Aquaflo Care Ltd

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Inspection report

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Date of inspection visit:
08 May 2017

Date of publication:
15 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was the first inspection of Aquaflo Care Ltd situated in Croydon. The inspection took place on 8 May 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the managers are sometimes out of the office supporting staff or visiting people and we needed to be sure that they would be in. Aquaflo Care Ltd. provides personal care for adults and older people who live in their own homes. At the time of our inspection 63 people were using the service.

The service did not have a registered manager in post. An acting manager was fulfilling this role. 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.

We were informed that an application for a temporary registered manager had been made. However, this application had been made by a different person than the person who had been acting as manager and there has been no registered manager for six months.

People told us they felt safe using Aquaflo Care Ltd and felt that staff knew how to protect people from the risk of harm. Staff were aware of each person's individual needs and people felt that staff were suitably skilled at their job.

The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Procedures were in place to support people where risks to their health and welfare had been identified. Appropriate recruitment checks took place before staff started work.

Staff understood the Mental Capacity Act 2005 and understood issues of consent and acting in people's best interests. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service.

The care service provided people with appropriate information about the service. People and their relatives said staff were kind and caring and their privacy and dignity was respected. People were consulted about their care and support needs and care plans were in place that provided information for staff on how to support people to meet their needs.

Care records focused on the person and were updated according to any changes in people's health and well-being. People were supported to have their health needs met.

People told us they were involved in decisions about their care and were sometimes contacted by the service by telephone or visited by a member of the office team.

The acting manager provided leadership and encouraged an open and transparent culture amongst staff. The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received and look at ways to continually improve the service.

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 was safe.

The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There was sufficient numbers of staff available to meet people's care and support needs.

Appropriate recruitment checks took place before staff started work.

People were supported to manage their medicines as prescribed by healthcare professionals.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and an annual appraisal.

The manager and staff understood their responsibilities under the Mental Capacity Act 2005.

Peoples care files included assessments relating to their dietary needs and preferences.

People and staff had access to a GP and other healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

People were provided with appropriate information about the

service. This ensured they were aware of the standard of care they should expect.

People and their relatives, where appropriate, had been involved in planning for their care needs.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care records included information for staff about how their needs should be met.

The provider grouped staff together in patches in order to try to ensure consistency for people.

People and their relatives said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Requires Improvement

The service was not rated as well-led as there was no registered manager in post.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls.

The provider carried out unannounced spot checks to make sure people were being supported in line with their care plans and provided an out-of-hours call service for those that required it.

Records were held securely and confidentially.

Aquaflo Care Ltd

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 checked 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 inspection took place on 8 May 2017 and was carried out by one inspector. The inspection was announced. We told the provider two days before our visit that we would be coming. We did this because the managers are sometimes out of the office supporting staff or visiting people and we needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the reports of reviews carried out by the local authority, and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We contacted 41 people and were able to speak with seven people who used the service and 4 family members. We also spoke with five members of staff, including the acting manager and care staff. We reviewed the care records for three people who used the service and three staff records.

We also looked at samples of staffing rotas, quality assurance arrangements, training records and a sample of the provider's policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "They are all right – they do everything right." Another person told us, "They are very trustworthy." A family member said, "We have got to know them and trust them."

The service had a policy for safeguarding adults from abuse and staff confirmed they had received training in safeguarding people. Staff were able to tell us what they would do if they were concerned about the safety or care of someone. This was reflected in training records that we looked at.

Appropriate recruitment checks took place before staff started work. A previous review by the local authority had raised concerns regarding complete checks for all staff. We saw that the recruitment policy and procedure now included two references and criminal checks for staff, as well as application form and interview and that these were reflected in the files we looked at.

People's care records showed that risk assessments had been carried out. Risk assessments were carried out initially by the hospital or body who was commissioning the service and the provider followed this up by carrying out a further risk assessment when meeting the person to plan their care.

People told us they were happy with the punctuality and consistency of staff. They told us that staff usually arrived at the scheduled time and that any delays were notified to them. One person told us, "They come more or less exactly on time. Sometimes they even stay a little bit later to get things done." Another person said, "They come for about an hour in the morning and once they are done they go."

The service monitored, logged and reviewed any accidents, incidents and events as they happened. Staff shared information regarding risks to people with the office and this was added to the accident and incident records. Incidents were shared with family members and, where appropriate, the local authority safeguarding team. There was a system in place to check any action that had been taken to follow up the incident. We saw examples of follow up calls and visits to monitor the care provision.

Staff were trained to safely support people to take medicine. Only one person we spoke to received assistance with being reminded to take medicine, which the person then did themselves.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their care and support needs. One person told us, "Yes, they are always good at what they do and will help with anything I need." Another said, "The carer washes my relative's hair which we didn't think they would and she is very good at that and she puts on her cream she is good at that. She also encourages my relative to change her clothes which helps with hygiene."

Staff had the knowledge and skills required to meet the needs of people who used the service. We saw that staff completed an induction when they started work and initial shadowing visits with experienced members of staff had helped them to understand people's needs. New staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw records confirming that all staff had completed an induction programme when they started work and training that the provider considered mandatory. Mandatory training included dementia, safe handling of medicines, moving and handling (including the use of hoists), safeguarding adults, health and safety, equality and diversity, infection control and the Mental Capacity Act 2005 (MCA).

In addition to the basic mandatory training some staff were taking part in the Qualifications and Credit Framework (QCF) which is the national credit transfer system for national education qualifications.

Staff we spoke to confirmed that they were happy with their training and recognised the importance of it. One staff member told us, "It's all about the client. The client's needs must come first."

Staff told us they received regular supervision and had an appraisal of their work performance. We saw records confirming that staff received supervision at three-monthly intervals. In addition, for staff who had been working for 12 months or more there was an annual appraisal of their performance.

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us, "Although you know what's in their care plan and what you are supposed to do, you should always ask before you do it as they might not feel like it that day."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

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. Any application to do so must be made to the Court of Protection. We checked that the service was working within the principles of the MCA. Staff understood their responsibilities under the MCA and knew how it applied to people in their care.

The manager told us that family and, where appropriate, external professionals would be consulted if a person lacked the capacity to make their own informed decisions and decisions would be made in a person's best interests.

People's risk assessments and care plans included notes about food, nutrition and hydration, which helped staff to provide the necessary support to people at mealtimes. One relative told us, "Our carer is a good girl. She doesn't come at a lunch time so she makes my mum a tea and puts it in a cling film so my mum doesn't have to do anything."

People had access to health care professionals when they needed them. Care records contained important contact details, including GP and hospitals. Staff monitored people's health and well-being, when there were concerns people were referred to appropriate healthcare professionals.

Good

Is the service caring?

Our findings

People told us they were happy with the service and that staff listened to what they had to say. One person told us, "They are all very good. They reassure me when I'm upset." A relative said, "When they knew it was her birthday - we hadn't told them - they brought a card and some flowers. It was a nice surprise."

Staff had a good knowledge of the people they cared for, supported by clear and up to date records and care plans. Care records contained the views of people and their families and people we spoke with confirmed that they had been consulted about their care and support needs. One person said, "It's quite easy to talk to them and they listen to everything I say." A relative told us, "We had the social services lady come around and we discussed what we needed and how many times the carer was coming around. My mum was there as well but she wasn't really that able to understand what was happening. But I was involved."

People felt generally that they were treated with dignity and respect. One person said, "The staff are really good. They don't talk about my medical condition in front of my friends." Another told us, "It's all good. I have no complaints." However, one person told us, "I think they are doing a fine job. It's just little things like shut the door when they are helping me."

Care records and policies emphasised the importance of ensuring people received person centred care and that their dignity, culture and religion were respected. These areas were also featured as part of staff training.

People were provided with appropriate information about the agency in the form of a service user guide and contract.

Good

Is the service responsive?

Our findings

People and their relatives told us their needs had been assessed and they had care plans in place. One person told us, "I do have a care plan in place. Someone did talk to me about it." Another person said, "Yes, I helped create one when someone came round."

People felt that their views had been asked for and listened to. One person said, "The girls ask me for my views every now and then to make sure I'm happy." Another person told us, "I have had someone phone me from the office and we've talked things over."

People's care records held referral information from local authority commissioners, where this was appropriate, and included a breakdown of peoples care and support needs. The records also included the agency's assessments which covered areas such as the person's capacity to make decisions for themselves, their moving and handling needs, medical conditions and the support required with medicines and health and safety around the their homes. Care plans described how each person should be supported.

The manager told us that a recent move to an electronic system for reporting care issues and updating care records meant that the service could be more responsive to people's changing needs, as they could be updated and shared immediately over the internet or via an app on a mobile phone or tablet. We saw examples of how this electronic system worked and how paper records were being transferred to the new system.

People and their relatives were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. One person said, "I would talk to my carer as I am sure she would help me. If I had any problem I would call the office." Another person told us of a "booklet" they had which explained what to do in the event of a complaint.

The manager showed us a complaints file which included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been investigated and responded to appropriately.

Two people we spoke with had had to raise a complaint. Both were happy with the response. One person told us, "We were missing a carer and they did deal with it in the end. We had to phone up the out of hours services but it did get sorted out in the end. It only happened once." Another person said, "In the beginning there was a time when no one came and they sorted it out within an hour and they were apologetic. I was happy they got it sorted very quickly."

Requires Improvement

Is the service well-led?

Our findings

People and their relatives spoke positively about the service. One person told us, "On the few occasions I have spoken to them they have been very understanding and helpful so no complaints." A relative told us, "They are pretty good. I had to visit them once, they asked me to go there for the plan and the two or three people that were there were very pleasant."

The service did not have a registered manager in post and had been without a registered manager since October 2016. The acting manager told us that he was hoping to submit an application for registration on completion of national vocational qualification level 5, but was unable to tell us when this might be. The Care Quality Commission (CQC) had received an application from one of the service's operational directors to register as a manager and this was still being processed. However, that operations director was not present at the inspection and every indication was that on a day to day basis it was the acting manager whom staff regarded as being the 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The current managerial system for the service was not adequate. The service has been without a registered manager for over six months, the acting manager did not know when he would be in a position to apply for registration and the person who has applied to become registered is an operational director responsible for other services and not able to be present on a day to day basis.

The Care Quality Commission is currently discussing this matter with the provider.

The manager recognised the importance of regularly monitoring the quality of the service provided to people. There were various audits and checks in place which monitored both the safety and the quality of the service. These included spot check visits to people who used the service, checking medicines administration records, sending out quality surveys and reviewing risk assessments and signed consent forms.

A quality survey sent out in October 2016 had coincided with a local authority review of the service, and some of the developments that had taken place were the results of findings in these which improved the service to people. These included better care plans and a move to the electronic care plan system, ensuring staff had proper audits of recruitment checks and reviews of care plans.

We found that the management systems were generally good, although in one or two instances we found gaps, such as a care plan and consent form not signed. The manager confirmed that these would be reviewed again as the details were placed on the electronic system.

There were monthly team meetings for care staff and separate meetings for managers, which enabled information to be shared and issues raised. A senior manager of the company visited monthly to carry out a quality audit of systems, policies, staffing matters and care matters.

We saw records of unannounced spot checks carried out by risk assessors on care staff, records of complaints and how they were resolved and samples of returned medicines administration sheets.

In order to keep abreast of current issues and future initiatives the manager regularly attended the local domiciliary care forum and the provider was a member of the United Kingdom Homecare Association.

The service held records securely and confidentially.

Staff told us they enjoyed working at the service and said they felt things had improved over the last six months, particularly in areas such as efficiency and planning care shifts.