty in understanding the care staff, as English was not their first language. We spoke with the registered manager and nominated individual about this. They had identified this and were working on a workbook for care staff to use, to aid communication.

- People told us "I have no complaints, I get on well with the carers, most of them are caring", "I have never had to make a complaint... I would feel comfortable if I did have to make a complaint."

- Relatives told us "My daughter -in- law speaks with the managers about any problems and they are ok with that" and "The carers are supportive to me too and ask if I am eating properly. One of them brought me some Indian food."

Working in partnership with others

- The service work with external social and healthcare professionals. We received feedback from the local authority who told us the provider responded to requests for support in a timely manner.

- We found the provider made appropriate referrals to district nursing teams and occupational therapists, as examples.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and quality assurance systems were not always effective.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate recruitment checks were not carried out before staff joined the service.