

Mr & Mrs Chottai

Aquarius Residential Care Home

Inspection report

8 Watson Avenue
Chatham
Kent
ME5 9SH

Tel: 01634861380
Website: www.aquariuscarehome.co.uk

Date of inspection visit:
03 January 2018

Date of publication:
06 March 2018

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 03 January 2018. The inspection was unannounced.

Aquarius Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Aquarius Residential Care Home provides accommodation with personal care for up to 20 older people. At the time of the inspection, 20 people lived at the home, however one person was in hospital. One person received their care and support in bed. People's nursing needs were met by visiting community nurses.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been off work for some time and had handed in their resignation. The provider had employed a new manager who was in the process of applying to CQC to become the registered manager. The new manager was present at the inspection.

The provider of the service had recently changed their legal entity. The change meant that this was the first inspection for the new provider. However the service had been inspected before. We inspected the home on 22 and 24 November 2016, and rated the service requires improvement overall.

At our previous inspection on 22 and 24 November 2016, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action and meet the regulation. We also made recommendations to the provider. We recommended that prescribed thickeners were appropriately stored to ensure people were safe at all times. We recommended that the provider followed good practice guidance in relation to topical medicines records. We recommended that the provider ensured that people's care needs were reviewed when their needs changed. We also recommended that the provider reassessed the systems and processes for monitoring water temperatures in the service.

The provider sent us an action plan on 09 January 2017, the action plan detailed that they had already made some changes and they were supporting staff to attend training and supervision sessions.

At this inspection we found improvements had been made. People and their relatives told us they received safe, effective, caring, responsive and well led care.

The provider followed safe recruitment practice. Essential documentation was in place for all staff employed. Gaps in employment history had been explored to check staff suitability for their role. There were

suitable numbers of staff deployed on shift to meet people's assessed needs. It was not clear how the staffing levels were determined in the home. We made a recommendation about this.

Staff had attended training relevant to people's needs and they had received effective supervision from the management team.

Risk assessments were in place to mitigate the risk of harm to people and staff. Medicines had been well-managed.

People were provided with meaningful activities to promote their wellbeing. People accessed their local community their relatives and friends. Plans were in place to improve activities to enable people to access the community with staff support.

People had choices of food at each meal time. People had adequate fluids to keep themselves hydrated.

Staff had a good understanding of the Mental Capacity Act 2005 and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the management team.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People were supported and helped to maintain their health and to access health services when they needed them.

Maintenance of the premises had been routinely undertaken and records about it were complete. Fire safety tests had been carried out and fire equipment safety-checked.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time.

People's care was person centred. Care plans detailed people's important information such as their life history and personal history and what people can do for themselves. People were supported to be as independent as possible. People's care records did not always detail that they had baths and showers as frequently as they had wanted. We made a recommendation about this.

People and their relatives had opportunities to provide feedback about the service they received. Compliments had been received from relatives through the completion of their surveys and through comments left in the provider's comments book.

People and their relatives knew who to talk to if they were unhappy about the service. No complaints had been received. The complaints information was not available to people in different formats or accessible versions to help them understand the information. We made a recommendation about this.

Relatives and staff told us that the service was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

There were quality assurance systems in place. The management team and provider carried out regular checks on the service. Action plans were put in place and completed quickly. Staff told us they felt supported by the management team.

The management team demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths.

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.

There were enough staff employed to ensure people received the care they needed and in a safe way. However, there was no clear record of how staffing levels had been assessed and deployed. Effective recruitment procedures and practices were in place and were being followed.

Potential risks to people and staff were identified and action taken to minimise their impact.

Medicines were managed safely. People received their prescribed medicines at the right times.

Staff knew how to recognise any potential abuse and so help keep people safe.

The service was clean and practices were in place to minimise the spread of any infection. The service was well maintained.

Is the service effective?

Good ●

The service was effective.

Most staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

Meals and mealtimes promoted people's wellbeing. People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

People received medical care from healthcare professionals when they needed it.

There were plans in place to improve signage in the service to

meet people's needs who were living with dementia. Building works were due to start in the near future to extend the service. The new extension had been designed to better meet people's needs who were living with dementia.

Is the service caring?

Good ●

The service was caring.

People received consistent care and support from staff they knew very well. Staff were aware of people's personal preferences and life histories.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People were supported to maintain relationships with their relatives and friends. People and relatives had opportunities to feedback about the service through surveys and meetings.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans contained important information about them and what they needed help with. People's care records did not always detail that they had baths and showers as frequently as they had wanted. People's care had been reviewed regularly.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be. The manager planned to improve activities further.

People and their relatives knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home. The complaints information was not available to people in different formats or accessible versions to help them understand the information.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to monitor the quality of the service, action taken to address areas of concern was timely.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The staff received good support from the management team.
Meetings were held regularly.

The provider had reported incidents to CQC and had displayed
the rating from the last inspection in the service.

Aquarius Residential Care Home

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 03 January 2018 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

We carried out the inspection because the provider had changed their legal entity and registered with CQC on 20 February 2017. We inspect new services within 12 months of them being registered.

Before the inspection, we asked the provider to complete 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. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed previous inspection reports which related to the service but under the provider's previous legal entity and actions plans.

We spent time speaking with 14 people, three relatives, a visiting hairdresser, a visiting advocate, a visiting nurse and an external entertainer. We observed staff interactions with people and observed care and support in communal areas. We spoke with seven staff including care staff, senior care staff, the cook, the assistant manager and the manager.

We contacted health and social care professionals including the local authorities' quality assurance team

and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at records held by the provider and care records held in the home. These included six people's care records, medicines records, risk assessments, staff rotas, three staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the manager to send additional information after the inspection visit, including training records. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At our last inspection on 22 and 24 November 2016, when the service was registered under the provider's previous legal entity, we made recommendations to the provider. We recommended that the provider followed good practice guidance in relation to topical medicines records. We recommended that the provider ensured that people's care needs were reviewed when their needs changed. We also recommended that the provider reassessed the systems and processes for monitoring water temperatures in the service.

At this inspection, we found that the provider had followed the recommendations and made changes to systems and processes.

Staff supported people to maintain their safety and wellbeing. We observed that staff acted quickly to prompt and encourage people to use frames and equipment when mobilising around the home. Two people gave us examples of when a person had wandered into their bedrooms. They reported this to staff who dealt with this quickly. They felt assured that they were safe and that it would not happen again. We checked what action had been taken to address this. The manager and staff explained that a pressure mat had been put in place in the person's room which alerted staff if the person was leaving their room. This enabled the staff to monitor and divert the person if required to communal areas.

Relatives told us their family members received safe care. One relative said, "The home is always clean and smells fresh".

People continued to be protected from abuse and mistreatment. All 18 staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The manager knew how to report any safeguarding concerns.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risks of developing pressure areas, moving and handling risks, risks of a person falling, of malnutrition, and of deterioration in their health or medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment they required when moving around the service, transferring and when moving in bed. All risk assessments were reviewed on a monthly basis or sooner if required to ensure actions to minimise risks were still effective and appropriate.

The provider followed safe recruitment procedures to ensure that staff employed to work with people were

suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

There were suitable numbers of staff on shift to meet people's needs. It was not clear how the staffing levels were determined in the home. The manager was new and had not been party to these discussions. The care records and documentation viewed did not show how the provider and management team used the information about people assessed level of dependency and how this related to the staff numbers deployed on shift.

We recommend that registered persons review systems and processes to evidence that staffing levels meet people's assessed needs.

Medicines were managed safely. Staff were suitably trained to ensure people received their prescribed medicines. Medicines were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. The management team had taken appropriate action when medicines errors had occurred. Staff had been retrained when required and competency checks had been carried out. Medical advice had been sought. The manager was in the process of analysing medicines error data to check for trends. The dispensing pharmacy was booked to carry out an external audit of medicines on the 11 January 2018.

Accidents and incidents that had taken place were appropriately reviewed by the management team. Actions had been taken such as contacting healthcare professionals, relatives and notifications had been made to CQC. Referrals had been made to the falls clinic for people who had frequently fallen.

Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. The last drill had taken place on 29 and 30 November 2017. Regular fire alarm testing had also taken place. The service had been inspected by the fire service in June 2017. Deficiencies had been identified. Timely action had been undertaken to address these to ensure people were safe. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire.

Maintenance records evidenced that repairs and tasks were completed quickly. Checks had been completed by qualified professionals in relation to legionella testing, moving and handling equipment, electrical appliances and supply, gas appliances, nurse call system and fire equipment to ensure equipment and fittings were working as they should be. The servicing and maintenance records evidenced that some equipment required parts. There was no evidence to show that this work had been carried out. The manager took immediate action and contacted the company to arrange the works. Water temperature records identified that water temperatures in people's bedrooms and bathrooms had been tested regularly, appropriate and timely action had been taken when the water temperatures exceeded safe levels. Weighing scales had been calibrated on 21 September 2017 to make sure they were working correctly to enable staff to monitor people's weight effectively.

The service looked and smelt clean and fresh. Housekeeping staff carried out cleaning tasks. Seventeen staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. There were clear procedures in place to deal with

soiled laundry, which all staff knew about. Washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic.

Is the service effective?

Our findings

At our last inspection on 22 and 24 November 2016, when the service was registered under the provider's previous legal entity, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Registered person's had not provided staff with training to enable them to safely meet people's assessed health needs. The support staff received through supervision was inconsistent. The provider sent us an action plan on 09 January 2017, the action plan detailed that they had already made some changes and they were in the process of supporting staff to attend training and supervision sessions.

At this inspection we found that training and supervision had improved for staff. The manager had further improvements planned to ensure staff could access courses and events through face to face training with different organisations to help them develop their knowledge further.

Staff told us there was a varied programme of mandatory and developmental training available at the service. Training topics included; moving and handling, health and safety, food hygiene, epilepsy, infection control, stroke awareness, diabetes, continence, equality and diversity, first aid, and fire safety. Staff members told us, "I have done so much training in the last year. I have learnt practical moving and handling training recently. I can ask for training" and "I feel well trained. I have done online training, all the [required] courses. I have done in house training using the hoists and slide sheets and other equipment. I will be doing more training".

Staff confirmed they received regular supervision and annual appraisals. Records evidenced that these had taken place as well as competency assessments and observations of practice whilst staff delivered care. One staff member said, "I have had three or four supervisions. The manager's door is always open to go and chat". Another staff member told us, "I feel I have good support". Staff were supported to gain qualifications and carry out training to help them develop. Four staff were currently completing work related qualifications. New staff completed an induction which included reading the service's policies and shadowing a senior staff member to gain more understanding and knowledge about their role. Staff then started to work through the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were.

The manager understood the requirements of the Deprivation of Liberty safeguards (DoLS), and documents seen demonstrated that the appropriate procedures had been followed.

People made decisions about their care and treatment. Their decisions were respected by staff. Where people had declined care this was recorded. Sixteen out of 18 staff had completed MCA 2005 training. All staff had completed DoLS training. Staff told us how they supported people make choices and decisions. One staff member said, "I sit and calmly talk with them, if they are unable to decide I try again later. I don't pressurise a person". Another staff member told us, "If a person refused care, I would go back to them in five minutes [to offer again] or I would ask someone else [another staff member] to try". They went on to say that they used "Picture menu cards to get people's meal choices".

People's care records and assessments did not always follow the principles of the MCA 2005. People's care records were stored on an electronic system. The section in relation to mental capacity was not always consistent and decision specific. For example, one person's mental capacity assessment showed they lacked capacity to make decisions in relation to medicines. Another person's mental capacity assessment showed they lacked capacity but this did not state what decision it was they did not have capacity to make. There were no best interest decision meeting records to evidence decision making when people lacked capacity to make decisions for themselves. We discussed this with the manager. They downloaded relevant capacity assessment forms and best interest meeting records during the inspection. They told us they would be reviewing the practice and updating the records as a matter of urgency.

The service had a rolling menu that met people's likes and dislikes. The cook had a folder in the kitchen which listed people's likes, dislikes and dietary requirements. There was a menu board on display in the dining room to evidence what was on offer on the day. The board only showed one choice of food. This meant people were not made aware of other choices of meals on a daily basis. However, we heard the cook talking with a person, explaining that sausages were being cooked for lunch. The cook knew the person didn't like sausages so offered them another option instead. People told us they could ask for an alternative meal if they wanted something else. One person said they had alternative meals on occasions, "My favourite is baked potato with beans and cheese". The cook said menus provided balanced and nutritious diet. People told us they liked the meals they were offered. One person told us, "She's a lovely cook, and for Christmas the dining room was all laid out different, all set specially, she's marvellous". However, one person said, "The food is good but a bit boring".

People were encouraged to have their meals, drinks and snacks in the communal dining room. This encouraged people to interact with other people and reduced the likelihood of social isolation. We observed that the lunch and evening meal was a very calm and happy occasion, people were chatting, and finding it a pleasurable social experience. People were able to have their meals in their bedrooms if they wished. One person was in failing health and their ability to swallow different foods had changed. The cook and staff followed speech and language therapists (SaLT) guidance to ensure the foods offered were soft which enabled the person to swallow the food with greater ease. People who needed support to eat were given the help they needed. One person struggled to use a knife to cut up their food. Staff discreetly cut the person's food up which enabled the person to eat independently.

The cook explained that they catered for people who had different diets. The cook detailed who did not eat particular foods for religious and other reasons. When these items were on the menu for the day people were offered other options. People had foods they liked. The cook explained how they catered for people who required a diabetic diet; they knew which people were diabetic. They made low or no sugar cakes pastries and scones, no sugar custard and no sugar porridge.

There was clear evidence to show that the service worked closely with health professionals to ensure people's specialist and health needs were well met. People had been referred to the SaLT team and the falls team when required. People were supported to attend appointments with specialists and consultants. A visiting healthcare professional told us, "Staff are good at raising changes and discussing concerns. We are here twice a day and they talk to us when we are visiting".

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Records demonstrated that staff had contacted the GP, mental health team, district nurse, ambulance service, hospital and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes. Where people had lost weight, this had been quickly addressed with support, food supplements and referrals to GP's and dieticians as required. People's weight records were regularly maintained to enable staff to monitor people effectively.

There were plans in place to improve signage in the service to meet people's needs who were living with dementia. The manager ordered dementia friendly signage during the inspection. This would help people orientate themselves and help people move around the service with greater ease and help people find their bedroom. Building works were due to start in the near future to extend the service. The extension meant that there was a second floor being added to the service, which included a through floor lift. The new extension had been designed to better meet people's needs who were living with dementia.

Is the service caring?

Our findings

People told us staff were kind, caring and friendly. One person said staff were "Very Kind" and that a staff member was "Chatty and helpful". They went on to tell us they felt "Very well looked after". Another person told us they "Enjoyed it very much". Another person said, "I like it, very much so. How they cope I do not know with all there is to do, there is no fault at all, they are all very nice and I am satisfied with what they do, I think they do really well".

Relatives told us their family members received care from staff that were kind and caring. One relative said, "They are so caring" and "Staff are friendly" and "[Person] has said this is my family now". They explained that this assured them that they felt comfortable living in the service and had settled well. Another relative said their family member, "Loves it here, the girls [staff] are so friendly and treat him so well, the residents seem to love him too they are always asking about him, the day we brought him back here from hospital you should have seen the smile on his face to be home". Throughout the inspection we observed positive interaction between people and staff. There was plenty of laughter, chatter and banter.

It was clear that staff knew people well and were sensitive to their needs. We observed one person becoming anxious and distressed. Staff provided reassurance and help. One staff member recognised that the person had a special bond with another staff member so went to get them. This helped the person relax and calm down. One person said, "When I first came here I hated it and cried every single night, now I wouldn't want to move, I love it here, it is my home now. I am treated very well and the carers are always larking about and playing games. I am well fed and watered and it's a happy home. Sometimes I have to call for help in the night and some of them go beyond their duty".

We observed that staff respected people's privacy. Staff were seen to knock on doors before entering. We spoke with staff who said that they would ensure privacy by making sure that the door was closed when they gave personal care, closing curtains in bedrooms when assisting people to wash and dress. Staff explained how they supported people to be as independent as possible with their personal care. Some people were able to independently wash and dress themselves and only needed staff support to reach hard to reach areas such as their backs when washing or fastening a bra when dressing.

Staff told us how they treated people with dignity and respect. One staff member said they did this by asking people what they wanted help with and how they wanted help. They shared that they gave people time to talk and respected people's privacy if they didn't want to. The manager detailed how they had installed a pressure mat in one person's room to alert staff if the person was leaving their room. They explained this enabled staff to check that the person was dressed as well as checking that the person was orientated to the environment. The person had previously walked out of their bedroom without any clothes on, so they wanted to make sure they protected the person's dignity as best as they can.

Staff were respectful. They used walkie talkies to summon help from each other rather than shouting out and calling for support. This meant the atmosphere remained calm and relaxed. When staff used the walkie talkies, they asked for the staff member to go to a specific location and did not state what they wanted help

with. This meant confidential information was not able to be overheard by others.

Personal records were stored securely in the office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. Records held on the computer system were password protected to prevent unauthorised people from accessing them. Staff had a good understanding of the need to maintain confidentiality. A visiting professional told us, "The record keeping here is very good, this is a lovely home and atmosphere and the staff are always very attentive, it is very jolly here".

People told us their relatives were able to visit at any time. We observed relatives visiting throughout the day.

We observed people making their own decisions and choices. People told us they did this. People had access to advocates to support them with their decision making if they needed it. One person's independent mental capacity advocate visited them during the inspection.

People were supported and encouraged to follow their religious beliefs. People had been supported to celebrate Christian celebrations such as Christmas as well as other religious festivals and events. People were supported to go to their place of worship. One person attended Jehovah witness meetings on a weekly basis. Church services were held in the service on a regular basis too.

People had opportunities to feedback about the service they received. Meetings had been held which enabled people and their relatives to meet with the management team and staff. Regular informal events such as barbeques and parties took place to enable people and their relatives to feedback. Meeting minutes for 02 May 2017 showed that people had been involved in redesigning menus and arranging taster afternoons for new items added to the menu. The management team were planning to hold more regular meetings with people and their relatives when the building work on the extension started, in order to keep people well informed of progress and to gain feedback about any potential disruption or inconvenience.

Is the service responsive?

Our findings

People gave us examples of how responsive the staff were. Two people told us that staff responded to their needs if they needed help with their personal care during the night. One of the people said, "Some of them [staff] go beyond their duty".

Care plans were in place for each person which detailed how staff should meet most people's care needs. Care plans gave information about people's preferences and wishes in relation to times they liked to get up and go to bed. Moving and handling care plans clearly detailed what equipment people used. However, the plans did not clarify the size of equipment such as slings and which different loops to use when assisting the person to transfer. We spoke with the management team about this and they agreed that this needed reviewing, amending and updating to make it clearer for staff. Care plans and documentation were reviewed on a monthly basis.

People's care records did not always detail that they had baths and showers as frequently as they had wanted. A care plan for one person detailed that they needed support from one staff member to have a bath. The care plan did not detail how frequently they wanted their bath. A bathing schedule showed they were assigned to have a bath on Monday each week. The person's daily records and bathing records showed that they had not had a bath in one month. We checked the records back to the 05 December 2017. We spoke to the assistant manager about this. They agreed that the records looked like the person hadn't been bathed. They felt staff had failed to record where a bath had been offered but declined but they couldn't be sure as it hadn't been recorded.

We recommend that the provider reviews care records to ensure that people receive care and support which meets their needs and preferences.

The provider's care planning records asked people about their end of life wishes and whether they had made any advanced decisions. Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants. Some records held detailed if people had a pre-paid funeral plan and basic information about people's preferences and wishes to ensure that their wishes were documented in preparation for when their health deteriorated further. Where people were at the end of their lives work had been done with them with the end of life care facilitators from the local hospice to ensure their wishes were recorded as to where they wished to be at the end of their life and who they wanted with them. Staff knew clearly what the person's wishes and needs were and respected their religious and cultural needs at this time. Staff provided practical help on a daily basis to enable the person's relatives to be involved at meal times to meet the person's needs.

One person told us they liked the social events and activities as "It is part of the routine that makes you feel included". We observed that people engaged in activities individual to them, such as reading, watching television, colouring and knitting. During the afternoon a music entertainer visited the service. Most people engaged with this and enjoyed singing, dancing and clapping to the songs and using instruments. Staff helped people to join in and it was a lively, fun activity. Relatives told us there were activities available in the

service. One relative said, "Some of the activities she won't engage with because she is blind. We take her out. I have spoken to [manager], they are planning trips".

The activities programme included music and singing, board games, arts and craft, bingo and a pets as therapy (PAT) dog visited the service on a regular basis which people really enjoyed. Plans were in place to raise money to purchase a mini bus to enable staff to support people to go on trips in their local community. The member of staff that was responsible for activities had some ideas and suggestions to improve activities for people and had already engaged with different community groups to help this to happen. The manager also shared they hoped to expand and improve the range of activities available for people. Over the Christmas period singers from a gospel choir visited the service to sing for people which they really enjoyed.

People told us they liked to keep busy and be involved in tasks which they used to enjoy doing for themselves when they lived in their own homes. Two people explained they had helped to prepare vegetables for the Christmas meal such as parsnips, carrots and sprouts. They had really enjoyed being able to help. One explained that it "Felt like being at home". Both people were keen to help again in the future as it made them feel useful and included.

The complaints policy was on display in the service, this provided people and their relatives with information about how to complain to the manager, provider and to external organisations such as the local government and the local government ombudsman should they want to take their complaints further. The complaints information was not available to people in different formats or accessible versions to help them understand the information. There had not been any complaints since our last inspection.

We recommend that the provider reviews the complaints information to ensure that it is in an accessible format to meet the needs of people living in the service.

Is the service well-led?

Our findings

We observed people clearly knew the management team. The manager had a presence in the service on a daily basis. One person said, "This is about the best and I am comfortable here". They went on to explain if they were not happy they would be confident in telling the management team about it. One relative said "We are really pleased" and "They have got a terrific set up". They explained that they knew the provider and the manager and said it was a well-run service.

A visiting healthcare professional told us, "It is a well-managed home. It's good I've got no concerns".

Audits and checks were carried out by the manager. The management team had carried out audits in relation to people's care records, kitchen and health and safety. The management team had also carried out frequent monitoring of accidents and incidents (including falls). Daily checks were carried out on people's bedrooms and fire escapes. Weekly checks had been carried out on fire safety, window restrictors, water temperatures, legionella, hoists and slings, profiling beds, nurse call alarm and wheelchairs to make sure the building and equipment was fit for purpose. Action plans were created as a result of audits. Action plans showed that areas of concern had been addressed in a timely manner.

The provider was actively involved with the running and management of the service. The provider has stepped in to manage the service whilst the new manager was on leave. People and their relatives knew the provider.

The manager and the provider kept up to date with local and national information about health and social care. They attended local authority forums for managers and providers to gain knowledge, share information and good practice.

The provider's statement of purpose stated their aims were; 'To provide a residential setting within a care home environment. To provide a quality of life that enables residents to retain their independence, identity and a sense of value. To provide stimulation and encourage the partaking of activities tailored to individual needs and social events. To provide physical and emotional support to residents, families and friends. To involve relatives and friend in the day to day affairs of the resident. To maintain and develop close links with the community. To sustain residents' morale and safeguard individual rights. To deliver the best possible person centred care to all residents at all times. To recognize and respect diverse religious beliefs, cultural practices, customs and sexual orientation of individual residents. To observe confidentiality in all matters relating to residents' affairs'. We observed that people were supported in a friendly, clean, comfortable and safe environment. Staff did their upmost to ensure that people had the best quality of life. There was a relaxed and homely atmosphere at Aquarius Residential Care Home. Staff told us how much they enjoyed working at the service and providing care and support to the people living there. One staff member said, "It's a lovely home, a lovely atmosphere. I love the residents and the girls [staff] are brilliant".

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team. The manager had recently identified

some reviews and updates of policies which they would be prioritising. The manager was committed to reviewing care documentation and policies to ensure that the service meets future people's equality, diversity and human rights.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the management team taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

Staff told us they had lots of support from the management team. One staff member said, "I get good support from the management team to do my role". Another staff member told us, "Residents, staff and management are really friendly. I feel I have good support. When I have a problem it gets sorted out straight away". Another staff member said, "[Provider] fully involved us [staff] in plans for the service and how this will benefit residents".

Staff attended regularly staff meetings. The last meeting had been 30 December 2017. The records showed that staff were kept informed about the proposed building works and were reminded about following policies and procedures. The manager planned to improve meetings by developing team building activities.

The provider had signed up to receive alerts from government bodies. When alerts were received the management team checked medicines and equipment in use in the service to ensure that any relevant action had been taken.

Relatives and visitors had left compliments and comments in the comments book. One read 'I'm very pleased with all the service and care you gave my dad [person's name]. Thank you all'. Another relative had written, 'Came over from Australia to visit my beloved Auntie [name] who has recently moved in. From walking in the door, I could tell this place is homely and when I first saw her she was beaming, she was very happy, smiling and very content. She is happy here and that makes me very happy being so far away from her. Thank you so much for caring for her. It means a lot to me'.

Relatives were sent annual surveys so that the service could gain feedback from them about their family members care. The surveys had last been sent out 03 January 2017. In total 42 surveys were sent out and eight were completed and returned. We looked at the completed surveys and found they contained positive feedback. Three minor issues had come up in the surveys. However, it was clear that swift action had been taken to address these. Comments included, 'Very happy here'; 'my comments and complaints are listened to and acted on' and 'Carry on looking after my dad as you have been doing'.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and incidents that had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and on their website.