

Aquaflo Care Ltd

# Aquaflo Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Aquaflor Care Limited is a domiciliary care agency that provides personal care and support to people living at home. At the time of our inspection 23 mainly older people with a wide range of health care needs and conditions were receiving a service from this agency. This included two people who received 24 hour home care support from their live-in carers and an individual who lived in a care home.

The service had a new registered manager who had been in post since May 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC). Registered managers like registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The newly registered manager was also responsible for managing another of this provider's similar sized domiciliary care agency's located in the neighbouring London Borough of Croydon.

At our last comprehensive inspection of this service, which we carried out on 3 May 2016, we rated them 'requires improvement' overall and for two key questions is the service 'safe' and 'well-led?' This was because we found the provider had failed to always check the suitability and fitness of new staff they employed or notify the CQC in a timely manner about significant incidents that adversely affected the health and welfare of people using the agency.

We carried out a focused inspection on 2 December 2016 to check the provider had improved their arrangements for checking the suitability of new staff and submitting statutory notifications to us without delay. At the time of our focused inspection we found the provider had resolved the aforementioned issues and now met the regulations and fundamental standards. However, we continued to rate them 'requires improvement' overall because we needed to see the service could consistently maintain these improvements over a more sustained period of time.

At this comprehensive inspection we found the provider had maintained improvements in the way they assessed the suitability of new staff and dealt with statutory notifications. However, we have continued to rate the service 'requires improvement' overall and for two key questions is the service 'safe' and 'well-led?' This was because we found the provider to be in breach of two new regulations in relation to the way they managed risk and oversight of the service.

Specifically, the provider failed to ensure all the risks people might face had been properly assessed and that adequate risk management guidelines were always in place for staff to follow and ensure identified risks were managed safely. This meant the provider had not done all that they should to identify and manage risks to people using the service and ensure they were sufficiently protected from the risk of injury and harm.

Furthermore, although the provider had established some good governance system to assess and monitor the quality and safety of the care and support people using the service received; we found these measures

were not always operated effectively. Moreover, these governance systems had failed to identify a number of the issues we identified during our inspection in relation to guidance for staff to help them prevent or mitigate risks people might face and ensuring staff kept up to date with their core training and annual work performance appraisals. In addition, in the last 12 months managers had failed to carry out direct observations of all their staffs working practises during scheduled visit, contrary to the provider's staff performance monitoring policy. This meant the provider lacked the ability to effectively challenge staff providing poor care to people as they did not have documentary evidence to support any issues or concerns they may have identified.

These failings represent two breaches of the Health and Social Care (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.

We also received some mixed comments from people using the service and their relatives regarding staff turning up late for their scheduled visits. In response to concerns raised by people about their care workers' time keeping the provider was in the process of introducing a new centralised electronic system that would allow the care coordinators to closely monitor staff punctuality and length of their stay. This would help the provider plan carer workers scheduled visits more effectively.

The negative points described above notwithstanding people we spoke with felt safe with their regular care workers. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. Medicines were managed safely and people received them as prescribed.

Most staff received appropriate training and support to ensure they had the right knowledge and skills to effectively meet people's needs. Staff adhered to the Mental Capacity Act 2005 code of practice. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services.

People and their relatives told us they were happy with the care and support provided by their regular carer workers. Staff were caring and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date support plan. People felt comfortable raising any issues they had about the provider. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The provider had an open and transparent culture. They routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided. Staff felt supported by the newly registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. The provider failed to ensure all the risks people might face had been properly assessed and sufficient risk management guidelines were always in place to enable staff to manage these risks safely.

Although there were enough competent staff available who could be matched with people using the service to ensure their needs were met, we received some mixed comments from people about staff not always turning up for their scheduled visits on time.

Staff recruitment procedures continued to prevent people from being cared for by unsuitable staff.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

Where the service was responsible for supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

**Requires Improvement** 

### Is the service effective?

**Good** 

The service was effective.

Staff continued to receive appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the MCA.

People were supported to eat healthily. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

### Is the service caring?

**Good** 

The service was caring.

People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

### Is the service responsive?

**Good** ●

The service was responsive.

People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences for how care was provided. These were kept under constant review.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service were not well-led. Although systems were in place to monitor and review the quality of service delivery; these governance systems were not always effectively operated because they had failed to identify a number of concerns we had found during this inspection.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

# Aquaflo Care Limited

## 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.

The inspection took place on 17 and 21 August 2017 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that managers would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We also reviewed the provider information return (PIR). The PIR is a document we ask providers to submit before our inspection about how they are meeting the requirements of the five key questions and what improvements they intend to make.

As part of our inspection we made telephone contact with eight people using the service and four relatives, as well as receiving written comments from a local continuing health care team professional. We also spoke in person with the newly registered manager, the deputy/quality assurance manager and a care coordinator, and made telephone contact with nine care workers. Records we looked at included six peoples support plans, six staff files and other documents that related to the overall governance of the service. This included quality assurance audits, complaints log, and accidents and incident reports.

# Is the service safe?

## Our findings

At our last focused inspection of this service in December 2016 we found the provider had taken appropriate action to improve the way they checked the suitability and fitness of new staff. During this inspection we saw the provider continued to protect people from the risk of being supported by unsuitable staff. We found robust staff recruitment procedures were in place that enabled the provider to check the suitability and fitness of staff they employed.

Measures were in place to help staff manage risks that had been identified, but we found not all the risks people might face had been assessed. Records showed risks such as falls, mobility, pressure sores and nutrition for example were identified and the associated risk management plans were in place to help staff mitigate them. Most staff had supported the same people for some time and it was clear from their comments they knew the potential risks people might encounter and how to manage them. For example, staff knew how to help people move safely around their home and use a mobile hoist.

However, two relatives we spoke with told us several care workers that had supported their family members in the past had not always followed their risk management plans. One relative said, "I found myself constantly reminding and showing two carers who use to visit us how to assist my [family member] to eat and drink properly so they didn't end up choking, but they just didn't listen to me." A community health professional also informed us, "The quality of risk assessments are usually substandard, lacking some essential information for staff to follow."

In addition, although support plans indicated risks associated with people's specific health care conditions such as, dementia, diabetes, asthma, epilepsy, dysphagia (dysphagia is the medical term for swallowing difficulties) and Percutaneous Endoscopic Gastrostomy feeding (PEG- a tube inserted to the stomach to enable people to receive nutritional support) had been identified; we found the risk management guidance that should have been in place for staff to follow was either not available or not sufficiently detailed to enable staff to effectively prevent or manage these potential risks. This meant the provider had not done all that they should to identify and manage risks to people and staff to ensure they were sufficiently protected from the risk of injury and harm.

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

There were enough staff to support people. People told us the agency always informed them who their carers would be and what time to expect them. However, we received some mixed comments from people about carer punctuality. Whilst people told us they had no major concerns about their regular carers missing a scheduled visit, half the people we contacted said their carers were usually late. Typical feedback we received about staff time keeping included, "My carer should have been here an hour ago. This has been happening a lot recently", "The carers were late three times last week. Sometimes they're bang on time and other times they run very late" and "My regular carers are pretty punctual most of the time and they ring us to say if they going to be late because of the traffic." A community health professional also told us in an

email they sent us, "During the time we have commissioned care from Aquaflo we have noticed a pattern emerging where staff are late for assignments." In addition, records showed us in the last six months three people had raised this issue of staff failing to always arrive on time for scheduled visits.

We discussed the issue of staff time keeping with the managers who acknowledged this had been a problem. They told us in response to concerns raised the provider was in the process of installing a new centralised electronic system which would enable care coordinators to track the exact start and finish times of staffs scheduled visits and help them plan carers' scheduled visits more effectively. Managers told us the new staff monitoring system would be fully operational by September 2017. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

The provider had robust systems in place to identify report and act on signs or allegations of abuse. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people, remained safe and to prevent reoccurrence of similar concerns.

Medicines were managed safely. Where people required assistance or prompting to take their prescribed medicines, staff supported them appropriately. Staff told us they signed medicines administration record (MAR) charts each time they assisted people with their prescribed medicines. Records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was reassessed at regular intervals.



# Is the service effective?

## Our findings

People and their relatives told us their current care workers who regularly supported them or their family members were competent. Typical comments we received included, "We used to have a couple of poor carers who didn't know what they were doing, but now I couldn't fault the regular team we've got", "All my normal carers do a fantastic job and really know how to look after my [family member] who can be a challenge at times" and "All the carers that visit me are professional and well organised."

Staff demonstrated a good understanding of their roles and responsibilities, although we found gaps in some staffs core training. This meant some staff might not have all the up to date knowledge and skills they required to effectively meet people's needs. For example, electronic training records we looked at indicated approximately one in five staff needed to update their existing knowledge and skills in most key aspects of their role. We feed this back to the registered manager at the time of our inspection. They told us they planned to ensure all staff received up dated training by November 2017. The registered manager also told us all staff will have to regularly update their equality and diversity, end of life care and fire safety training which all new staff covered as part of their induction. Progress made by the provider to achieve this stated training aim will be assessed at the services next inspection.

The negative point made above notwithstanding, we saw new staff received a thorough induction based on the care certificate that included shadowing experienced senior members of staff on scheduled visits. The care certificate is a set of identified minimum standards that health and social care workers must achieve so they have the same introductory skills and knowledge. Records we looked at indicated most staff had completed up to date training in dementia awareness, moving and handling, safeguarding adults, the safe management of medicines, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, food hygiene, first aid, and prevention and control of infection. Staff who supported people with dysphagia and PEG feeding had received additional training to ensure that had the right specialist knowledge and skills to effectively meet these people's specific health care needs.

Staff spoke positively about the training they had received and said they had received all the training they needed to perform their roles well. One care worker told us, "The training we're provided by Aquaflo is really good", while another said, "Recently I went on a moving and handling course and practised using a mobile hoist."

Staff had sufficient opportunities to review and develop their working practices. Records indicated most staff had attended at least three formal supervision meetings with their line manager and regularly participated in monthly group meetings with their fellow co-workers. During our inspection we met three care workers who had visited the agency's offices specifically to have a one-to-one supervision meeting with their new care coordinator. In addition, although electronic records indicated approximately one in ten staff had not had their overall work performance appraised by their line manager in the last 12 months contrary to the provider's staff appraisal policy, most staff had received their annual appraisal. We gave feedback to the new registered manager at the time of our inspection and they told us all staff whose work performance had not been appraised in the last 12 months would do so by October 2017. Progress made by the provider

to achieve this stated aim will be assessed at the services next inspection.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. Records showed people's capacity to make decisions about their support was considered during assessments of their care needs by staff. There was involvement with people's representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific health care needs and preferences. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts. Where there were concerns about this, appropriate steps were taken to ensure people were effectively supported.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This information was recorded in an individual's support plan. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff. When staff had concerns about an individual's health and wellbeing we noted they notified their line manager so that appropriate support and assistance could be sought from the relevant health care professionals, such as GP's and various community nurses including district, tissue viability, continuing care and palliative care nurses.

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the service provided by this agency and typically described their regular care workers as "kind" and "friendly". One person said, "My carers are excellent. Always happy and friendly", while another person told us, "My carer is wonderful. I look forward to them visiting me. Nothing is too much trouble for them." Most relatives were equally complimentary about the caring approach of staff. A relative said, "The staff are good to my [family member]. They're very kind and considerate."

Staff treated people using the service with respect. People told us their care workers always respected their privacy and dignity. Relatives said when being supported with more personal aspects of their care, staff were discreet and respectful of their family member and maintained their dignity at all times. One relative commented, "The staff show my [family member] the utmost respect and compassion." Managers and staff spoke about the people they supported in a respectful way.

Most people told us they received continuity of care from their regular care workers who were familiar with their needs, daily routines and preferences. One person said, "I always receive good care from my regular carers, which most of the time tend to be the same people." A relative told us, "We've had the same team of carers for a while now who have got to know my [family members] well." A care coordinator told us they tried to arrange scheduled visits so people received support from the same staff, wherever possible. This meant people experienced continuity in their care from staff who were familiar with their needs and preferences.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. The deputy manager gave us several examples of how they had matched people using the service and care workers who spoke the same first language or shared a similar cultural heritage. For instance, the provider ensured a person using the service was matched with a care worker who practiced the same religion as they required their care worker to support them attend services at their preferred place of worship in the local community. Another person was matched with a care worker who they shared a similar cultural heritage with so they could prepare this individual the food they preferred to eat from their country birth.

Staff encouraged people to do as much for themselves as they could to enable them to retain control and independence over their lives. One person told us they liked to do their own local food shopping once a week, which their care worker helped them do. Support plans contained information about people's level of dependency and the specific support they needed with tasks they were unable to undertake independently, such as getting washed and dressed, eating and drinking, managing their medicines and shopping.

## Is the service responsive?

### Our findings

Support plans were personalised and centred on people's needs and choices. People told us they had been given a copy of their support plan. These plans took account of people's specific needs, abilities and preferences. They also included detailed information about how people preferred staff to deliver their personal care and who was important to them, such as close family members and friends. Staff told us they had been told about the needs, choices and preferences of the people they provided care and support to. One member of staff told us, "You're expected to read a person's support plan before providing them any care. You couldn't do what we do without the support plan."

Support plans and risk assessments we looked at had been reviewed in the last 12 months and updated accordingly if there had been changes to people's needs and wishes. Where changes had been made this information had been shared with the relevant staff. This meant staff had access to the latest information about how people should be supported.

People were actively encouraged by the provider to contribute to the planning of their care and to make informed choices about the support they received. Records showed people and their relatives, where appropriate, were involved in planning and making decisions when setting up new care and support packages or reviewing existing arrangements. People were provided opportunities through these meetings to state their views about what they wanted in terms of their care and support.

The provider's complaints procedure set out how people's complaint would be dealt with. People said they knew how to make a complaint about the service if needed. We saw a process was in place for managers to log and investigate any complaints received which included recording any actions taken to resolve any issued that had been raised. Two people gave us examples of appropriate action the agency had taken to replace care workers they did not feel they got along with particularly well. These complainants were satisfied with the prompt way the agency had dealt with their concerns.

## Is the service well-led?

### Our findings

The provider had established some good governance system to assess and monitor the quality and safety of the care and support people using the service received, although we found these measures were not always operated effectively. For example, while we saw maintenance records showed moving and handling equipment used in people's homes was routinely serviced and the electronic monitoring system had ensured staff regularly attended supervision meetings with their line managers; the provider had nonetheless failed to identify a number of issues we identified during this inspection.

We found some risk assessments and management guidance to help staff prevent or mitigate risks people might face were either not in place or the information they contained was not sufficiently detailed. We saw the provider had failed to take appropriate and timely action to update some staffs core training and annual work performance appraisals, which the electronic monitoring system indicated were overdue. Managers also acknowledged that contrary to the provider's policy regarding routinely observing staff practises during a scheduled visit they had only managed to carry out spot check on a third of their staff team in the last 12 months. In the absence of this information on most staffs working practices, the provider lacked the ability to effectively challenge staff providing poor care to people as they did not have documentary evidence to support any issues or concerns they may have identified.

These shortfalls indicated the provider was not sufficiently monitoring and improving all aspects of the service so that people experienced good quality, safe care. This represents a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a newly registered manager who had been in post since May 2017. They managed this and another of the provider's similar sized branches located in the neighbouring Borough of Croydon, also in South London. The provider had a clear management structure in place which meant they were supported by a deputy manager and a team of senior care coordinators who were permanently based at the offices of the two branches described above. The registered manager told us this enabled them to divide their time equally between the two services.

The newly registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. One person said, "The new manager seems easy to talk too." The provider used a range of methods to gather people's views which included fortnightly telephone contact, annual satisfaction surveys and the recently reintroduced direct observations of staff working practices during scheduled visits. People who had participated in the 2017 satisfaction survey said overall they were happy with the service they received from this agency.

The provider valued and listened to the views of staff. Staff spoke favourably about the way the newly

registered manager ran the agency and said they felt supported by them. One member of staff told us, "The new manager is very approachable and supportive of us." Staff had regular opportunities to contribute their ideas and suggestions to the management of the agency through regular individual and group meetings. Records of this contact showed discussions regularly took place about which kept staff up to date about people's care and support and developments at the agency.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always complete risk assessments and plans for managing risks relating to the health, safety and welfare of people using the service. Regulation 12 (2) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems to assess, monitor and improve the quality and safety of the service people living at the home received. Regulation 17(2) (a).</p>