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

This inspection took place on 03 May 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be available in the office so we could look at certain documentation. The service was registered by the Care Quality Commission (CQC) in October 2015 and this was their first inspection.

Aquaflo Care Limited is a domiciliary care agency that provides personal care and support to people living in their own homes in and around South West London. A few people who receive one-to-one personal care and support from this agency live in residential care homes. Most people using the service are older people living with a range of health needs and conditions, including dementia and end of life care. When we inspected the agency 32 people were receiving a service from the Wimbledon branch of Aquaflo Care Limited.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider did not operate effective staff recruitment procedures. This was because the provider had failed to undertake all the relevant employment checks on prospective new staff before they started working for the agency. This meant people might be at risk of receiving care from staff who were not fit to work in the adult social care sector.

The provider had also failed to notify the CQC without delay about the occurrence of a safeguarding incident involving a person who used the service. This meant the CQC had not been able to check if the action taken by the provider to deal with these incidents was appropriate at the time because we were unaware of their occurrences.

We identified two breaches of the Health and Social Care (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

People's relatives told us they were happy with the standard of care and support their family members received from Aquaflo Care. They also said staff who worked for the agency were kind and caring, and always respected their family member's privacy and dignity.

The registered manager and staff knew what constituted abuse and who to report it to if they suspected people were at risk. They had all received training in safeguarding adults at risk. Staff had access to appropriate guidance to ensure identified risks to people were minimised. Regular maintenance and service checks were carried out on equipment used by staff in people's homes, which included mobile hoists. This

ensures equipment remains fit for purpose and safe for people receiving a service to use.

People were supported to stay healthy and well. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating. If staff had any concerns about a person's health, appropriate professional advice and support was sought. 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 their medicines as prescribed and safe medicines management processes were followed.

Staff were knowledgeable about the people they supported. This included their preferences, routines and their support needs. Staff provided people with the support they required in line with their care plans. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

People were involved in decisions about their care. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. People were supported to make decisions about end of life care and how they would like to be supported during that time. Staff were also aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005. Staff supported people to be as independent as they could and wanted to be.

Staff had developed caring and friendly relationships with people. There were enough suitably competent staff to care for and support people. People were matched with staff with the right mix of knowledge, skills and experience to meet their needs and preferences.

Staff received the training they required to ensure they had the knowledge and skills to undertake their role. Systems were in place to ensure staff remained up to date with the training considered mandatory for their role. Staff were supported by the registered manager and care coordinators who ensured staff had regular opportunities to discuss their work and professional development during individual supervision sessions and team meetings.

Staff were invited to express their views and opinions, and these were used when looking at service improvements. People and their relatives were also encouraged to express their views about the service and where they had made suggestions for improvements these had been implemented. Staff told us they felt valued and appreciated for the work they did by the agency's registered manager and care coordinators.

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 telephone monitoring calls and satisfaction surveys. Care coordinators carried out unannounced spot checks to make sure people were supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. The provider also used external scrutiny and challenge to ensure people received appropriate care and support from the agency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were at risk of receiving inappropriate care and support from staff who might not be 'safe' to care for them. This was because the provider had failed to carry out all the relevant recruitment checks on all new staff.

There were enough competent staff available who could be matched with people using the service to ensure their needs were met. Staff had received safeguarding training and understood how to recognise the signs of abuse, and keep people safe from harm.

Risks to people's safety and health had been assessed and plans put in place that instructed staff how to mitigate these risks. The registered manager agreed staff would benefit from having more detailed guidance in people's care plans about how they should be preventing and/or managing behaviours that challenged.

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

Is the service effective?

Good

The service was effective. Staff received a thorough induction and on-going training that enabled them to meet the needs of the people they supported. Staff were also supported by the registered manager and care coordinators through a programme of regular individual supervision and team meetings.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Managers and staff were aware of their responsibilities in relation to the MCA. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought. People were supported to eat healthily, where the service was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

Is the service caring?

Good

The service was caring. Staff treated people with compassion, kindness, dignity and respect. People's relatives said staff were caring and helpful.

People were supported by staff to be as independent as they could and wanted to be.

Staff involved people in making decisions about the care and support they received. People were involved in planning their end of life care and staff supported people in line with their preferences.

Is the service responsive?

Good

The service was responsive. People were involved in decisions about the care and support they received from the agency and care plans reflected this. Care plans and risk assessments were reviewed regularly with people using the service, their relatives and staff.

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

The service was not always well-led. The provider had breached their legal obligation to submit information to the CQC without delay regarding the occurrence of a safeguarding incident involving a person using the service.

The views of people using the service, their relatives, and staff were regularly sought and valued by the provider. The registered manager and care coordinators used this information along with other checks to assess and review the quality of service people experienced.

There were systems in place to monitor the quality of the service provided by the agency and to make improvements where needed.

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.

This inspection took place on 03 May 2016 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 available at their offices. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people living with dementia.
Prior to the inspection we looked at an assortment of information we held about the service. We reviewed any notifications sent to us by the provider about significant incidents and events that occurred at the service, which the provider is required by law to send to us. 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.

During our inspection we spoke with the registered manager, the clinical governance manager/senior care co-ordinator, a new care co-ordinator and five care workers. We looked at a wide range of documents including six people's care plans and six staff members' recruitment, training and supervision records, health and safety audits, and the providers complaints policy and log.

Following our site visit to the agency's offices we spoke by telephone with the relatives of four people who used the service.

Requires Improvement

Is the service safe?

Our findings

The provider had not ensured people were cared for by suitable staff because appropriate recruitment procedures were always carried out on prospective new staff before they started working for the agency. Although records showed the provider had obtained employment and/or character references for most of the staff they had employed, we found only one reference had been checked for a new member of staff. They therefore could not demonstrate they had carried out satisfactory checks of the conduct of the applicant in previous employment. The registered manager acknowledged this new member of staff should not have started working unsupervised with people who used the agency until they had carried out all the relevant employment checks in accordance with the providers' own staff recruitment procedures. The registered manager told us this member of staff would not be permitted to continue working unsupervised with people until they had obtained two satisfactory references for them.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This breach notwithstanding, other staff records we looked at indicated the provider had followed their recruitment procedures for the rest of their staff team. These records showed all the relevant employment checks had been carried out on new staff, including proof of identity, the right to work in the UK, relevant qualifications and experience, character and work references from former employers and criminal records checks. Staff confirmed their current employer had requested character and employment references from them before they started working for the agency. Staff were also expected to complete a health questionnaire which the provider used to assess their fitness to work. The registered manager told us that any breaks in employment where discussed with staff during the recruitment process. The registered manager also said they worked closely with the Home Office to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

Where there were risks of harm to people, there were plans in place to ensure these were minimised. People's care plans clearly identified risks to people's safety. Staff were aware of the specific risks to each person and what they should do to protect them. For example, if staff needed to use a mobile hoist when supporting a person's transfer from one place to another detailed moving and handling guidance on how to do this in a safe way was included in their care plan. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. Any equipment used in a person's home, such as a mobile hoist, was also regularly checked to ensure these did not pose unnecessary risks to people. Staff told us if they had any concerns regarding a person's health or safety they would always discuss these with the registered manager or the care coordinators.

Behaviour support plans were used to monitor people's behaviour for those who displayed a behaviour that challenged the service and who could be verbally or physically aggressive towards staff. While we saw behaviour management plans were in place where required, we found these plans did not provide staff with enough detailed guidance about the action they should take in order to prevent such behaviours escalating or to manage them safely if they occurred. We discussed this issue with the registered manager who agreed

staff would benefit from having more detailed guidance in the relevant people's care plans about how they should be preventing and/or managing behaviours that challenged.

The provider took appropriate steps to protect adults at risk from abuse and neglect. Staff had received training in safeguarding adults at risk and knew how to protect people from abuse. Staff we spoke with 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 or the care coordinators. Safeguarding adults and whistle blowing procedures were included in the staff handbook, which the registered manager told us each new member of staff was given when they first starting working for the agency. Records showed safeguarding concerns were dealt with appropriately by the agency. Where a safeguarding concern had been raised in the past, the registered manager had taken prompt action to report this to the relevant local authority and had worked closely with them to ensure the incident was fully investigated.

There were enough staff to keep people using the service safe. People's relatives told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. One relative said, "Yeah, they [staff] do usually turn up on time and if they're running late they call", while another person's relative told us, "Staff don't seem to be pressured. They [staff] always finish their work. They're [staff] a few minutes late here and there, but it's not a problem". Records showed people's specific needs had clearly been considered when planning home care visits so that appropriately skilled staff could be assigned to carry out the tasks the agency had agreed to perform. For example, where a person needed help to move and transfer in their home, two staff attended to ensure this was done safely. Staffing rotas were planned in advance and we noted in most cases people received support from the same members of staff so that people experienced consistency and continuity in the care they received.

Staff told us their home care visits were well coordinated by the office based care coordinators. This meant they could usually get to a visit on time and complete all the tasks they had agreed to do. They also told us there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it, which included evenings and weekends.

Where people required assistance to manage their medicines safely, staff supported these individuals to take their prescribed medicines when they needed them. We saw where people were supported by staff to take their medicines, their care plans included a medicines administration record (MAR) sheet that contained detailed information about the individual's known allergies and how they preferred to take their medicines. Staff signed these MAR sheets each time medicines had been given and we saw the sheets we looked at had been completed correctly. This indicated people received their medicines as prescribed. Records also showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was refreshed annually.

Good

Is the service effective?

Our findings

People were supported by competent staff who had been suitably trained to meet their care and support needs. Relatives told us staff were familiar with their family member's needs and preferences and had the right knowledge, skills and experience to meet their needs and wishes. One relative said, "My [family member] is non-verbal and staff are very good at understanding their body language and facial expressions so they know if they're happy with stuff."

Staff received a thorough induction. All new staff were required to work towards achieving the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Subjects covered by the Care Certificate include: dementia, learning disability and mental health awareness; person centred care; privacy and dignity, communication; equality and diversity; moving and handling; safeguarding adults; basic life support; managing medicines; infection control; and, health and safety. Staff told us they received all the training they needed to carry out the tasks they were employed to perform. One member of staff said, "The induction I received before I was allowed to support people on my own was a week-long and was very thorough". The registered manager told us all new staff had to successfully complete this week-long induction before they were allocated to work with people using the service on their own. This included two days classroom based theory and practical learning, and three days on a work placement shadowing experienced members of staff during their scheduled visits.

The registered manager and care coordinators monitored training to ensure staff remained up to date with their training needs and attended refresher training to update their existing knowledge and skills. Where people had specific needs, specialist training was provided for staff to ensure they were properly supported. For example, it was clear from records we looked at and comments we received from one member of staff that they had been suitably trained to meet the needs of a person they regularly supported who required feeding through a Percutaneous Endoscopic Gastrostomy (PEG) tube (this is a tube which is fitted directly into the stomach through which a person can receive a specific type of nutrition, when they cannot take food orally). This staff member told us, "I've been trained to use the specialist equipment a person I regularly support needs".

Staff had sufficient opportunities to review and develop their working practices. Records showed in the past 12 months most staff had attended four individual supervision sessions with the registered manager or a care coordinator and four group meetings with their fellow co-workers. Staff confirmed they received regular supervision, which most felt enhanced their working skills and knowledge. Several staff told us supervision and team meetings were a useful way for them to discuss their working practices, professional development and any work related issues they might have with the registered manager and their fellow co-workers. Staff's working practices were also observed by the care coordinators who carried out bi-annual spot checks on staff during their home care visits. The registered manager told us dates had been arranged for staff's overall work performance to be appraised by October 2016, 12 months after the agency was registered by the CQC.

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.

We checked whether the service was working within the principles of the MCA. The manager told us that all of the 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 were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with these. Staff documented this in people's care plans, the meals they prepared and how they supported them to eat during their visit. These records indicated meals prepared by staff were based on people's specific preferences and choices.

People were supported to stay healthy and well. Care plans contained important information about the support people required to manage their health conditions. Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. Staff told us care plans would be reviewed immediately if there had been a change in a person's health condition or circumstances. Where any changes were identified to people's needs, their records were updated so that staff had access to up to date information about how to support them.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the overall standard of care and support provided by Aquaflo Care Limited. Typical comments we received included, "I'm very satisfied with Aquaflo", "Yep, very satisfied with the care provided" and "I would give them 99 out of a 100". People's relatives said staff were kind and caring. Typical feedback we received included, "We have two wonderful carers", "Our carers are excellent. They're punctual and caring" and "The carers are lovely and always come on time".

Staff treated people with compassion, kindness, dignity and respect. Relatives told us staff always treated their family member in a respectful way. One relative said, "They [staff] respect my [family member]", while another relative told us, "They [staff] actually deal with my [family member] in a manner that respects their dignity". Staff told us they had received respecting people's privacy and dignity training, which the registered manager confirmed was mandatory for all new staff to complete as part of their induction. Staff spoke about the people they supported in an affectionate and respectful way and were able to give us some good examples of how they upheld people's privacy and dignity. This included ensuring people's doors were kept closed when they were supporting individuals with their personal care.

People's relatives told us they were involved in helping the agency to plan the care and support their family members received. The provider ensured people were given information to help them understand the care and support choices available to them before they started using the agency. People told us they had been given a booklet about the agency which helped them understand what they could expect from the agency.

People were supported to be as independent as they could and wanted to be. Care plans contained good information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so. Goals for achieving this were agreed and reviewed with staff to ensure these were being met.

People who were nearing the end of their life received compassionate and supportive care. We saw people had decided how they wanted to be supported with regards to their end of life care which was reflected in their care plan. This was confirmed by staff who told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. The agency liaised with people's GP and community based palliative care specialists.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in the planning and reviewing the care and support their family members received from the agency. Where people and/or their relatives were involved, they told us they were asked to contribute to the care planning process and felt their views were listened to during review meetings. They confirmed the registered manager regularly attended these care plan review meetings which included discussions about how their family member was getting on with the care package they received and if it continued to meet their needs. One relative said, "They [the agency] definitely come round regularly and have meetings with us to review the care package."

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. They gave us a good example of how they had met one person's specific request to only have staff from the same cultural background as themselves so they could help them prepare Caribbean style cuisine.

We saw people's care plans were personalised and informative. These plans took account of people's specific needs, abilities, preferences, life histories and names of people who were important in their lives. They also included detailed information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their personal care. For example the support people needed to get washed and dressed or prepare a meal. Staff we spoke with demonstrated a good understanding of the specific needs and preferences of the people they regularly supported and clearly knew these individuals well.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Relatives told us they knew how to make a complaint if they were unhappy with the care and support their family members had received from Aquaflo Care. One relative said, "I'm quite able to complain on my [family members] behalf if I wasn't happy", while another relative said, "I don't like complaining, but at the same I have to say the people at Aquaflo do their level best to put things right when I have complained in the past". We saw the provider's complaints procedure was included in their service users' guide, which was given to people when they first started using the agency. This meant the complaints procedure was accessible to all. We saw the procedure set out clearly what people needed to do if they wished to make a complaint. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording any actions taken to resolve any issued that had been raised.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was not fully aware they had a legal obligation to notify the CQC without delay about certain incidents which had adversely affected the health, safety and well-being of people using the service. Records we looked at indicated a safeguarding allegation of abuse had been raised about the service in the past six months. Although it was clear from discussions we had with the registered manager that this safeguarding incident described above had been dealt with appropriately by the agency at the time of its occurrence, the provider had clearly not notified the CQC about the allegation of abuse in a timely way.

This failure represents a breach of Care Quality Commission (Registration) Regulations 18 (Notifications of other incidents) 2009.

People were positive about the management of the service. The registered manager promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. Relatives told us the agency had asked them what they thought about the service their family members received from Aquaflo Care. One relative said, "The agency sends out a questionnaire a couple of times a year and I've had regular phone calls from them as well asking if everything is alright and so forth".

The provider took into account the views of people using the service and their relatives through fortnightly telephone calls, regular visits to people's homes carried out by the care coordinators to check staffs working practices and a bi-annual satisfaction surveys. We saw records of these fortnightly telephone monitoring calls made to people by the care coordinators to find out if they had any problems with the care and support they were receiving. We also saw records of unannounced spot checks the care coordinators carried out on staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. One spot check revealed that some staff were not appropriately maintaining medicines administration records. Staff told us they had been reminded during supervision and team meetings to always keep accurate records of all medicines they had promoted people to take or had administered as a result of the recording errors identified by the spot checks described above. The registered manager told us they used feedback from these telephone calls, spot checks and surveys to constantly evaluate and make improvements at the service. They showed us an analysis report and action plan from the last survey.

The provider valued and listened to its staff team. Staff told us the registered manager and care coordinators were always on hand to offer them advice and support and were confident any concerns or poor practice issues they raised would be taken seriously and dealt with quickly. One member of staff gave us a good example of how they had raised concerns with a care coordinator about the deteriorating health of a person they supported which had led to a referral to the relevant health care professionals and a reassessment of their needs. Staff told us the agency had recently introduced a reward system whereby staff could nominate their colleagues for an award. Staff we spoke with told us they liked the idea of the award which made them feel valued by their employer.

The provider used an external consultant who undertook bi-annual audits of the agency to assess the service's strengths and weaknesses. The recommendations made by the external reviewer about what the service needed to do to develop in order to continuously improve was used by senior managers to develop an improvement plan for the service. For example, the external reviewer had suggested the provider analyse how long it took staff to travel between visits to mitigate the risk of care workers arriving late for scheduled visits, which we saw the service's governance manager had recently carried out. They told us they had shared their findings with other managers, which had included improvements that could be made in the way they coordinated visits.

The provider carried out their own checks of the service to assess the quality of care and support people experienced. The registered manager and the care coordinators regularly carried out a range of checks and audits to assess and monitor standards within the agency. These covered key aspects of the service such as the care and support people received, accuracy of people's care plans and risk assessments, the management of medicines, the use and maintenance of equipment used in people's home, health and safety of people's home environment, and accidents, incidents and complaints. These checks were documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these audits. Where there were any shortfalls or gaps identified the registered manager took responsibility for ensuring these were addressed promptly.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the CQC without delay about a safeguarding incident involving a person using the service. Regulation 18(2)(e)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People using the service were at risk of receiving care and support from staff who might not be 'fit' or 'proper' to work with people who use the service. This was because the registered person had failed to undertake all the relevant recruitment checks on new applicants before they were employed to work for the agency. Regulation 19(1)(a) and (2)