

Aquaflo Care Ltd

Aquaflo Care Bexley

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 7 December 2015 and was announced. This was our first inspection at Aquaflo Care Bexley. Aquaflo Care Bexley is a domiciliary care agency that provides care and support for people living in the London Borough of Bexley. At the time of this inspection 65 people were using the service.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they received their medicines when they needed them however we found arrangements for administering people's medicines did not always comply with recommended guidance or the provider's own policy. The provider was working on this at the time of the inspection but we were not fully assured that robust arrangements were in place. You can see the action we have asked the provider to take at the back of the full version of the report.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they were up to date with their training. People had access to health care professionals when they needed them.

People had been consulted about their care and support needs. Care plans and risk assessments provided information for staff on how to support people to meet their needs. People's care files included assessments relating to their dietary support needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

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. The provider 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 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 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 received their medicines when they needed however we found arrangements for administering peoples medicines did not always comply with recommended guidance or the provider's own policy.

Appropriate recruitment checks took place before staff started work.

People using the service and staff told us there was always enough staff available to them and they turned up on time. People could access support in an emergency.

Where appropriate people were supported to take their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective. Staff had completed an induction when they started work and training relevant to the needs of people using the service.

There was an out of hours on call system in operation that ensured management support and advice was always available to staff when they needed it.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with cooking meals this was recorded in their care plans.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring. People said staff were caring and helpful.

People said they had been consulted about their care and support needs.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive. Assessments were undertaken to identify people's support needs when they started using the service. People's care files included information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led. There were systems in place to monitor the quality of the service and make improvements where needed.

The provider took into account the views of people using the service through telephone monitoring calls and satisfaction surveys.

The provider 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 manager and office staff.

Aquaflo Care Bexley

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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 5 and 7 January 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 in. The inspection team comprised of two inspectors. One inspector attended the office on both days of the inspection. They visited five people using the service on the first day. The other inspector made telephone calls to people who used the service and staff.

We looked at the care records of 10 people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with 17 people using the service, the relatives of seven people using the service, nine members of staff and the manager. We also spoke with a health care professional and asked them for their views about the service.

Is the service safe?

Our findings

People using the service told us they managed their own medicines or received support from family members to take their medicines. Some people told us staff just reminded them to take their medicines or asked them if they had taken their medicines and staff recorded their response in their daily notes. Some staff told us they assisted people using the service to take their medicines. We saw that where people needed assistance or prompting to take their medicines this was recorded in their care plans and reference to them taking their medicines was recorded in their daily notes by staff.

However processes to administer medicines did not always follow recommended guidance. The manager had started to introduce a new system so that staff could record that each medicine had been correctly and safely administered in line with recommended guidance and with their own policy. However, although these records were in the process of being created they were not in place for each person who was supported with their medicines. Records showed that staff received medicines awareness training during induction. The field care coordinator told us, and showed us records confirming, they had assessed staffs competence in administering medicines during spot checks to ensure they had the necessary skills to safely administer medicines. The provider's medicines policy stated that staff would undertake training on medicines in two parts, induction and training in first, second and third tier medication assistance, however we found that apart from the induction training none of the staff had received any further training medicines assistance.

These issues were a breach of Regulation 12 of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could not always access support quickly in an emergency and this required improvement. One person told us, "I have a folder with the agency's telephone numbers. I can call them if I need anything. They always respond quickly." Another person told us they had an alarm in their bedroom and said, "I just have to press the alarm and someone will call me to make sure I am ok. If I need to contact the agency they usually pick up the call quickly and deal with any issues I have." A third person told us, "I don't usually need to call the agency but when I do there is always someone on the end of the phone." However two people told us communicating with the agency was sometimes difficult. A person using the service said, "The on call system needs to be sorted out as it sometimes takes a long time to get through to someone." A relative said, "It's difficult to get through to the agency at weekends." The manager told us the provider had a number of care agency offices throughout London and the on call system covered them all. In order to improve people's access to the on call system they had agreed with the area manager to set up an on call system specifically for the Aquaflo Care Bexley Office beginning 18 January 2016. We were not able to assess the impact of the changes to the on call system on people's care as the system was not in place at the time of inspection.

People told us they felt safe. One person said, "I feel safe my carer is kind and caring." Another person said, "I do feel safe. The staff always wear their uniforms and carry identification cards so I know who they are from Aquaflo."

The service had a policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. The manager was the safeguarding lead for the service. We saw a safeguarding adult's flow chart in the office that included the contact details of the local authority safeguarding adult's team and the police. The manager told us this flow chart provided guidance for staff in reporting safeguarding concerns. Staff 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 manager. The manager told us they and all staff had received training on safeguarding adults from abuse and training records confirmed this. Staff said they were aware of the organisation's whistle-blowing procedure and would use it if they needed to.

At the time of this inspection there were six safeguarding concerns being investigated by the local authority and the agency.. We will continue to monitor the outcome of the investigations and the actions taken by the provider to keep people safe.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for five members of staff. These held completed application forms which included references to their previous health and social care experience and qualifications and their full employment history. The manager told us that any breaks in employment were discussed with staff during the recruitment process. The files also contained interview questions and answers, evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification. The manager told us they worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

People using the service, staff and the manager told us there was always enough staff on duty. One person said, "The staff always come when they are supposed to and do what they are supposed to do for me." Another person said, "I am very happy with my care, they come on time everything is good." A third person said, "The staff nearly always turn up on time. The bus service round here isn't great so sometimes staff are a few minutes late. They always let me know so I really don't mind." A relative told us they had complained to the agency manager about late visits which meant care was not delivered when required. They said the manager reviewed the care plan and made changes to ensure visits took place at the correct time to deliver care to their relative. The manager said staffing levels were arranged with the local authority according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments for example, on mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The staff are very good. They know what they are doing". Another person said, "The staff seem to be well trained to do the job, they are really good."

Staff told us they had completed an induction when they started work and they were up to date with their training. They said initial shadowing visits with experienced members of staff had helped them to understand people's needs. One member of staff said, "I had an induction and lots of training before I was permitted to work with people. We recently had refresher training on dementia and moving and handling. The dementia training provided me with a better understanding of people living with dementia." Another member of staff said, "I had a detailed induction and the agency ensured I was ready to visit and support people by myself."

Staff told us they received regular supervision and, where appropriate, an annual appraisal. They 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. Records confirmed that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance. We saw that some of the appraisals were recorded on supervision records however the manager showed us a new format for recording staff appraisals that would be used in future.

Records showed that all staff had completed an induction programme when they started work and training that the provider considered mandatory. This included fire safety, food hygiene, basic life support, medicines, manual handling, safeguarding adults, health and safety, dementia awareness, pressure area care, palliative care, infection control, understanding mental health and the Mental Capacity Act 2005 (MCA).

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

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.

Where people required support with shopping for food and cooking meals this was recorded in their care plans. One person using the service said, "My care plan says staff have to cook breakfast and an evening meal for me. They do that and they do a good job too. They make me some nice meals." Another person said, "The staff make me a cup of tea and my breakfast every morning. I look forward to that." A member of staff told us they regularly cooked breakfast for a person using the service on Saturday mornings. They said, "This person really likes my cooking. She always compliments me on the nice breakfast and says I can't wait to see you again next week."

People had access to health care professionals when they needed them. One person told us, "The district nurse comes here to see me. If I need to see my GP they make an appointment for me." Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff told us, "If I saw someone was unwell I would contact the office, the reablement team or call an ambulance if I thought there was an emergency. I recently visited one person who had not been well. I called an ambulance. The ambulance crew assessed that the person needed to go into hospital. I always record everything in the person's daily notes."

Is the service caring?

Our findings

People using the service and their relatives said staff were caring and helpful. One person using the service said, "I really like my carer, she is always happy and talkative. She tells me what she is going to do for me and does little extras like washing the dishes if there are some that need to be done." Another person said, "I think the staff that tend to me are very caring and obliging. They do what they are supposed to do with smiles on their faces. They make me a cup of tea and we always have a little chat." A relative said about staff, "They come to see my husband. I am very satisfied with what they do for him. One regular carer has been coming here for a long time and knows us both very well. We have a great relationship with them. They always ask me if I'm okay too and if we need anything." Another relative said, "My sister would not change her carer she is just perfect."

One person using the service told us they had been receiving support from the agency as part of a reablement package commissioned from the agency by the local authority. Reablement is a short and intensive service, usually six weeks, delivered in people's homes, which is offered to people who are frail or recovering from an illness or injury. This person, and their relatives, told us, "The package is coming to an end this week. The care staff have been very good. They have done everything they are supposed to and more. We built up a very good relationship with one member of staff in particular. On Christmas day they sang us some carols, which really made our day. We have also had a lot of medical appointments to attend and the agency has been very flexible with us when we needed to change the times that staff come here. We will miss the staff when they stop coming."

People said they had been consulted about their care and support needs. One told us they initially met with the agency's care coordinator to talk about their care needs and what staff would do to support them. Their family members said they had also been consulted about their relatives care needs. They said, "The agency put a plan in place and care staff follow the plan." Another person said, "The care coordinator came to see me when I started using the agency and we went through lots of things about what I needed and wanted. They put that in my care plan. Staff always check with me to see if anything has changed. They write everything up in my notes every day."

People were treated with dignity and respect. One person said, "The staff are always respectful. They take their time with me and don't rush things." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always explain what I am doing for people and offer them a choice of clothes they might want to wear or the food they might want to eat. I always ask if they are comfortable and if there is anything else I can do for them before leaving."

People were provided with appropriate information about the agency in the form of a 'Statement of purpose'. The manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People told us they had care plans and they had regular discussions with health care professionals and care coordinators about their care and support needs. One person told us they had recently changed their hoist and staff had supported them to use it. They said, "Staff help me to stand up. I feel safe with them." A relative told us the agency had responded to their father's changing needs. They said, "The care package was reviewed when dad's needs changed. We are happy with the care and support they provide."

We looked at people using the services care files. These held referral information from the local authority commissioners and reablement team and included a breakdown of people's care and support needs. The files also included the agency's assessments which covered areas such as the person's capacity to make decisions for themselves, their moving and handling needs, medical conditions and the support required with medicines and health and safety around their homes. Care plans were developed which included information and guidance for staff about how each person should be supported. The manager showed us they had updated the assessment and care plan formats and these were being introduced for each person using the service. Care plans were kept up to date to make sure they met people's changing needs. Weekly reports were sent to the reablement team detailing the progress made in people's health and wellbeing. We also saw daily notes that recorded the care and support delivered to people.

A health care professional told us that the agency was responsive to people's needs and would always try to accommodate them. They told us they carried out joint visits with the agency to review people's care and support needs and resolve any issues that might arise. They said the care plans were updated and carers followed their advice.

The 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 told us that one person had requested that a member of staff with the same cultural background supported them so that they could help them prepare their meals properly. Some people had requested support from staff with the same religion as them so they could be supported to attend church. Staff told us they would not be expected to support people with specific care needs unless they had received the appropriate training. One member of staff said, "We are matched to each client according to our skills and expertise, sometimes we receive more training. For example on moving and handling or using special equipment."

People and their relatives we spoke with said they knew about the agency's complaints procedure and they would follow the procedure if they needed to. One person said, "The complaints procedure is in my file. If I am not happy about something I will just call the agency manager. They have always sorted things out quickly for me in the past." Another person said, "I've got the number if I need to complain but I haven't needed to. I would recommend this service to others." A relative said, "We would just ring the office and complain if we need to. We have never needed to complain though because they are really good." The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant.

to resolve their concerns.

Is the service well-led?

Our findings

The service had a registered manager in post. The manager had been in post since July 2015. They told us one of the challenges they faced was to establish a staff team that could provide consistent care and support to people using the service. Staff turnover had been high but they had noted that staff were now staying longer. Staff said they enjoyed working at the service and they received good support from the manager. One member of staff said, "This is a job I really enjoy doing and I am really comfortable working for this agency. There is great team work. We all work hand in hand; communication with the manager, care coordinators and the office staff is really good. If I have any concerns about the people I support I tell the office staff and I am certain they will follow things up." Another member of staff said, "The manager and office staff are all supportive. They listen to what staff have to say. I can go into the office and get support any time I need it."

We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the December 2015 meeting included safeguarding people from abuse, risk assessments, late calls and reporting changes in people using the service health conditions to the office. One member of staff told us, "We all get to express our views about the service and share our learning and experience. The manager also tells the team where we need to make improvements. I find the team meetings are very helpful."

The provider recognised the importance of regularly monitoring the quality of the service provided to people. The area manager visited the office on a monthly basis to supervise and offer the manager support and to monitor how the service was operating. The manager showed us records from these visits. Areas covered during the visits included complaints, call monitoring, local authority referrals, the on call system, auditing staff files, staff recruitment, supervision and training. The agency used an electronic call monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in peoples care contracts. We observed the manager and a care coordinator monitoring the system making sure people received care when they were supposed to. Where late calls had been previously identified we saw these were recorded and apologies had been offered to the people using the service. There were no missed or late calls during the course of our inspection. Accidents and incidents were recorded and monitored. The manager told us that accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again.

The provider used their quality monitoring system to identify areas for improvement. During the course of our inspection we had identified two concerns that required improvements in the area of medicines and emergency contact with the provider. However both these issues had been identified and an action plan to make the improvements had been put in place by the manager, prior to our inspection.

We saw a report from a visit, December 2015, by the local authority that commissions care for people using the service. The report made a number of recommendations where the agency could make improvements. The manager showed us an action plan they had drawn up to address the recommendations made in the report. They had taken steps to meet some of the recommendations: for example they had updated the assessment and care plan formats.

The provider took into account the views of people using the service through, six monthly satisfaction surveys, unannounced spot checks and telephone monitoring calls. The manager told us they used feedback from the surveys, telephone calls and spot checks to constantly evaluate and make improvements at the service. They showed us an analysis report and action plan from the last survey. One action indicated that staff were shown how to use equipment. We saw records of fortnightly telephone monitoring calls made to people to find out if they had any problems with the care and support they were receiving. We also saw records of unannounced spot checks carried out by the field work care coordinator on care 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 recorded that a member of staff did not display their identification card. They were reminded by the care coordinator to wear their identification at all times.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People using the service were not always protected against the risks associated with unsafe management of medicines.</p>