Aquaflo Care Ltd

Aquaflo Care Barnet

Inspection report

35 South Parade
Mollison Way
Edgware
Middlesex
HA8 5QL

Tel: 07539859070

Date of inspection visit:
24 October 2016
25 October 2016

Date of publication:
07 December 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an announced inspection of Aquaflo Care Barnet on 24 and 25 October 2016.

Aquaflo Care Barnet is a domiciliary care agency registered to provide personal care to people in their own homes in Barnet and Brent. At the time of our inspection, the service told us that they were providing care to 63 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Aquaflo Care Barnet was previously registered with the CQC under a different name and at a different address. Aquaflo Care Barnet re-registered with the CQC at the new location on 26 September 2016. This was the first inspection of the service.

People who used the service told us that they felt safe around care workers. They said they were treated with respect and dignity when being cared for by care workers. Relatives told us they were confident that people were safe when being cared for by care workers.

Individual risk assessments were completed for people. However, a significant proportion of assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. This could result in people receiving unsafe care and we found a breach of regulations in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse. Despite receiving safeguarding training as part of their induction, some care workers we spoke with were unable to describe the process for identifying and reporting concerns and were unable able to give example of types of abuse that may occur.

There were arrangements to manage medicines safely and appropriately. Records showed care workers had received medicines training as part of their induction. Medicines policies and procedures were in place. However, we found unexplained gaps in five out of the 10 people's Medication Administration Records (MAR). Further, we found that MARs were not completed fully. People were therefore at risk of not receiving their medicines safely and we found a breach of regulation in respect of this.

The service used an electronic system for monitoring care worker's timekeeping and whether they turned up on time or were late. We looked at a sample of people's timekeeping records and found that there were numerous instances of calls being made to people which were in excess of 30 minutes of the agreed time. The registered manager confirmed that in these cases, the issues with the current electronic system was the

reason why the records indicated that there were late visits.

As a result of the above we spoke with some of the people whose call logs indicated that there were a number of late visits as well as other people and relatives about the punctuality of care workers. All people we spoke with told us that generally care workers were on time and they raised no concerns regarding this. We also asked people and relatives if there were any instances where care workers had failed to arrive for a scheduled visit. All people and relatives told us that care workers always arrived for their contracted visits and stayed for the duration of the time required. Where people required two care workers for a visit, we asked them whether two care workers attended their visits and they told us that they did.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for twenty members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

Care workers we spoke with told us that they felt supported by the registered manager. They told us that management were approachable and they raised no concerns in respect of this. Records showed that care workers had undertaken an internal induction which included training in areas that helped them to provide the support people needed.

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Care plans lacked information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care. Care workers we spoke with had a limited knowledge of the Mental Capacity Act.

Care workers were aware of the importance of respecting people's privacy and maintaining their dignity. They told us they gave people privacy whilst they undertook aspects of personal care. People who used the service told us that they felt the service was caring and relatives were confident in care provided by the service.

There was limited information in care support plans about the support that people required from care workers. The information included in people's care plans was task-focused. We found that there was a lack of clear instructions for care workers about what tasks needed to be carried out. We spoke with the registered manager about this and she explained that they were currently updating all care plans and ensuring that they were in the new format. The new format of care plans were person centred and would include information about people's preferences. We noted that the service had made progress in respect of updating care plans but had a considerable number to complete. We found a breach of regulations in respect of this.

We found that the service did not have an effective system in place to monitor the quality of the service being provided to people using the service and to manage risk effectively. The service had failed to effectively check essential aspects of the care provided in respect of late visit monitoring and MARs. We found a breach of regulations in respect of this.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You

can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

There were aspects of the service that were not safe. Risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed and could result in people receiving unsafe care.

The provider was not recording medicines consistently and this was putting people at risk.

People we spoke with told us that they felt safe around care staff and this was confirmed by relatives we spoke with.

There were processes in place to help ensure people were protected from the risk of abuse. However some care workers were unable to describe the process for identifying and reporting concerns.

Is the service effective?

Requires Improvement

There were aspects of the service that were not effective.

Care records lacked information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.

Care workers had completed various training as part of their induction to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and management.

Is the service caring?

Requires Improvement

There was one aspect of the service that was not caring. Care records were not person centred, individualised and specific to each person's needs. They did not include specific information about people's preferences and their likes and dislikes.

People who used the service and relatives told us that they felt the service was caring. People were treated with respect and dignity.

Is the service responsive?

Requires Improvement

There was one aspect of the service that was not responsive. Some care support plans lacked information about people's individual needs and choices.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

There was one aspect of the service that was not well led.

The service did not have a system in place to monitor the quality of the service being provided to people using the service and to manage risk effectively. The service had failed to effectively check medication administration records and monitor late and missed visits.

The service had a clear management structure in place with a team of care workers, office staff and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Aquaflo Care Barnet

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 25 October and the inspection team consisted of two inspectors. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed fourteen people's care plans, twenty staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with nine people who used the service and fourteen relatives. We also spoke with eight care workers, the deputy manager, two office staff, the registered manager and two operations managers.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers. When asked if people felt safe, one person told us, "I am completely safe. [My carer] is part of the family." Another person said, "I am well looked after and am grateful. I feel safe." Another person told us, "Of course I am safe."

All relatives we spoke with told us they had no concerns about whether people were safe around care workers. One relative told us, "[My relative] is definitely safe." Another relative said, "[My relative] is absolutely safe. No issues whatsoever."

During this inspection we found risks to people were not always identified and managed so that people were safe and their freedom supported and protected. The majority of risk assessments we looked at contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. For example, one person's risk assessment stated that they were at risk of falls. However, there was no further information about the prevention of falls, the potential risks inside and outside the home and what precautions were being taken to ensure this person was safe and protected from falls. Another person's care plan stated that this individual had diabetes. However, there was no risk assessment in place to identify potential hazards and risks associated with this and no guidance for care workers.

There was also limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by care workers. For example, one person required a hoist for transfers, however there was limited information how care workers were to provide support to the person that kept this person safe and minimised the risks of sustaining any injury due to inappropriate moving and handling practices when the person needed to be transferred.

We discussed the lack of information in risk assessments with the registered manager. She explained that some care support plans included an old format of risk assessments and lacked information. She said that consequently the service had introduced a new format of risk assessments and showed us evidence of this. We saw that the service was in the process of implementing this new format of risk assessment and had these in place for approximately 24 people who received the care. This new format of risk assessment included information about people's mental capacity, mental health, risks to care workers, details of people's physical needs, health and safety precautions inside and outside the house, mobility and moving and handling. We noted that there was a section for medicines in the new format of risk assessment but saw that it did not detail risks associated with certain types of medication and spoke with the registered manager about this. She confirmed that she would ensure risk assessments included details about particular risks associated with certain medicines.

We noted that three out of the 14 care support plans we looked at lacked any form of risk assessment and raised this with the registered manager. She explained that where people did not have a risk assessment in place, care coordinators were in the process of carrying out assessment visits. The registered manager provided us with a list of people who were receiving care at the time of the inspection and details of whether

an assessment visit had been carried out or was scheduled.

We found that there was a lack of risk assessment for three people and that some people's risk assessment did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care. Whilst we saw evidence that the service were in the process of implementing new format risk assessments which were more comprehensive, a significant number of people's risk assessments needed to be completed. The registered manager told us that their deadline for ensuring all people had a new format of risk assessment was 25 November 2016.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. Risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm.

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

We checked the medicines arrangements. Records showed and care staff confirmed they had received medicines training and policies and procedures were in place. We looked at a sample of medicine administration charts (MARs) for 10 people who used the service and found that there were unexplained gaps in five out of the 10 people's MARs we looked at. The gaps ranged from one day to several days. We also noted that MAR sheets were not completed fully. For example, some MAR sheets did not include information about people's allergies. We spoke with the registered manager about the gaps in the MARs and the importance of ensuring that MAR sheets were completed correctly and there were no unexplained gaps.

The service did not have an effective medicine audit in place. The registered manager explained that they had introduced a medicine audit in August 2016 and we saw evidence of this. The registered manager also explained that the service checked MAR sheets as part of their monitoring visits. However, we saw no evidence these were being carried out consistently for all people's MARs. The gaps in MARs we found had not been identified by the service as part of their audits. We reported our findings to management at the service who said immediate action would be taken to improve the safe and proper management of medicines which included documenting medicine audits.

The information above is a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that where medicines were in a blister pack, the MAR sheets included a list of what medicines were included in the blister pack so that medicines administered were identifiable.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. We saw documented evidence that care staff had received safeguarding training as part of their induction. However, we found that some care workers we spoke with were unable to describe the process for identifying and reporting concerns and were unable to give example of types of abuse that may occur despite our prompting. When speaking with some care workers, we noted that the level of English spoken was limited and they struggled to understand some of the questions that were asked and had difficulty answering. In some instances, care workers needed prompting before they were able to answer the question. Care workers should have the appropriate skills to communicate effectively to carry out their roles and responsibilities and to be able to understand and relay information clearly especially in an emergency.

The service had a whistleblowing policy and contact numbers to report issues were available. The majority of staff we spoke with were aware of the term "whistleblowing" and were familiar with the whistleblowing procedure in respect of raising concerns about any poor practices witnessed within the service.

Through our discussions with staff and management, we were told that there were enough staff to meet the needs of people who used the service. At the time of the inspection the registered manager told us the service was providing care to 63 people. She explained that the service had a total of 82 people on their records but 19 of these were not receiving care at the time of the inspection for other reasons such as being in hospital. The registered manager told us that they had a total of 43 care workers that they employed. The registered manager explained that they tried to ensure that people had the same care workers as much as possible to ensure consistency for people who used the service which was an important aspect of the care provided. The majority of people and relatives of people who used the service said that they usually had the same carer and raised no concerns in respect of this. One person told us, "I have the same carer. He is lovely and great." Another person said, "I have the same person."

We asked the registered manager how the service monitored care worker's timekeeping and whether they turned up on time or were late. The registered manager explained that they used an electronic system for monitoring but said that they were moving to a new system. She explained that the system they currently used did not operate on a real time basis and staff rotas were generated fortnightly which meant that changes were not reflected immediately or sometimes not at all. This in turn resulted in inaccuracies on their electronic calls logs and therefore she explained that the times did not often match scheduled times. As a result of this the registered manager told us they were preparing rotas manually via a spreadsheet which helped them to have accurate scheduled times in line with people's contractual care requirements. She also explained that they had increased spot checks which were carried out by field supervisors until the new system was implemented to mitigate any risks of lateness especially for time critical clients. The registered manager provided us with an implementation plan for the new monitoring system which stated that the whole system would be operational from the 30 November 2016.

During the inspection we looked at seven people's records for various dates between 10 October and 24 October 2016 and found that there were numerous instances of care workers arriving late by 30 minutes or more. This was noted in three out of seven records we examined. The registered manager confirmed that in these cases, the issues with the current electronic system was the reason why the records indicated that there were late visits and that the majority of these visits were not late.

As a result of the above we spoke with some of the people whose call logs indicated that there were a number of late visits as well as other people and relatives about the punctuality of care workers. All people we spoke with told us that generally care workers were on time and they raised no concerns regarding this. One person told us, "They come on time. Not a problem." Another person said, "Late visits hardly happen but if they do, they keep me informed. There is good communication." Another person told us, "Absolutely always on time. She is considerate. Punctual and no missed visits." One relative said, "They are sometimes 15/20 minutes late but they can't help it. It depends on traffic. I have no complaints."

We also asked people and relatives if there were any instances where care workers had failed to arrive for a scheduled visit. All people and relatives told us that care workers always arrived for their contracted visits and stayed for the duration of the time required. Where people required two care workers for a visit, we asked them whether two care workers attended their visits and they told us that they did.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for twenty members of staff

and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff. However, we noted that a significant number of files included a character reference where it was not clear who the reference was from. We discussed this with the registered manager and she explained that the service always sought to obtain professional references but these were not always available and therefore they would obtain at least one professional reference and one character reference. We noted that from the staff files we looked at, these contained at least one professional reference.

People who used the service and relatives informed us that care workers followed hygienic practices when providing care. They also told us that care workers had access to protective clothing including disposable gloves and aprons. During the inspection we saw that the office had a stock of protective clothing and equipment in the office.

Requires Improvement

Is the service effective?

Our findings

We asked people and their relatives whether they felt the service was effective. One person told us, "I am 100% extremely happy with the care. I am really grateful for the care." Another person said, "Very good carers indeed. I am very pleased. I am well looked after." One relative told us, "Compared to other agencies, Aquaflo is the best. I wish I had changed to them sooner. They are great." Another relative told us, "I am absolutely happy with the care. I have no concerns at all."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had a Mental Capacity Act 2005 (MCA) policy in place. However, we found care records lacked information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care. We noted that the new format risk assessments did include a section detailing information about people's capacity to make decisions. However this was not yet in place for all people who used the service.

When speaking with care workers, the majority of them had a limited knowledge of what mental capacity was but showed an understanding of gaining people's consent when providing people with support. The registered manager explained that care workers had received this training as part of their induction but said that refresher training would be given to care workers.

Records showed that care workers had undertaken an internal induction which included training in areas that helped them to provide the support people needed. Records confirmed that staff had received an induction and staff we spoke with confirmed this. We asked care workers if they thought the induction they received was adequate and prepared them to do their job effectively and they said "yes". Training records showed that staff had completed training as part of their induction and included moving and handling, safeguarding, administration of medication, health and safety, first aid, food hygiene and behaviour that challenges. Records indicated that care workers had received this training within the last 18 months. This training was provided internally by Aquaflo and consisted of classroom based training sessions.

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

All staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "Management are supportive. I can go to the manager anytime. Another member of staff said, "I am happy here. Management are good. They are

excellent." Another member of staff told us, "People at Aquaflo, staff and management are really good." Staff told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

We spoke with the registered manager about how the service monitored people's health and nutrition. The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. Care workers we spoke with told us that if they had concerns about people's weight they would contact the office immediately. The majority of people and relatives we spoke with told us that food was not prepared for them as part of their care package. Those who did have food prepared for them by care workers spoke positively about this. We noted that there was limited information about people's nutritional and hydration needs and support in care records. We discussed this with the registered manager and she told us they would ensure that the new format care plans included more details about people's nutritional and hydration needs and the support people may require with their food and drink.

Requires Improvement

Is the service caring?

Our findings

People who used the service told us that they felt the service was caring. One person told us, "My carer is completely caring and considerate." When speaking about their care worker, one person said, "They are caring, understanding and friendly. They listen to me." Another person said, "The care is great." Relatives told us that they were confident that people were well cared for. One relative told us, "They have been a great help and I couldn't do without it. Care staff are excellent, patient and they know what they are doing." Another relative said, "The carer is excellent, patient and diligent. He knows what he is doing. He is really, really good. I could not lose him." Another relative said, "The carer listens and is responsive. He is excellent."

The registered manager explained to us that before they assigned care workers to people they took into consideration people's care preferences, ethnic, cultural and religious needs, as well as any health needs that would require specialist training. She explained people were matched with people who came from the same culture where possible so that they could better understand the needs of people.

People and relatives we spoke with told us that they received care from the same care workers most of the time. One person told us, "I have the same carer." Another person said, "Most of the time I have the same carer." Another person told us, "I am very happy with my carer. I have the same carer and no others." One relative said, "We have the same carers unless someone is sick. There is consistency of carers." Another relative told us, "Things have got better in terms of consistency." Another relative said, "There is consistency. There are the regular carers. Not different carers."

The registered manager explained that it was important for care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 30 minute visits enabled care staff to do this. Therefore the service did not carry out visits less than 30 minutes.

We found that the old format of care plans were not person centred, individualised and specific to each person's needs. They did not include specific information about people's preferences and their likes and dislikes. There was therefore a lack of evidence to demonstrate that the service had taken people's preferences into consideration. For example, in two old format care plans we noted that there was no information about these people's likes and dislikes. The information contained in these plans were task focused. However we noted that the new format care plans contained information about people's preferences and were individualised and specific to people's needs. The registered manager explained that all people would have a new format care plan which was personalised and specific to their needs.

The registered manager explained that the service aimed to provide high quality care and were committed to promoting the independence and well-being of people. The registered manager told us the service placed great emphasis on continuity and consistency in terms of care workers and therefore they made every effort to ensure that people receive care from the same care workers. We saw that the aims and objectives of the service as detailed in the service user guide reflected this ethos.

The registered manager explained to us that people's care was reviewed regularly with the involvement of people and their relatives. This aimed to give people an opportunity to review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes. However we saw no documented evidence of these meetings taking place regularly. The registered manager confirmed that these meetings were not documented consistently but told us that in future they would be recorded.

Care staff were aware of the importance of respecting people's privacy and maintaining their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care worker told us, "I always talk to people and ask them how they are. I treat clients like they are my family." Another care worker told us, "I always listen to what clients need, give them a choice. A bit of compassion goes a long way. I try to understand them and I respect them and their choices and their decisions. Kindness is important." Another care worker said, "I always talk to people. Check that they are comfortable. I always explain things and ask what they want. It is their choice."

Requires Improvement

Is the service responsive?

Our findings

People who used the service and relatives told us that they felt able to raise concerns if they needed to. One person said, "I have spoken with the manager if I am concerned about something. They listen." Another person told us, "Office staff are very polite and helpful. I feel able to talk to them and complain if I had to. I have no concerns regarding Aquaflo." One relative told us, "The office staff are very good and listen. I do feel able to complain. They do call to check if everything is ok. They do spot checks and visits." Another relative said, "I do feel able to complain if I need to. No problem. They listen and try and sort things out."

We looked at 14 people's care support plans as part of our inspection and noted that nine of these were in a new format care plan, two were in an old format and three care plans did not include a support plan. The new format care support plans included details about people's medical background, details of medical diagnoses and social history. There was also information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. They included information about people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. The new format care support plans were individualised and specific to each person and their needs and included details about people's preferences, their likes and dislikes.

However, we found that some people's care plans were in the old format and we found that these included limited information. These care plans lacked information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. There was limited information in care support plans about the support that people required from care staff. For example, one person's care plan stated, "8am: Personal care, breakfast, administer medication, hoist to chair to sit down. Oral hygiene. Changed pad. 12 noon: Change pad, prepare lunch and offer hot drink. Host back to bed. 1600pm: Change pad, prepare sandwich and offer hot drinks. Hoist back to chair. 20pm: Change to nightwear, change pad, prepare snack and hot drink, medication, make feet are raised in bed. Support feet with pillow." Another person's care plan stated, "8am: Personal care; full body strip wash. Changed pad, oral hygiene, moisturised, dressed and tidy use area." We found that the information in these care plans were task focused and failed to include information about people's preferences. There was no further information in relation to the care support required. We discussed this with the registered manager and she confirmed that they were in the process of reviewing all care plans and ensuring all people had a new format care plan. The registered manager told us that the deadline for ensuring all people had a new format care plan was 25 November 2016.

We also found that three people's care file failed to include a care support plan and therefore it was not evident what care and support these people required. We spoke with the registered manager about this and she confirmed that they were in the process of putting the new format care plans in place.

The above was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints procedure and this was included in the service user handbook. When we spoke with people who used the service and relatives they told us that they would not hesitate to raise concerns with management. Records showed that the service had investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and relatives spoke positively about management at the service. One person said, "The agency are great, thorough, conscientious and contact me to find out how I am." Another person told us, "I can contact the office if I have to. No problem." One relative said, "The manager is excellent. Very gracious. They do a good job and I am pleased with the care." Another relative told us, "The manager is good. I am happy with them." Another relative said, "Management are excellent." Another relative said, "Management are approachable and office communication is excellent."

Care workers we spoke with told us that they felt supported by their colleagues and management. One care worker told us, "The support here is good. Very helpful. They listen." Another care worker said, "There is a nice atmosphere - calm. It is like a big team – a family. Management are brilliant." Another care worker said, "Communication is good so far. They always listen." Care workers told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. Some checks had been carried out by the registered manager and senior staff in areas such as complaints, staff recruitment records, supervision sessions and policies. Spot checks on care workers and visits to people to obtain feedback from them had been carried out. There was an electronic monitoring system in place to identify calls which were not in time; however we did not see documented evidence to confirm how these were monitored by management and what action was taken in respect of late visits. It was not evident how the service reviewed call logs to help identify areas in which they can improve any timekeeping issues and missed visits.

The registered manager told us that the service had a system for auditing the administration of medicines. We however, noted that there were numerous gaps in the MAR charts we examined and there was a lack of documented evidence to confirm that these audits had identified these gaps.

We discussed this with the registered manager and she confirmed that the service would immediately implement audits and checks in relation to the care provided. The service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection, the service had moved offices in September 2016 and therefore the registered office we visited was a relatively new premises for Aquaflo Barnet. Prior to the inspection of Aquaflo we were aware that two local authorities had raised concerns about aspects of the service. During this inspection, we found that the service had taken steps to improve areas that had been identified by the local authority, but there were still areas that needed improvement.

We noted that the service carried out a satisfaction survey in May 2016 and the feedback from this survey was generally positive. People who used the service and relatives told us that the service regularly contacted

them asking for their comments and feedback.

Meetings had been held for staff to ensure that they were informed of developments within the service and provided with essential guidance on the care of people.

Topics discussed included punctuality, communication, time sheets, administration of medicines and safeguarding issues.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and recruitment.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely in the office which meant people could be assured that their personal information remained confidential.

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 9 HSCA RA Regulations 2014 Person-centred care There was limited information in care support plans about the support that people required from care staff. There was also limited information about people's preferences.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of not receiving their medicines safely and the administration and prompting of medicines to show people had received their prescribed medicines had not been recorded. Risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of documented evidence to confirm that effective systems were in place to monitor and improve the quality of the service specifically audits.