

Nautilus Welfare Fund

Nautilus Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place 13 October 2016. The domiciliary care agency is part of a range of housing and care services provided for former merchant seafarers and their families by the charity Nautilus Care. The service provides domestic and social support for people as well as a personal care service in their own homes. At the time of the inspection, 14 people were receiving a personal care service.

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

People said they felt safe whilst being supported by the service. People told us that staff were caring and were responsive to their needs. We found that people were involved in the planning of their care and had an opportunity to say what was important to them. Staff we spoke with had a good understanding and knowledge of people's individual needs and preferences.

Care plans were person centred and were written to reflect the support needs of people who used the service. Risks to people's health, safety and well-being were identified and plans put in place to manage any risks.

The provider had robust and effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service. Staff completed a programme of training and had individual supervision meetings with their line manager.

Where people needed support to take their prescribed medicines, medication agreements had been drawn up and agreed with them and administration records were completed.

People were given written information about the services available and about how to make a complaint. Systems were in place for checking on the quality of service provided. People were asked to give their views about the service and their comments were acted on. Service development plans were in place and had

been shared with the people who lived at Mariners' Park.

The standard of record keeping required improvement to ensure that management information was current and readily available.

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

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

Where risks to people's safety were identified, risk assessments had been drawn up and were reviewed regularly.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision.

People who used the service received the support they needed with their meals.

Is the service caring?

Good ●

The service was caring.

People who used the service said that staff were caring and polite.

People told us their privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and recorded people's individual needs, preferences and choices.

People had access to social activities.

Processes were in place to deal with complaints.

Is the service well-led?

The service was not entirely well led.

The service had a manager who was registered with CQC and a care manager.

People were given opportunities to express their views and a quality assurance system was in place.

The standard of management record keeping required improvement.

Requires Improvement 

Nautilus Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. The inspection took place on 13 October 2016 and 24 hours notice was given. The inspection was carried out by an adult social care inspector.

Before the inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications made. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

During the inspection we spoke with three people who used the service. We spoke with the manager, the care manager (who was on maternity leave but came in to help with the inspection), the acting care manager, and three other members of the staff team. Following the inspection we contacted other members of staff who provided further information for the inspection.

We looked at the care records of two people who used the service. We looked at staff records, health and safety records, medication and management records.



Our findings

Polices were in place to guide staff on how to deal with any safeguarding concerns that arose or how to whistle-blow if they had any concerns. Staff had received training about safeguarding adults from abuse. The staff we spoke with confirmed that they had completed this training during their induction programme and again as refresher training on a regular basis. Records confirmed that safeguarding training was current for all members of staff. Staff told us they would approach the manager or the care manager with any concerns.

One member of staff wrote "I would report any safeguarding to my manger or Jane Davies (the registered manager) or [name of welfare services manager]. I also have a credit card which has the phone numbers on for social services and I give them out to the staff I supervise." Another member of staff wrote "When it comes to abuse I feel that I have an understanding of what signs to look out for and if I am concerned about a resident that I care for then I will speak to [name of care manager] or Jane in her absence. I also carry a card that has the contact numbers on it for social services and I can report any concerns of abuse to them."

Nautilus Care provided an extra care housing service for 18 people in a newly built facility which also provided communal facilities. Care staff were on duty 24 hours for the people living in this building, and six people who lived there received a regular care service. The domiciliary care service employed 13 staff who all had a minimum NVQ level 2 qualification.

Individual duty rotas for each member of staff were generated by a computer system and took into account people's preferences, for example for a male or a female carer. They also aimed to provide continuity of care for each person. We saw that staff numbers were sufficient to meet people's needs. People told us that their carers always turned up on time and stayed for the agreed length of time. A member of staff told us "I think we are lucky at Mariners' Park because we can often spend longer with the residents if they need us to. Sometimes I have stayed late to wait for an ambulance with residents."

We looked at the recruitment records for four members of staff. We found that safe recruitment processes had been followed before they were employed at the home and the required records were in place including a completed application form, identity documents, interview notes, references and evidence of a Disclosure and Barring Service (DBS) check. A protocol was in place for the employment of people who had a conviction on their DBS disclosure.

Before a person started using the service, an assessment of their needs and abilities was undertaken. This

determined the level of support they required and their personal preferences. Risk assessments were recorded, including any risks in relation to the person's home environment. We saw the risk assessments had been updated regularly to ensure that the information available to staff was current.

Some people received support to manage their medication. When this service was provided, a medication risk assessment and a medication consent form were completed. These gave clear guidance to staff about the support people needed, for example a person may just need to be reminded to take their medication or may need a member of staff to remove the medication from its package and present it to them. We saw that accurate and consistent medication records were maintained. One person told us "They always do my tablets right."



Our findings

All staff undertook a programme of training through Social Care TV. This was updated every two years. The programme had 19 modules including consent, mental capacity, safeguarding, food hygiene and first aid. Staff members told us "We get a lot of training and updates."; "I go to all the training it is good." and "I have had lots of training." They explained that their weekly work rota identified when they were due to do training. Staff were also supported to gain national vocational qualifications.

New staff were enrolled on the Care Certificate and we saw 'shadowing' records to show that new staff spent time working alongside an experienced member of staff before they worked on their own.

Annual supervision and appraisal planners were in place. The care manager supervised senior members of staff, and three seniors each had a small group of staff to supervise. The planner showed staff had a minimum three supervisions per year but could request an additional meeting if they needed more support. Objectives were set at the beginning of the year and reviewed at each meeting.

We asked staff if they had regular support meetings with their manager, because we were not able to see up to date records of staff supervision. They all told us they had. Staff replied "I am up to date with all of the supervisions and I have given my team all of their supervision. I think I have had four one to ones with my manager but I can also see her each day for support."; "I have all my supervisions and pdp's (performance reviews) with my supervisor."; "Yes I have supervisions and pdp." and "We have supervision every six months and a pdp."

We also asked staff if they attended staff meetings and they replied "We get regular staff meetings."; "[Care manager's name] will rota me in to any staff meetings that are held and we also have a poster on the notice board to show us when and where the meetings will be held." and "I get rota'd in to attend staff meetings with the managers." The most recent record we saw was of a staff meeting in May 2016 which ten staff attended.

People who used the service told us they consented to any care before it was given and this was reflected in the care plans we looked at. One person told us "The carers are always nice and polite. They do what I want them to do. [Name of care manager] does reviews and asks me if everything is OK."

Where needed, care staff made people a meal in their own home. Staff also did shopping either with, or for, the person. People could also choose to have a meal in the Hub café. People's food and drink preferences

were recorded in their care plans. A relative we spoke with at Mariners' Park Care Home told us that her family members had received a domiciliary care service from Nautilus Care before moving to live at the care home. She told us that they had previously received a service from another care agency but when they changed to Nautilus "The meals made for them were so much better using fresh ingredients."

Nutritional risk assessments were recorded in people's care plans. We saw that one person had been identified as being at risk of malnourishment and their weight was recorded monthly by the care staff to monitor this. The staff had recently completed a level 2 certificate in 'Understanding Nutrition and Health'.

Care files we looked at showed that people were supported to access relevant health professionals when required. One person told us "They help me with hospital appointments." A physiotherapist was employed on a part-time basis by Nautilus Care. She was involved in the assessment of people who were new to the service and reviewed the care of people following a fall or other accident.



Our findings

One person told us "They are all angels. I don't know how the managers get such girls. In 15 years at Mariners' never once has anyone said anything that has upset me. I don't know where they get the patience." People who used the service told us that the staff were caring and always went the extra mile for them. People said that staff would call in to check on them even when care was not being provided. The relative we spoke with at the Mariners' Park Care Home said "Everyone kept an eye on them."

People told us that their privacy and dignity was promoted by staff when they received care and support from them. People who lived on the Mariners' Park estate were invited to complete an annual satisfaction survey and this was completed by 48 households in December 2015. Of these, 100% stated that the care and support team treated them with dignity and respect.

Members of staff told us "I think the residents are very happy, they like all the girls that visit them." and "I work nights in the Hub and visit residents who need my help and when I see them they are always thanking me for the care I give them, it is lovely. I love looking after them."

People's wishes and preferences were documented in their care files. This had been done with their relative's involvement where necessary. Care plans contained information about the life history of each person and provided detailed guidance for staff on how people wished to be supported. People's personal preferences such as their daily routines and food choices were also taken into account.

There was plenty of information about the service available for people in a service user guide. This was written in a clear and easy to understand manner. It included contact telephone numbers for the manager, the care manager, and the provider. There were photographs and pen profiles of key personnel. There was information about the assessment process and the care service people could expect to receive. Services available included cleaning, laundry, shopping, personal care, social and emotional support. The guide contained details of charges and methods of payment. There were also contact details for several external advocacy services that people may wish to use.

A Summer Newsletter had been written by the welfare services manager and this contained information about all parts of Mariners' Park and activities that were taking place.

People living on the Mariners' Park estate could choose to receive a homecare service from other care providers if they preferred.



Our findings

The strategic plan for the Mariners' Park estate identified that there was an increasing need for a care service to be provided for people in their own homes. This had led to the development of the extra care housing apartments where a care service was available 24 hours a day. The manager told us that five people who had previously been cared for in the Mariners' Park Care Home had been able to move into their own apartment. The manager also told us that she tried to keep a bedroom available in the Mariners' Park Care Home so that anyone who required additional care for a period of time, for example during an illness or following a hospital stay, could receive care close to home.

People who used the service told us that the care provided was responsive to their needs and they had choices in the care that was provided. The care plans we looked at were person centred and were written in the first person to reflect the person's voice. The care files showed that people's care needs and risks were assessed and plans were put in place to meet their needs and reduce risk. These were evaluated monthly, or sooner if required when people's needs changed. They contained records of communication with people's relatives. Care staff made detailed records of each care call.

A programme of social activities was provided for all of the people who lived on Mariners' Park, for example bowls, gentle cycling, golf, cribbage, and trips out. These were facilitated by an activities coordinator employed by Nautilus Welfare and a men's activities coordinator from Age UK. People had access to communal facilities such as a gym, spa bath, hobbies room, hairdressing salon and laundry. People told us that staff supported them to use the communal facilities and to take part in activities of their choice.

A full copy of the complaints procedure was provided in the service user guide. The complaints procedure informed people of who they could contact both within and outside the organisation and gave contact details for them. Policies and procedures were in place to guide staff on the process to follow if a complaint was received. CQC had not received any complaints about the service.

People we spoke with told us they knew how to make a complaint or raise concerns to the service. One person told us "One carer didn't do my ironing so I complained and it was sorted out." We looked at records which showed that complaints received had been investigated and the manager had taken action to address the issues and replied appropriately to the complainant.



Our findings

The service had a registered manager who was also manager of the Mariners' Park Care Home. A care manager took responsibility for the day to day running of the domiciliary care service. They were supported by the organisation's Welfare Services Manager. Both the manager and the care manager had a national vocational qualification (NVQ) level 4 in management and in care. People we spoke with spoke highly of the management team and had confidence that they would deal with any issues.

CQC records showed that the manager was aware of the notifications that were required to be sent to the Commission. These had been sent in a timely manner and showed that issues had been dealt with appropriately.

During our visit we found that the staff team had a very positive attitude and were well motivated. They told us "The Hub and Mariners' is a lovely place to live and work."; "I am very happy and I really enjoy working at Nautilus." and "I love it, the best place I've ever worked, best job I've ever had."

A strategic development plan for 2013 to 2018 was in place and showed planned improvements to the Mariners' Park estate. There was also a specific development plan for the domiciliary care service. The final phase of the plan was underway and would provide 22 more extra care apartments. We saw evidence that people who used the service and staff had been involved in the development process and had been kept fully informed. Two members of staff told us that they had attended strategic planning meetings.

People who lived on the Mariners' Park estate were invited to complete an annual satisfaction survey. Forms were completed by 48 households in December 2015 and a detailed summary report was written. Feedback was mainly positive or very positive, but wherever a negative comment was recorded, a plan was put in place to address this. A survey of the domiciliary care service was done in August 2016, with again mainly positive responses. An action plan was written to address any areas where people had not responded positively. This clearly showed how individual concerns had been addressed and provided evidence that the provider had taken notice of people's comments and was committed to providing the best possible service for them.

A programme of quality audits was in place covering various aspects of the service such as medication management, accidents and incidents, care planning and health and safety. We looked at the audit records and found that they were not up to date so did not give us the evidence we needed to confirm that regular monitoring had taken place. We had also found that information about staff supervision was not up to date.

