

Affinity Homecare Limited

# Affinity Homecare

## 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?

Good ●

# Summary of findings

## Overall summary

Affinity Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults with a disability.

At our last inspection we rated the service good, with requires improvement rating in well led. At this inspection we found the evidence continued to support the rating of good and it was good in all domains. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The provider had improved their quality audits to ensure that all care plans and risk assessments were up to date in people's homes. Other quality systems were effective in highlighting improvements and also monitored that people received their calls on time and for the allocated time.

People continued to receive safe care. There were enough staff to meet their needs and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when things went wrong.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They monitored people's health; including in partnership with other organisations when needed. Some people were also supported to eat and drink and this was monitored and recorded.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's care and goals and these were regularly reviewed. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they received.

People and their relatives were included in developing the service and found the registered manager approachable.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

# Affinity Homecare

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 14 February 2018 and was announced. We gave the service 5 working days' notice of the inspection site visit so that we could organise to speak with and visit people who used the service. It was completed by one 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 inspection site visit activity started on 9 February 2018 when the expert by experience called people on the telephone for their feedback. They spoke with 7 people who used the service and 4 relatives. It ended on 14 February 2018 when the inspector visited 3 people in their homes. Some of those people were able to give verbal feedback and we also observed the interaction between staff and the people they supported. On this date we also visited the office location to see the manager and office staff; and to review care records and policies and procedures.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this and information we received from the provider through statutory notifications to plan the inspection visit.

We spoke with the registered manager, one care manager, one senior care staff and one care staff. We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, reviews of calls, meeting minutes and health and safety checks. We also looked at three staff recruitment files.

## Is the service safe?

### Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One relative we spoke with said, "My relative feels safe and seems relaxed with the carers. At first they were uncertain but they meet them before they start and that helps. Now it is usually people they know and the managers know that is important". Staff told us how they would report any concerns to their line manager or the local authority. We reviewed safeguarding with the manager and saw that safeguarding notifications had been raised when required.

Risk was managed and people were supported to be safe. One person said, "Everything is done safely. I have had no falls since they started and I'm now a lot better. Before they used to call I had some". We saw that other risks to people's health and wellbeing were also considered; for example, people used equipment to relieve pressure on their skin to ensure it did not become sore. Another person told us, "I mostly stay in bed and I have creams that help prevent sore skin. The district nurse said the carers were doing a good job; they left a note saying, 'Keep up the good work'. My skin is now very good". Records that we reviewed showed that risk was assessed, actions were put in place to manage it and it was regularly reviewed.

The provider also considered the safety of the environment and the potential risk to the person and to staff. The registered manager told us, "We sometimes work with families to make sure the home is tidied or cleaned so that we can support people safely". They also told us that they would refer to the local fire service scheme which assesses and puts smoke alarms in people's homes if there is a potential risk.

Staff understood their responsibility to reduce the risk of infection. One person said, "They wear gloves and an apron when they support me". We observed that staff used protective equipment. One member of staff said, "We will clean the bathroom after we have supported someone with antibacterial spray to ensure it is safe".

Lessons were learnt from accidents or mistakes and actions taken to reduce the risk. One member of staff told us, "If somebody has a fall we will review their care. For example, one person fell recently and so we made a referral to the occupational therapist. The person now gets up for shorter periods of time and that seems to be better for them. They can still differentiate between day and night which they need".

People received their medicines as prescribed. One person said, "The staff do my regular medicines for me and always sign for them". We observed that medicines were administered to meet individual needs and this included those prescribed to be taken 'when required'. For example, we saw that one person was provided with pain relief. There was guidance in place for staff to understand how and when this should be given. Medicines were managed with people to reduce the risks associated with them; for example, staff completed a daily count of medicines to ensure that that people had taken what was prescribed and that they had enough to meet their needs.

There were enough staff to ensure that people's calls were made as arranged. One person said, "They always come when they are due. Sometimes they are running late but if they have been they apologise." We

saw that staff used a telephone system to sign in and out from their calls. The registered manager told us, "We invested in this system so that we could be sure we were getting to calls. We had no missed calls in the past month. This is because we receive an alert if no one has logged in within half an hour of the call time. Therefore we can make sure we get a member of staff to the call. However, this happens rarely; it is a good safety net though." We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

## Is the service effective?

### Our findings

People were supported by staff who were skilled and knowledgeable. One person told us, "The staff are all very good and put me at ease". Staff told us that they received training to assist them to do their job well. The registered manager said, "We have invested in a new training system. Staff have workbooks and some choose to do them at home. However, we recognise that some people prefer a group setting or need some support and so we also put training sessions on facilitated by an experienced member of staff". One member of staff said, "We also do training in moving people and ensure that new staff are paired with experienced staff on every call to make sure they are getting the support they need". We were also told that all staff had a minimum of three checks completed while they were out working to ensure they were meeting standards. Another member of staff said, "The senior member of staff will work alongside the staff member and observe them; for example, we check infection control, food hygiene and that they know how to secure people's properties".

People were supported effectively and in line with best practise and national guidance. One person told us how staff had an understanding of their condition and we heard them speaking together about their pain management. Staff told us they received information about the condition to help them understand it. The registered manager told us, "We have a 'theme' board in the office which we change regularly. We have information on there which we support with a training session. We then send staff additional information about it and a copy of our policy with their rotas on a Friday". We saw that the current theme was pressure care and staff we spoke with talked about how they had implemented it; for example, monitoring skin for signs of redness and liaising with other healthcare professionals.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One relative told us, "They alert us of anything that might need the doctor but it's not been needed recently as my relative is well now". One person told us, "I also have district nurses visit and they keep in contact with each other. Staff check in the book to have a look for any advice they should follow". This showed us that people had their healthcare needs met because staff worked in partnership with other healthcare professionals.

Some people were supported to maintain their diet, if they requested it. One person said, "They do my meals and they are nicely presented and a drink that I want and they check with me. They put different drinks in the box so I can choose". We saw one person assisted with their meal. They were asked whether they wanted a hot or cold option. The member of staff supporting them told us, "We will make a note of what their choice was and then at tea time they will be encouraged by staff to have the other option to ensure that they have a hot meal each day".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff always ask me if it is okay and give me a choice". When people were unable to make their own decisions we saw their best interests were considered; for example, to have their medicines administered by care staff.

## Is the service caring?

### Our findings

People had caring relationships with the staff who supported them. One person told us, "It is like having a friend come and not paid staff". A relative we spoke with said, "They are always kind and respectful". Another person said, "My personal care is done with dignity". Other people and relatives also told us that people had their dignity and privacy respected. One relative said, "When they are helping my relative in the bedroom they always draw the curtains for their privacy".

People's independence was respected and encouraged. One relative told us, "The staff help to wash my relative. They encourage them to try themselves but will always offer their help if they do not want to do it themselves. They give them the choice".

We saw staff adapt their style of communication to meet different people's needs. For example, for one person they reminisced about their previous career and with another they chatted about recent television programmes.

People's right to confidentiality was protected. All personal records were kept securely in the office and were not left in public areas of the service. Each person had a copy of their records which they maintained responsibility for. Care records were available for people to read in their home.

## Is the service responsive?

### Our findings

People were supported by staff who knew them well and understood their desired outcomes. One relative we spoke with told us, "The care is helping my relative to stay at home and that is where they want to be. They were born there". They told us that they were involved in planning their care. Another relative said, "It's been in place about a year and a half. It was set up after hospital and they have checked it all. We had some equipment put in too". We saw that one of the people we visited had recently had an assessment for a new bed. One member of staff said, "The managers are very responsive if we raise a concern they will make a referral straight away to ensure that people have what they need in their homes".

Staff were knowledgeable about people's preferences. For example, we saw that they asked people if they wanted blankets or important objects placed within reach before leaving. They monitored people's wellbeing and recorded how they were so that other staff could observe any changes. One person told us, "They keep good notes and they are all left out for others or I can read them myself. I've not had to query them".

People had care plans which were accurate and reflected their needs. They were reviewed regularly and people were involved in these. One person said, "They call round and check that I am still happy with everything".

People were not supported with activities but they were provided with a flexible service so that they could attend them. This included spiritual commitments as the manager told us that one person's call times were altered when they were attending services. They also enabled people to attend other commitments and one relative said, "They will make changes when my relative has appointments; they are very flexible".

Community links were facilitated for people if they wanted them. The registered manager told us, "We have strong links in the community and through local churches and we can put people in touch with befriending organisations. We also work with a project where volunteers will tidy up people's gardens and we tell people about that because we think it makes them less vulnerable".

People and their families knew how to make complaints and were confident that they would be listened to. One person said, "I have never needed to complain. I ring the office if I have anything I need sorting and they do it straight away". The service had not received any complaints since our last inspection. They kept a record of compliments and these included comments such as, 'I want to express my appreciation for the excellent care and kindness' and 'My experience from the start is that staff have been pleasant and accommodating; nothing was too much trouble'.

## Is the service well-led?

### Our findings

At our last inspection we found that the care plans in peoples homes were not always up to date and did not contain the same information as the care plan in the office. At this inspection this had improved and care plans in each location contained the same information. The registered manager told us, "We complete monthly audits on care plan and we have senior staff who are aware that they need to check plans when they are in peoples homes". One member of staff said, "I always check the care plans and also do it formally when I complete spot checks". This demonstrated to us that the systems were effective to make sure that the information was correct.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a structured team in place to support them and to ensure geographical coverage. We spoke with care staff and senior staff about their roles and everyone was clear about their responsibilities and roles. They shared values about the kind of service they wanted to deliver. One member of staff said, "We are not the biggest service, but we put people first and that is what is good about us". The registered manager said, "We really do try to support and help our community".

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "The managers are very responsive and the on call system is answered straight away. We also write any concerns for the care managers to review and pass on". Another member of staff said, "We have regular manager meetings where we plan the week ahead and we also meet with other staff every Friday when they collect their rotas".

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team.

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place as a consequence. The provider also completed surveys with people who used the service; the results of the latest review showed that people were happy with the quality of the service provided and staff that supported them. The registered manager told us, "The biggest challenge has been continuously recruiting new staff. We have tried to be creative about not only bringing them in to our service but also retaining them. We implemented strategies like a reward for 'Recommend a friend'; we increased our salaries, invested in training and reduced people's workload so that they were not out as late. We welcome any creative solutions and I network with other providers to share ideas and try to improve the situation for the sector".

A system was in place to record whether people received their support on time and ensured that people

received it was the agreed support amount of time. A copy of the quality report was available to us and shared with the local authority that commissioned and monitored the quality of the service.

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the office and on the provider's website in line with our requirements.