Aquarius Home Care Limited

Head Office

Inspection report

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13 June 2018

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The inspection took place on 12 June 2018 and was announced.

Aquarius Home Care Limited is a care agency. It provides personal care to people living in their own homes. The service is registered to provide care for older people some of who may be living with dementia and or a physical disability.

This is the first comprehensive inspection of the service since registration with the Care Quality Commission (CQC) in April 2017. At the time of the inspection the service provided care to two people however one person was in hospital and not receiving care. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a period of time to give a rating to each of the five questions and an overall rating for the service.

The service did not have a registered manager. The previous registered manager had left the service on 10 April 2018 however the provider had taken appropriate steps to engage a replacement who was due to commence employment in June 2018. In the absence of a registered manager the service was being led by the nominated individual. 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 were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff who respected their dignity and maintained their privacy.

The care plan we reviewed reflected the person's individual needs and preferences and was regularly reviewed to ensure that they continued to meet the person's needs. Risk had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes ensured people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place.

Systems were in place to monitor and improve the quality of the service provided however we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and minimal number of staff employed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not have sufficient information to rate the service's safety.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Risk was assessed and measures in place to reduce identified risk.

The provider followed safe recruitment procedures.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the service's effectiveness.

Staff obtained people's consent to care and support.

Staff were supported in their role through regular supervision meetings with management.

Is the service caring?

Inspected but not rated

We did not have sufficient information to rate whether the service was caring.

People's relatives commented that staff delivered care with kindness and compassion.

Staff had developed positive caring relationships with the people they supported.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Inspected but not rated

We did not have sufficient information to rate the service's responsiveness.

People using the service and their relatives knew how to make a complaint if they were unhappy with any aspect of their care.

The provider sought people's views about the service and acted on their feedback.

Is the service well-led?

Inspected but not rated

We did not have sufficient information to rate whether the service was well led.

There were systems of audit in place, but some of these were yet to be applied.

We were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and minimal number of staff employed.

Staff felt supported by management.

Head Office

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.

We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

Inspection activity started on 12 June 2018 and ended on 13 June 2018. We visited the office location on 12 June 2018 and spoke with the nominated individual. We also reviewed care records and documents central to people's health and well-being. These included care records relating to one person, recruitment records for two staff members, staff training records and quality audits. We also visited the home of the person receiving care and spoke with their relative.

On the 13 June 2018 we had telephone conversations with two members of staff and the relative of one person who had received care but who was currently in hospital.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

The provider completed 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.

This was the first inspection since the provider registered with the Care Quality Commission in April 2017.

Inspected but not rated

Is the service safe?

Our findings

We did not have sufficient evidence to rate the safety of the service. The service had measures in place to help ensure people's safety, however due to the limited number of people who had used the service we could not see enough evidence to demonstrate that these were being implemented to protect people from avoidable harm.

The service had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the owner [nominated individual]. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

The relative of the person receiving care told us, "Yes we feel very safe with the carers. They look after [name] well. I am very happy.

The nominated individual and staff we spoke with could explain how they would recognise and report abuse. The nominated individual understood the process for dealing with safeguarding concerns appropriately, including working with the local authority safeguarding team if need be. Policies and procedures were in place for safeguarding adults and they were available to guide staff in their roles.

Assessments were undertaken by the nominated individual before a service was offered to people. The assessment looked at any risks faced by the person or by the staff supporting them. Plans were put in place to reduce the risks identified for people and staff.

There were sufficient numbers of staff deployed to meet the people's needs. At the time of our inspection there were two staff employed in the service.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, two previous employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help

employers make safer recruitment decisions.

At the time of our inspection the service was not providing support to people with their medicine, however there was an up to date medicine policy in place.

Inspected but not rated

Is the service effective?

Our findings

One relative told us they felt the service their loved one received was generally effective and their needs were being met. They added, "I think the carers are very good at what they do". A second relative told us, "Yes I think they look after [name] very well. They always ask for permission before they undertake anything".

Staff told us that the training they received assisted them to support and care for people appropriately as well as understanding the different policies and procedures. The provider had policies in place to ensure that any new member of staff who did not have a background in care would be required to complete The Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The nominated individual told us they were in the process of sourcing a new training provider to support the service and staff to ensure on-going compliance.

Staff were supported to fulfil their roles and responsibilities. Staff had received one to one supervision that focused on performance and development. Staff confirmed that supervision meetings took place and they found them useful and supportive.

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.

The nominated individual and staff had a good understanding of the principles of the MCA. They were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves. The provider had an appropriate consent to care policy that highlighted plans were to be developed in people's best interests where people lacked the capacity to make decisions about their own care.

Inspected but not rated

Is the service caring?

Our findings

The relative of the person receiving care told us that staff had developed a caring relationship with their loved one since they started receiving care. They confirmed they were supported by a regular staff member who they knew well. They added, "I enjoy their company. [Name of person receiving care] teases them a bit and they tease back but it's all good fun really". A second relative told us, "Yes they are very caring and often do other little bits to be helpful".

The nominated individual told us they carried out initial assessments in people's homes or hospitals. They always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during the assessment. Once the assessment of needs was complete they would discuss people's preferences and find out how they wanted their care to be delivered.

Staff had been provided with information how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. The nominated individual and staff told us how they recognised and maintained people's privacy and dignity. They told us that they closed windows, curtains and doors to ensure their dignity was maintained. One staff member added it was important to cover people up when offering personal care, which helped protect their privacy. They also added that the nominated individual expected them to provide friendly and professional care and always to meet the individual needs of people.

Inspected but not rated

Is the service responsive?

Our findings

We looked at the care plan of the person receiving care and support. The care plan contained an assessment of the needs of the person. This included relevant details such as the support the person needed and information that related to their mobility and communication needs. There was information about the person's personal history and preferences to help staff to ensure that their individual needs and preferences were responded to.

One staff member we spoke with told us they had read the person's care plan and received an 'overview' from the nominated individual when they first started to support the person so they could provide appropriate care.

The provider's complaints procedure gave information on how people could complain about the service if they needed to raise a concern. We looked at the complaints procedure and this set out that the complainant should contact the service in the first instance. The service had not received any formal complaints since it registered with the commission however the nominated individual was able to tell us that complaints would be investigated and action taken as needed.

Inspected but not rated

Is the service well-led?

Our findings

The relative we spoke with knew who the nominated individual was and stated they visited regularly to ensure they were satisfied with their care. They told us, "I see her regularly so I've got to know her well". The nominated individual told us when they visited the person they also took the opportunity to look at the care notes made by the staff. This meant they were able to oversee the quality of the service provided.

Staff told us they liked working for the service and felt supported. One staff member told us, "If I have a query I contact [name of nominated individual] and talk to her. She is very supportive and always there for staff". A relative told us, "I have found the owner [nominated individual] to be very approachable in all my dealings with her. I had one minor niggle about care was being provided for [relatives name] but we talked about it and it is now working just fine. No complaints at all".

The nominated individual did not hold formal staff meetings at this time due to the size of the service. They told us and staff confirmed that conversations took place daily and any concerns or the sharing of information was spoken about at that time. They added, "As we grow we will facilitate formal staff meetings but with a small staff and daily contact with them I don't think there is a current need for this".

There were policies and procedures in place which covered all aspects relevant to providing a personal care service which included management of medicine, whistleblowing and recruitment procedures. Staff had access to the policies and procedures during induction and they were available whenever they were required as further on-going reference.
At the time of the inspection we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and minimal number of staff employed.