

Nautilus Welfare Fund







Nautilus Care

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?	Requires Improvement	

Overall summary

This inspection took place on 15 January 2015 and was announced. We gave the registered manager 48 hours' notice of this inspection because the service is small and we needed to be sure they would be in. The previous inspection took place in January 2014. The provider had met the standards that were inspected.

The service has a registered manager who was supported by a care 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.

Nautilus Care is a domiciliary care service that provides personal care to retired seafarers and their dependants in their homes within the Mariners' Park estate. Additional services such as escorted outings are also available. At the time of our inspection, 17 people used the service.

Summary of findings

People told us they felt safe whilst being supported by the service. Relatives of people who used the service believed their relative was well cared for and was safe. People told us that staff were caring and were responsive to their needs. We found that people were involved in the planning of their care and had an opportunity to say what was important to them. Care plans were person centred and were written around the needs of people who used the service.

The provider had robust and effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service.

Medicines were managed safely and medication agreements had been drawn up and agreed with people who used the service.

People were supported by staff that had the required skills to promote their safety and welfare. Staff had received training around the Mental Capacity Act 2005. The provider had a continual training programme in place that was effectively monitored.

People were seen to eat together at the 'HUB' café. Nobody who used the service had been identified as being at risk of poor nutrition. However, plans were in place to source training for staff by spring 2015 in relation to this in case such risk emerged.

The registered manager was partnered with the National Activity Providers Association (NAPA) in order to deliver meaningful bespoke activities for people who used the service.

People who used the service and their relatives told us they had no complaints about the service. They told us they knew how to make a complaint and felt the manager was approachable.

The service was well managed. Systems were in place for checking on the quality of service provided. People spoke highly of the management team that was in place. The registered manager was continually trying to improve the service and had plans in place to demonstrate how they were going to do this.

Correct procedures had not always been followed when submitting notifications to the Commission. The registered manager did not follow due process in relation to changes to the services registration as legally required.

Summary of findings

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.

People who used the service told us they felt safe when receiving care in their home.

There were sufficient numbers of suitably trained staff to provide care that was safe and met the needs of the people who used the service.

Recruitment processes were robust so that people were supported by staff of a suitable character.

Where risks to people's safety had been identified, risk assessments had been drawn up and were reviewed on a regular basis.

Good



Is the service effective?

The service was effective.

People had access to a variety of health professionals and any changes to people's healthcare needs had been incorporated into their care plans.

Staff had been provided with training in order to meet the needs of the people who used the service.

Good



Is the service caring?

The service was caring.

People who used the service said that staff were caring and went the extra mile when providing care to them.

Relatives of people who used the service told us that excellent relationships were seen to be present between staff and people who used the service.

People told us their privacy, dignity and independence was respected and promoted. Discussions with people, our observations examination of records showed that people were involved in the planning and delivery of their care.

Good



Is the service responsive?

The service was responsive to people's needs.

Care plans were person centred, which meant they were centred on the individual needs, preferences and choices for people who used the service.

People had access to activities that were centred on their individual needs. The provider had worked in partnership with external organisations in order to provide them.

Good



Summary of findings

People spoken with had no complaints about the service. We saw that processes were in place to deal with complaints should they be made. Staff felt that any complaints would be dealt with appropriately by the registered manager.

Is the service well-led?

The service was well led. However, improvements were required to ensure that the correct notifications were submitted to us in line with legal requirements.

People spoken with had no concerns about the management team and told us they were approachable and easily contactable.

Systems were in place to check on the quality of care that was provided and plans were in place to improve the service over the next 12 months.

The provider had plans in place to continually improve the service. Processes were in place to monitor these.

Requires Improvement



Nautilus Care

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 15 January 2015 and was announced. We gave the registered manager 48 hours' notice of this inspection because the service is small and we needed to be sure they would be in.

The inspection team consisted of one adult social care inspector.

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. Before our inspection, we reviewed the information in the PIR along with information we held about the service, which included notifications they had sent us. We wrote to five health and social care professionals to ask about their experiences of the service. Two of them responded to us and none of them raised any concerns to us.

During the visit we spoke with five people who used the service and two of their relative's. One relative had also completed a questionnaire that we sent them prior to this inspection. We spoke with two care staff, and two members of the management team. Nine care staff had also completed a questionnaire that we had sent them prior to this inspection.

We reviewed a range of records about people's care and how the service was managed. These included the care plans for three people, the training and induction records for three members of staff, medication records for three people and quality assurance audits that the management team had completed.

Is the service safe?

Our findings

People who used the service said they felt safe whilst being cared for and supported by staff. One person said; “Oh yes I feel safe. They are always there.” Another person told us; “Oh yeah I do feel safe. They take me to the bank and explain everything.”

Relatives spoken with told us they had no concerns with their relatives’ safety and believed they were safe when care was provided. One relative told us; “I trust that they are safe here.” Another relative said; “It is nice to know that mum is safe here.”

Staff had undertaken training on safeguarding adults from abuse. The staff who we spoke with confirmed that they had completed this training during their induction programme and then again as refresher training on a regular basis. Records confirmed that training in safeguarding was current for all members of staff. Discussions with staff demonstrated they were knowledgeable about the different types of abuse that could occur and they knew how to report it. Staff said they could approach the manager with any concerns and felt they would be appropriately dealt with.

Prior to this inspection, we asked staff if people were safe from abuse and/or harm from the staff of this service. 100% of the responses received informed us that people were safe. We asked staff if they knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. 100% confirmed they knew what action to take.

We found that staffing numbers were sufficient and were based on meeting people’s individual needs. Staff, people who used the service and their relatives told us that they thought there were sufficient numbers of staff to meet the needs of people who used the service. People told us that their carers always turned up on time.

We checked the recruitment records for four members of staff. We saw that before any member of staff began employment with the company two references were obtained. We saw that Disclosure and Barring Service (DBS) checks were completed before people started to work at the service. This showed the provider had a system in place to check that people were supported by people of a suitable character.

We reviewed three care plans. Before a person started using the service, an assessment of their needs and abilities was undertaken. This included the level of support they required, personal preferences and environmental risk assessments in relation to the homes of people who used the service. The care plans showed how the needs of the people who used the service were to be met, including any risks to their well-being. They covered areas such as physical, emotional, mental health, and behavioural needs. Risk management plans were in place for each risk identified. We saw the risk assessments had been updated on a regular basis to ensure that the information available to staff was current.

Where the service was responsible for managing people’s finances, we saw that a clear audit trail was kept for people’s expenses within their individual care files.

When applicable, people told us they received their medicines on time and when they needed them. One person said; “My medicines are delivered on time and I never run out.” Another person told us; “I get my medicine on time and they prompt me to take it.” Each person had a medication risk assessment which was accompanied by a medication agreement form. Clear guidance was in place to guide staff to support people with conditions such as diabetes. We saw that accurate and consistent records were kept on all medicines that were administered, received and disposed of.

We saw that Nautilus Care commissioned an external auditor for Health & Safety to ensure the facilities that people used at ‘the hub’ were safe.

Is the service effective?

Our findings

People who used the service told us that the care was effective and their carers always stayed for the duration of time agreed. They said that they had consented to any care before it was given and this was reflected in the care plans we looked at. One person told us; “They take me shopping or they will do it for me if I don’t feel like going.” Another person said; “I like all the staff. They are very good.”

Relatives also believed that the care was effective. One of them told us; “They are brilliant. I wish I could live here. The care is tremendous.” Another relative said; “I feel I can breathe easily. They go above and beyond.”

A health care professional told us; “Requests for assessments are usually well informed. We have a number of patients who have got complex physical and psychological needs which I believe are being well managed by the service.”

We looked at the training records for four members of staff. We saw that training was current in areas such as person centred care, first aid, moving and handling, dementia awareness, medication, safeguarding and fire safety. Additional training had also been provided around areas such as lone working in partnership with Merseyside Police. We saw there was a rolling training programme in order for training to be refreshed on an annual basis. Staff spoken with confirmed they had received this training. Staff also told us that they were supported by the company to gain National Vocational Qualifications (NVQ) levels 2 and 3 in social care. Staff told us that team meetings and supervision meetings had taken place with the management team on a regular basis. Appraisals were also completed on an annual basis. Members of staff who were new to their roles told us that their induction was thorough and incorporated the skills for care common induction standards. They told us they had spent time shadowing other staff members in order to get to know the people they supported.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies

to care homes as well as people who were supported in their own homes. DoLS are part of the Mental Capacity Act (MCA) (2005) legislation which is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.

We saw that all staff had received training around the MCA (2005). A training programme was in progression to ensure all staff received training where DoLS was concerned. All of the care staff we spoke with had a good understanding of this and how it applied to their roles. The registered manager told us that all people who used the service had the capacity to consent to their care. The registered manager was able to demonstrate how they had involved the relevant health and social care professionals where concerns around capacity had been identified.

Discussions with the registered manager and examination of records indicated that no one who used the service was at risk of malnutrition. However, people’s food and drink preferences were recorded in their care plans. Care plans were also in place for people who required a diabetic diet. It was evident that the service had worked with the relevant professionals with regards to this. We saw the service had plans in place to source nutritional training for all staff by Spring 2015.

We saw that some people who used the service sat together in the community ‘HUB café’. We saw there was menu available that promoted healthy eating. The food provided looked appetising and people were seen to enjoy the food they were eating. People were seen to be supported by staff to use the café. One person told us; “They’ll prepare meals for me in my apartment if I don’t want to go downstairs to eat.” Another person said; “Its fish and chips on a Friday and I usually go down then.”

We saw the services contact with health and social care professionals was recorded. This included contact with GPs, district nurses, mental health teams and social workers. Any contact was then incorporated into people’s care plans and it was clear that any changes had been discussed with the person concerned and/or their relatives.

Is the service caring?

Our findings

People who used the service told us that the staff were caring and always went the extra mile for them. People said that staff always pop in to check on them even when care was not being provided. They all said that their privacy and dignity was promoted by staff when they received care and support from them. People spoken with told us they were involved in putting the care plans together before they started to use the service and this process was on-going. This was evident in the care plans we looked at. One person told us; "They are absolutely wonderful. There is nothing they won't do. I make my own choices and feel involved. They are very good like that." Another person said; "I have never been in a place where people are so kind and so helpful. I can't believe what they do for us. They sort anything out for us."

Relatives of people who used the service believed that staff were caring. One person told us; "The staff are lovely. They refer to mum and dad as Mr and Mrs which shows dignity and respect. It really is five stars. I know they will be well looked after." Another relative said; "It is nice to know people just look in on mum when they are passing. It's brings peace of mind."

Throughout the day of our visit we observed that people looked content, happy and comfortable with the staff that supported them. We saw staff being kind and supportive to the people they supported. Staff spoke to people in a caring and compassionate manner.

We saw staff promoting independence and choice. For example, we saw people made decisions on what they wanted to eat and drink, whether they spent time in their apartments or took part in activities outside of their home within the community.

People's wishes and preferences were documented and respected in relation to the care being provided. This had been done with their relative's involvement where necessary. The care plans we reviewed had an agreement in them which was signed and dated by the person who used the service and / or their relative. Care plans

contained information about the life history of each person and provided detailed guidance for staff on how people wished to be supported. People's personal preferences such as their daily routines and food choices were also taken into account.

All the staff team spoken with said that it was very important to them that people who used the service felt involved in the way it was run and made valid contributions to decisions that were made. They spoke passionately about their roles and told us they loved their job. They were able to demonstrate by giving practical examples of how people were supported in promoting their independence in their own homes. Staff explained that they encouraged people to do things for themselves if they were able to but were always on hand to support them. Staff had a good understanding of people's preferences, likes and dislikes and wishes. Our conversations with them reflected the information that was documented in people's care plans.

The service employed staff that were recognised as 'dignity champions' within the service. Staff told us that the roles were created to ensure that people's privacy and dignity was respected. The registered manager was able to demonstrate plans the service had in place to run cafes for people with dementia and dignity tea events over the next 12 months. We saw a dignity tree was in the process of being developed within the 'HUB' during our inspection and people who used the service had an opportunity to put comments on the tree around how their dignity had been promoted and respected.

Prior to this inspection we asked care staff if they were always introduced to people who use the service before working unsupervised with them, and were people who used the service always treated with respect and dignity by all staff? 100% of the responses received strongly agreed/ agreed with these questions

We saw that advocacy services such as Age UK, Wirral Mind and the Independent Mental Capacity Advocate (IMCA) were available to people should they be required. This was clearly documented in the service user guide that was given to people who used the service.

Is the service responsive?

Our findings

People who used the service told us that the care provided was responsive to their needs and they had plenty of choices around the care that was provided. They also said that they received their care on time as previously agreed. Comments from them included; “They are on the ball with medical problems. They turn up on time and they are great”, “When I ask them to do something they do it really well. There is nothing they won’t do.” Another person said; “If anything goes wrong they sort it right away.”

Relatives of people who used the service told us they thought the service was responsive to their relative’s needs. One relative said; “They are very pro-active and deal with any request.” Another relative told us; “I have been totally impressed by the support and care my dad receives. Since moving here he has regained his independence.”

A healthcare professional told us; “I must say that I find this agency to be particularly good and supportive. I have no concerns regarding the care they provide.”

The care plans we looked at were person centred which meant they were written around the needs of the person and what was important to them. This included the level of support that was required for each person. We saw they were evaluated on a monthly basis or sooner if required and when people’s needs changed.

We saw that people who received care had access to community facilities such as a gym, spa bath, hobbies room, a hairdressing salon and a laundry. People told us that staff supported them to take part in such activities but they had choices with regards to what they wanted to do. One person told us; “They do all sorts of things here like pamper sessions. I can decide what I want to do.” Another person said; “There are coffee mornings and lunch clubs. The entertainment organiser or the girls pick us up and take us down. It is so good because we are new here.”

The registered manager showed us how they worked in partnership with Age UK to commission a men's health

project. They explained how the project had been successful in preventing social isolation for former merchant seafarers and their dependants by setting up activities that allowed the person to do these activities themselves or with minimal support. The registered manager was also partnered with the National Activity Providers Association (NAPA) in order to deliver meaningful bespoke activities for people who used the service.

People who used the service and their relatives told us they knew how to make a complaint or raise concerns to the service. Comments from them included; “I have no concerns. It is a really wonderful place.” Another person said; “I have never complained. There is nothing to complain about.”

We looked at the system in place to deal with complaints. It was evident there was a detailed audit trail of how concerns and complaints were managed and dealt with to the complainants’ satisfaction where possible in a timely manner. We examined the complaints procedure which had also been provided to people who used the service and their families. It was also available within the operational policies and procedures for the service. It was clear that people were given the right information about who to make complaints to. Staff felt that complaints would be investigated thoroughly by the management team and would be quickly resolved. We have received no concerns about the service since they registered with us.

We saw a system was in place for the service to continually receive feedback from people who used the service and their relatives. This was done through care plan audit reviews that were carried out on a monthly basis. The provider also had an out of hours 24 hour contact line where urgent enquiries could be passed onto the management team in order for them to be dealt with.

Prior to this inspection we asked care staff if the management team were approachable, accessible and deal effectively with any concerns. 100% of the responses received strongly agreed/agreed with these questions.

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Commission since October 2013.

Registered managers and registered providers have legal obligations to submit notifications to us with regards to any significant events/incidents that occurred. We examined the records we held for the service prior to this inspection. We had received statutory notifications from them informing us of events/incidents that had taken place at the service. However, the registered manager had submitted a notification to us in December 2014 advising that the registered address for the service had changed. We advised the registered manager that the correct procedure had not been followed and provided them with guidance to ensure this process was completed. The registered manager had still not processed this in March 2015 and therefore the registered address for this service was incorrect. We spoke with the registered manager about this and they have since re-submitted this notification to us.

People who used the service and their relatives spoke highly of the registered manager and said they were approachable. Comments from them included; “[The care manager] is great” and “The managers always pop in to say hello.” A visiting relative told us; “The boss is switched on. She knows what she is doing.”

A health professional told us; “I find the service is well led and has a good caring ethos for the clients.” A commissioner for the service told us; “I am not aware of any concerns with this provider.”

Staff spoke highly of the registered manager and care manager and felt they were listened to when they raised any concerns or suggestions. All of them were aware of their responsibilities where whistle blowing was concerned and we saw that proper policies and procedures were in place. One staff member told us; “Nothing stops me from doing a good job”. Another staff member said “[The care

manager] is really supportive. We get as much training as possible and I feel confident. We have staff meetings and I can make suggestions. I get good support from the other staff.”

We saw that people were asked for their views about the care that was provided in 2014. They covered a range of topics such as person centred care, eating well and management and staff. The responses agreed or strongly agreed with the questions that were put to them. We saw that one person had requested more support to attend activities in the ‘HUB’. The care manager had responded by putting a plan of action in place to ensure this person was supported to attend activities.

We saw the management team carried out monthly audits of various aspects of the service's operations such as medication management, accidents / incidents, care planning and health and safety. Members of the regional management team for the provider also conducted visits to the service on a regular basis. Where concerns or areas of improvement were identified, we saw that there were systems in place to monitor that progress that had been made. In addition to this, the provider had strategic plans in place that covered areas such as business and staff training. We saw that processes were in place for these to be continually reviewed.

The service was striving to improve and had innovative ideas about how this was to be achieved. For example, the registered manager had identified that statistics for people diagnosed with dementia were high and explained that they may have more people in their care that will have dementia of some form. They told us about their plans to introduce a dementia section or questions in the interviews for new members of staff. We were told that staff would be encouraged to sign up as Dementia Friends in 2015. The provider had also worked with NAPA and Age UK so that the lives of merchant seafarers and their dependants. The registered manager told us that by doing this they were striving to improve ways to maximise their health, well-being and social lives.