

Affinia Healthcare Limited

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## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Affinia Healthcare is a domiciliary care agency that provides personal care to people living in a supported living setting in the London Borough of Havering. At the time of our inspection, there were two people living at the supported living site that received personal care. The supported living site was made up of 18 self-contained flats. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

The supported living service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This enabled people who used the service to live as full a life as possible and achieve the best possible outcomes.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

Staff understood how to protect and safeguard people from the risk of abuse. Risk assessments were in place to ensure people received safe care. Relevant pre-employment checks were carried out to ensure staff were suitable to care for people safely.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. 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. People had access to health services and were supported with meals when required.

Where people required support with their personal care, health, dietary needs and with their medicines, this was carried out safely. Staff were provided with personal protective equipment (PPE) to protect people from the risks of cross infection.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider.

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

#### Rating at last inspection and update

This service was registered with us on 21 August 2020 and this is the first inspection. The last rating for this service under the previous provider, Affinia Healthcare was requires improvement.

#### Why we inspected

This was a planned inspection because the service had not been previously rated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Affinia Healthcare Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

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.

#### During the inspection

We reviewed a range of records. This included two people care records. We looked at three 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 spoke to one person that used the service, the registered manager and two staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We also spoke with two members of staff.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff demonstrated knowledge of the safeguarding processes to keep people safe. One staff member told us, "If there is any abuse, I will contact my manager, I will move the abuser away from the victim. I will then complete an incident report form."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- People told us they felt safe whilst being supported by staff. One person said, "I feel safe here [home]. They [staff] are nice."
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure people received safe care.
- We found risk assessments gave staff clear guidance on how best to support people in different situations, for example, where people were at risk of falls. This helped to ensure care and support was delivered in a safe way.
- Risk assessments were constantly reviewed to ensure they remained up to date and met the person's needs in reducing the risk.
- Regular checks were made to the premises. This included maintenance checks and assessments on fire systems, gas and water to ensure these were safe to use. This meant the provider had systems in place to keep people safe.

Staffing and recruitment

- There were sufficient staff available to meet the individual needs of people who used the service. There was a system to ensure if staff were unable to work, cover would be found. One staff member told us, "Yes we have enough staff."
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting interview, completing a criminal record check and obtaining references.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.

- Staff received training in medicines management and records supported this.
- Medicines administration records (MAR) we reviewed were all signed with no gaps.
- Regular checks and audits of the medicines management and administration were carried out to ensure it continued to be managed in a safe way.

#### Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection control and prevention.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.
- Staff had received training in infection control and undertook COVID-19 testing on a regular basis.

#### Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. The registered manager reviewed the records to identify any action needed to prevent a potential recurrence.
- Accidents and incidents were discussed with staff so lessons were learned from them.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The provider ensured pre-admission assessments of people's needs had been completed prior to admission. These included obtaining information from local authority, people and their relatives about their needs and preferences and how they would like to be supported. These plans reflected people's needs, including aspects of their life which were important to them.
- Appropriate specialist services had been included in assessing and planning people's care.
- Assessments were in line with law. They recorded people's protected characteristics, such as race, religion and sexuality. This demonstrated they sought to ensure people had equal rights.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people. A person's relative told us, "They [staff] are very professional and caring."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they attended training and told us they found this useful. A staff member told us, "They [provider] allowed me to complete my online training and face to face training before I support a resident."
- We saw new staff received an induction, which covered their familiarisation with the service, the people who used it and the policies and procedures of the provider. Staff would shadow an experienced member of staff until they were competent to work on their own.
- Updated training and refresher courses helped staff continuously apply best practice. The provider had an effective system in place to identify any overdue training and ensure staff booked in refresher training.
- Staff received regular one-to-one supervision as well as observation checks of their performance to offer both support and monitoring of their performance. Staff said the registered manager was approachable and they felt supported in their work. A staff member told us, "[Manager] door is always open and listens to your needs."

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

- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals.
- Staff were aware of people's dietary needs, including likes and dislikes. One member of staff told us, "[Person] likes to have fish and chips."

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

- The provider ensured people's health and wellbeing was regularly assessed.
- Where necessary, the service worked with other services to deliver effective care and support.
- People had access to health care services and the registered manager gave an example of this. One person struggled with their leg pain; the service contacted the person's GP for them to be referred to a physio-therapist.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the importance of people having the right to make their own decisions.
- Staff received training on the MCA and there were policies and procedures for them to follow. They were aware if a person lacked the capacity to decide and the decision needed to be made for them, the decision should be made in their best interests.
- People and their relatives told us the staff consistently sought their consent before providing any care or support. One relative said, "They [staff] always ask for our permission."

# 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 and their representatives commented positively about the service provided. One person said, "Everyone is very nice here. Yes, they are caring." One relative feedback stated, "Thank you to all the staff for showing kindness to my [person]."
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. One member of staff told us, "I treat all the service users [people] equally, we have to respect their individuality."

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

- People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support they will receive.
- Staff encouraged people to exercise their choice in areas such as how they wanted to be supported, or what activities they wanted to take part in. They told us they gave people choices, for example, if they would like to go out or stayed in during the day.
- Relatives told us the staff kept informed about any changes in their family member's health and or well-being. They mentioned they were able to discuss any issues with a member of staff or the management team.
- Staff understood the importance of supporting people to make their own decisions. One staff member told us, "They [people] can ask what they want for breakfast, lunch, or dinner. And we [staff] will prepare the meal."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff ensured they explained what they were doing and sought people's consent when offering support. One staff member said, "Before entering the room, I will knock on their door. Introduce myself. I will seek their [people] permission before I start on personal care. I will close the door to maintain their privacy and dignity."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff.

# 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

- We found people's care plans had appropriate information about people's preferences for their support and contained guidance for staff on how to support people safely. This helped to ensure staff had the information they needed to meet people's needs.
- People's care plans were detailed and held sufficient information and guidance for staff to ensure they met people's personal preferences. Guidance included how to support people when they were well and signs that may indicate they are becoming unwell.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.
- Care plans were reviewed regularly and also when people's needs changed. This was done with the involvement of people who used the service and their representatives.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people received.

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.

- We saw support plans had information about people's communication needs. People received information which they could access and understood. For example, some records were in easy read format which made them easier for people to understand.

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

- People's social and emotional needs were taken into account. People took part in activities which they had chosen to help ensure they were not socially isolated.
- Staff supported people to access local communities such as going shopping or attending local community centre. Relatives told us they were able to visit their loved ones and were kept informed of any changes regarding their health or at the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service.

- The provider told us there had not been any complaints received in the past year and we saw no evidence to contradict this. People told us they knew who they could complain to if they wished to. A person said, "I would talk to (registered manager) if I had a complaint." A relative told us, "If there was an issue, (registered manager) would resolve it."

#### End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had developed a very positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- The registered manager had an open door policy where people, relatives as well as staff could raise any issues or concerns they had. They encouraged people, relatives, and staff to contact them if they had any concerns or issues to discuss. They had a good relationship with staff, people, their representatives, and other professionals.
- Staff confirmed they were happy working for the service. One staff member said, "They [provider] are approachable and will listen to our needs."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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

- The registered manager was aware of their duty of candour responsibility. The registered manager had been open and transparent with people when incidents occurred where the duty of candour applied. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.

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

- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- Observation on staff practice were completed regularly to monitor the quality of care provided to people.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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

- The provider had systems in place to monitor the service and address any areas of improvement where needed.
- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- Staff received annual reviews, regular supervision and there were staff meeting that covered priorities such as training, PPE, and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

Continuous learning and improving care

- Various audits were carried out by the registered manager, including audits of medicine records and infection control practices, while care plans and risk assessments were subject to regular review.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager also had regular one to one meetings with people to seek their views about how they could improve the service provided.

Working in partnership with others

- The service worked in partnership with others. The provider worked with the local authority and other health and social care services to benefit the lives of people living at the service. Staff assisted in the maintenance of all these relationships. They included partnerships health care professionals such as pharmacists and GPs, social workers and other local community businesses.