

Aquaflo Care Ltd

Aquaflo Care Bexley

Inspection report

Suite 26 Thames Innovation Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 February 2017 and was announced. Aquaflo Care Bexley is a domiciliary care agency that provides care and support for people living in the London Borough of Bexley. At the time of this inspection 65 people were using the service.

At our last inspection of the service on 5 and 7 January 2016 we found a breach of legal requirements because the arrangements for administering people's medicines did not always comply with recommended guidance or the provider's own policy. At this inspection we found that the provider had made improvements relating to the management of people's medicines.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

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.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People were provided 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. There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

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. They carried out unannounced spot checks to make sure people were being supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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 staff available to meet people's care and support needs.

Appropriate recruitment checks took place before staff started work.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

People's medicines were managed appropriately and people received 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 registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People 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 detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

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?

Good ●

The service was well-led.

There was a 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.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Aquaflo Care Bexley

Detailed findings

Background to this inspection

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

This inspection took place on 6 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

The inspection team comprised of two inspectors. We looked at the care records of eight people using the service, staff training and recruitment records and records relating to the management of the service. We also spoke with the registered manager, a risk assessor and six care staff. We also visited three people at their homes and spoke with seven people or their relatives on the telephone to gain their views about the service they received.

Is the service safe?

Our findings

At our inspection on 5 and 7 January 2016 we found that the arrangements for administering people's medicines did not comply with recommended guidance or the provider's own policy. At this inspection on 6 February 2017 we found that the provider had made improvements in the management of people's medicines.

People were supported, where required, to take their medicines as prescribed by health care professionals. One person told us, "I take my own medicines. The staff only remind me to take my medicines and they fill in sheets in my folder." The registered manager told us that staff were not permitted to administer medicines to people using the service. They said most people using the service or their family members looked after their own medicines; however some people needed to be prompted to take their medicines. Where people required prompting to take their medicines we saw this was recorded in their care plans. We saw records in care files at people's homes of medicines they had been prescribed by health care professionals and medicine administration records (MAR) completed by staff confirming that people had taken their medicines. All of the staff we spoke with told us they had received training on the safe handling of medicines and training records confirmed this. We saw records confirming that risk assessors had assessed individual staff's competence in the safe handling of medicines. We also saw that when risk assessors carried out spot checks on staff at people's home they checked that medicines records were being completed correctly. Medicines audits were carried out on a monthly basis by the registered manager to ensure that medicines were managed appropriately.

The service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. Training records confirmed that the staff team had received training on safeguarding adults from abuse, which was refreshed annually. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the files of six members of staff that had started working at the service since our last inspection in January 2016. These files contained completed application forms that included references to the staff's previous health and social care experience, their full employment history and a health declaration. Each file contained evidence of criminal record checks that had been carried out, two employment references and proof of identity. The registered manager told us they worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments for example, on mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and their environment.

The agency used an electronic call monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We observed the registered manager and a care coordinator monitoring the system making sure people received care when they were supposed to. The registered manager told us that late calls were infrequent as most staff worked local to where they supported people using the service. Where late calls had been previously identified we saw these were recorded and apologies had been offered to the people using the service. There were no missed or late calls during the course of our inspection. People could access support in an emergency. One person told us, "I have the folder they gave me. It's got the office number on the front so I can call them if I need any help." A relative said, "I know how to contact them if I need to." We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes.

There was sufficient staff available to meet people's care and support needs. People using the service, their relatives and the registered manager told us there was always enough staff on duty. One person using the service said, "My carer is never late, they always come when they are supposed to." Another person said, "The staff come on time, if they are going to be late they let me know." The registered manager told us staffing levels were arranged with the local authority according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged.

Is the service effective?

Our findings

People and their relatives told us staff understood their care and support needs. One person said, "My carer knows all the things they need to do for me." Another person said, "I think the staff are well trained, they all seem to know what they are doing." A relative said, "I have every confidence in the staff. They get the job done with a smile on their faces."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they completed an induction when they started work and initial shadowing visits with experienced members of staff had helped them to understand people's needs. The registered manager told us that all new staff would be 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 food hygiene, safe handling of medicines, moving and handling, safeguarding adults, health and safety, equality and diversity, infection control and the Mental Capacity Act 2005 (MCA). Twelve members of staff had attained nationally recognised qualifications in care and four members of staff were in the process of obtaining the qualification. Staff had also completed other training relevant to the needs of people using the service for example autism awareness and dementia awareness.

Staff told us they received regular supervision and had an appraisal of their work performance. One member of staff said, "I get supervised by the registered manager and I have an appraisal every year. If I need any further training or refresher training it's always available." Another member of staff said, "I receive supervision with my line manager every three months and I have had an annual appraisal. I get lots of training so I think I am very well supported to do my job." We saw records confirming that staff received regular supervision and, where appropriate, an annual appraisal of their work performance.

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us, "I would not do anything for anyone unless I asked them if it was okay with them first. I wouldn't force anyone to do anything if they didn't want to."

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure

appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

People had access to sufficient amounts of food and drink to meet their needs. Where people required support with cooking meals this was recorded in their care plans. One person said, "The staff make me some porridge and a slice of toast in the morning. That's what they are supposed to do for me." A member of staff told us, "I make breakfast or lunch for people if it's recorded in the care plan. If I have time I might make someone a sandwich or a cup of tea if they want one."

People had access to health care professionals when they needed them. Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person told us, "I can tell my carer if I am not feeling too good. When I wasn't well one time they called the doctor for me." A relative told us, "I have been very happy with the care and support they [the agency] provide. We work with them and other people like nurses and doctors to make sure my wife's needs are met." A member of staff told us, "If someone was unwell I would call for the GP or an ambulance if it was an emergency. I would let the office staff know what I had done and record everything in the person's daily notes."

Is the service caring?

Our findings

People and their relatives said staff were caring and helpful. One person said, "The staff are fantastic, they are very caring and always treat me with respect. I don't know what I would do without them, they are sent from God." Another person said, "The agency is brilliant; my carer makes sure I get everything I need." A relative told us, "The carers are friendly, polite, caring and kind. They come with a smile on their faces and we sing songs together when they are supporting my partner. He really loves that." Another relative said, "The carer we have is a very jovial and happy person, it's a pleasure for us that they come here." A third relative commented, "The carers are extremely good caring people, they know how to do everything we ask them to do. We are very satisfied with the agency."

People said they had been consulted about their care and support needs. One person told us they talked with the agency's staff about their care needs when they started using the service. Relatives of other people using the service told us they had also been consulted about their relatives care needs. One relative said, "The agency asked me what my partners needs were and they put a plan in place and the staff always follow the plan." Another relative told us, "We have worked with the agency on planning my partners care. It's all done together. If anything needs to be changed we talk about it with the agency staff and managers and we update the plan."

People were treated with dignity and respect. One person said, "The staff are always respectful. They take their time with me and don't rush things." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always ask people how they want to be supported with personal care. I always take my time and explain what I am doing for them. I offer them choices of clothes they might want to wear. If a family member was around I would ask them to leave the room before I started providing personal care." Another member of staff said, "I always keep information about the people I support confidential and only speak with people who need to know about them such as my manager or GP's."

Staff understood people's needs with regards to their disabilities, race, culture and religion and supported them in a caring way. For example the registered manager told us that one person using the service had requested a member of staff with the same cultural background supported them so that they could help prepare their meals. They also told us that some people received support from staff with the same religion so they could be supported to attend religious services.

People were provided with appropriate information about the agency in the form of a 'Statement of purpose'. The registered manager told us this was given to people when they started using the service. This included information on the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

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 said, "They [the agency] asked me what my needs were when I started using the service and put a plan in place to help me. The staff are doing all of what they said they would." A relative said, "My partner came out of hospital and had a period of re-enablement support from the agency. The staff were great; they really helped him to get back on his feet. When the re-enablement finished we asked the agency to carry on supporting us."

We looked at people's care files. These held referral information from local authority commissioners and re-ablement teams and included a breakdown of people's care and support needs. Re-ablement is a short term programme delivered in people's homes, usually lasting between two and six weeks, to promote people's independence and rehabilitation following illness or discharge from hospital. The files 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 their homes. Care plans were developed which included information and guidance for staff about how each person should be supported. Care plans were kept up to date to make sure they met people's changing needs. The registered manager told us that weekly reports were sent to the re-ablement team detailing the progress made in people's health and wellbeing. We also saw daily notes that recorded the care and support delivered to people.

The registered manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. For example where people using the service had a catheter in place staff received training on catheter care. Staff told us they would not be expected to support people with specific care needs unless they had received the appropriate training. A risk assessor told us they carried out initial needs assessments with people to consider if the agency could support them effectively and provide them with a service. They also identified the staff with the suitable experience to support them during the assessment process. A member of staff told us, "The registered manager would not let me or anyone else work with anyone with a need that we couldn't support. They look at the skills and experience we have and would make sure we know what we are doing. For example I have received training on dementia awareness because I support some people with that condition."

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 have never needed to complain but if I did need to I would just call the office and speak to them. I am certain they would listen and act on it." A relative told us, "I haven't needed to make a complaint so far but I've called the office a few times about minor things and the registered manager has always taken action to sort things out." The service had a complaints procedure in place. The registered 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 fully investigated and responded to appropriately.

Is the service well-led?

Our findings

People and their relatives spoke positively about the service. One person told us, "I think the carers are absolutely brilliant. I have used other care companies in the past but this one is the best by far." A relative said, "I think it's a good service. It's got a lot better since the manager starting working there. It's much better organised. I can talk to the manager at any time about anything I want." Another relative told us, "This is a great service. We are very pleased with it. I think it's very well run."

The service had a registered manager in post. The registered manager had been in post since July 2015. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. The registered manager told us that the operations manager visited the office on a monthly basis to supervise and offer them support and to monitor how the service was operating. They showed us reports from these visits. Areas covered during the visits included the auditing of staff recruitment, supervision and training records, complaints records, medicines, safeguarding concerns, incidents and accidents and local authority referrals. Accidents and incidents were recorded and monitored. The registered manager told us that accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again.

The provider took into account the views of people using the service through, six monthly satisfaction surveys, telephone monitoring calls and unannounced spot checks. The registered manager told us they used feedback from the surveys, telephone calls and spot checks to constantly evaluate and make improvements at the service. They showed us an analysis report and action plan from the last survey September 2016. One person using the service felt that carers should attend at regular times. An action plan recorded that the registered manager had written to the person using the service concerned. We saw a copy of the letter sent to the person confirming that a plan was in place to make sure staff turned up at regular times suitable to the person's needs.

We saw records of unannounced spot checks carried out by risk assessors on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. A risk assessor told us they checked people's care records during spot checks to make sure all of the necessary documents including medication sheets were completed appropriately. They said they fed back any concerns they had to the registered manager and care coordinator and action was taken, for example further training, if necessary. We also saw records of telephone monitoring calls made to people to find out if they had any problems with the care and support they were receiving. A relative told us, "The senior staff do spot checks with us to make sure we are getting what we need and to make sure staff are doing things right. We also get calls from the office to see if we are happy with our carers and if we need anything to be changed."

We saw that care coordinators and carers meetings were held every month. These were well attended by staff. Items discussed at the care coordinators meeting, 25 January 2017, included handling queries and complaints, updating people using the services and staff files, training, supervision and spot checks. Items discussed at the carers meeting, 05 January 2017, included safeguarding people from abuse, refresher training on the Mental Capacity Act 2005, maintaining care records and health and safety awareness. A member of staff told us, "We all get to express our views about the service and share our learning and experience. The registered manager also tells the team where we need to make improvements. I find the team meetings are very helpful."

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff said, "The registered manager is always there to help me if I need them twenty four hours a day. Team work is really good." Another member of staff told us, "The registered manager listens to staff and what we have to say. She is always teaching me new things and keeping us all on track. It's fantastic working here."