J.C.Michael Groups Ltd

AQUAFLO CARE LIMITED

Inspection report

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16 November 2017
20 November 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 14, 16 and 20 November 2017 and was announced.
At the last comprehensive inspection on 31 January, 1 and 2 February 2017 we found three continuing breaches of regulations relating to safe care and treatment, complaints and notifiable incidents. Two new breaches of the regulations relating to consent and safeguarding people from abuse were also found. For each of the three continuing breaches we served the provider a warning notice and asked them to send in an action plan of how they were going to meet the regulations.

We undertook an announced focussed inspection on 8 and 13 June 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 31 January, 1 and 2 February 2017 inspection had been made. The team inspected the service against three of the five questions we ask about services; is the service safe, is the service responsive and is the service well-led?

We found that the provider had made improvements in relation to two of the warning notices, but were still in progress in relation to the requirements in one warning notice and therefore this had not yet been fully met. At this inspection, despite some improvements, we found that not all improvements had been made.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 24 people in the London Boroughs of Islington and Tower Hamlets. Not everyone using AQUAFLO CARE LTD receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Appropriate policies and procedures were still not in place to ensure that people received their medicines safely and effectively. People's records were not always being completed or being checked to ensure they received them safely.

There had not been sufficient improvements in how the provider worked in line with the principles of the Mental Capacity Act 2005 (MCA). Where family members had signed to consent to the care and support of their family member, the provider was unable to demonstrate that the relative had the legal authority to do so and so continued to not work in line with the MCA.

Improvements had been made into how risks to people were identified during initial assessments. Care records had been updated with more detailed information and guidance since the last inspection.

Care workers understood how to protect people from abuse and were confident that any concerns would be investigated and dealt with. Improvements had been made since the last inspection in how the provider responded to safeguarding concerns.

Newly recruited staff underwent the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

New staff received an induction training programme with regular staff having an annual refresher. Staff received regular supervision and spoke positively about how it helped them in their role.

People were supported to have sufficient food and drink and the provider had made improvements in how this information was recorded in people's files.

Staff understood the importance of respecting people's privacy and treating people with dignity and respect. People and their relatives told us that their regular care workers were kind and caring and care workers we spoke with had spent the time to get to know people and how to support them.

There was evidence that improvements had been made since the last inspection and the provider had ensured people and their relatives were involved in making decisions about their care and the support they received.

People and their relatives knew how to make a complaint and the majority of comments we received were positive about some improvements that had been made.

Care records had been developed with a more detailed and person centred approach since the last inspection, with evidence that people's outcomes had been identified. There was evidence that people's cultural and religious needs were being supported.

Comments from people who used the service and their relatives were mixed about how well the service was managed. Although comments highlighted some improvements had been made, poor communication had impacted upon the service that people received. Staff spoke positively about the management and levels of support they received.

Although improvements had been made in how the provider sought people's views to monitor their service delivery, audits that had been highlighted in their action plan had still not been fully implemented, which the provider acknowledged.

We found two continuing breaches of regulations in relation to consent and safe care and treatment. We are considering what further action we are going to take. You can see what action we told the provider to take at the end of the full version of this report.

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.

Appropriate policies and procedures were still not in place to ensure people received their medicines safely and effectively, which the provider acknowledged. Systems were not in place in line with the provider's action plan.

Improvements had been made in how people's risks were assessed and more detail had been recorded to reduce the likelihood of people coming to harm.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Improvements had been made in how the provider recognised and responded to safeguarding concerns.

Robust staff recruitment procedures were still in place which minimised the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff continued to not have a clear understanding of the principles of the Mental Capacity Act 2005 and people's consent to care and support was not always recorded accurately.

Records showed training was in place with new staff receiving an induction and current staff having an annual refresher. Staff received regular supervision to support them in their role.

People were supported to have a balanced diet, which took into account their preferences as well as their medical and cultural needs. Improvements had been made in how this information had been recorded.

Staff were aware of people's health and well-being and responded if their needs changed. Relatives were confident that their family member's needs were being met.

Is the service caring?

Good

The service was caring.

Improvements had been made in how people and their relatives were involved in making decisions about their care and the support they received.

People and their relatives spoke positively about the care and support they received. Care workers knew the people they worked with and there was evidence that care workers were kind and compassionate and treated people with respect.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

Care records had been improved as more person centred information had been included since the last inspection. There was evidence that people's cultural and religious needs were being supported.

The majority of people we spoke with were positive about the improvements that had been made in how the provider received and acted upon complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We received mixed views from people who used the service and their relatives about how well the service was managed. Negative comments highlighted the impact that poor communication had on the support that people received.

We could see that there was an improved approach to quality assurance as there was evidence of regular telephone monitoring and spot checks, and people had the opportunity to give feedback about the service. However, daily log and medicines records audits had still not been fully implemented in line with their action plan.

Staff spoke positively about the support they received and enjoyed working for the provider.

The provider was meeting their legal obligations to inform the Care Quality Commission of notifiable incidents.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to check that improvements to meet legal requirements planned by the provider after our inspection on 8 and 13 June 2017 had been made. We looked at the overall quality of the service to provide a new rating for the service under the Care Act 2014; prior to this inspection, the rating for the service was Requires Improvement.

We were aware of a past serious safeguarding incident which related to the use of a percutaneous endoscopic gastrostomy (PEG) feed. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We reviewed the care and treatment of people who were supported with this to check the provider had mitigated the risks appropriately.

The inspection took place on 14, 16 and 20 November 2017 and was announced. The provider was given 24 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection site visit activity started on 14 November and ended on 30 November 2017. We visited the office location on 14, 16 and 20 November 2017 to see the registered manager, office staff and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service, their relatives, care workers and health and social care professionals, who were not present at the site visit.

The inspection was carried out by one inspector. It also included two experts by experience who were responsible for contacting people during and after the inspection to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and previous inspection reports. In addition to this we reviewed the provider's action plans that had been submitted to CQC since the last inspection. We

contacted the local authority contracts monitoring team and used their comments to support our planning of the inspection. They shared an action plan that the provider had sent them after the last inspection.

We called 22 people using the service but only managed to speak with three of them. We also spoke with nine relatives and 13 staff members. This included the director, the registered manager, two operations managers, two care coordinators, a human resources officer, a field assessor and five care workers. We looked at eight people's care plans, five staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Before, during and after the inspection we contacted six health and social care professionals who worked with people using the service for their views and feedback and heard back from four of them.

Requires Improvement

Is the service safe?

Our findings

At the last focussed inspection in June 2017, we were only able to view three people's medicine administration record (MAR) charts and found inconsistencies in all three of them as they had not been filled out correctly. We were told that they were in the process of implementing a monthly return of all records to be checked. We saw that this was still in the process of being implemented at this inspection and were unable to check all the records that we requested.

Where people were supported with their medicines, we saw that improvements had been made in how they had been recorded in people's files. We saw information had been included to show who was responsible for people's medicines, along with how they were supported. Lists of people's medicines were recorded along with the dose, what the medicines were for and any specific instructions about how they had to be taken. One person was supported with using a topical analgesia cream when required. We saw it had been recorded in their care plan and information for care workers where it needed to be applied. Another person was supported with their eye drops and a topical cream. There was detailed information in their care plan about how the cream needed to be used to treat a specific skin condition.

However this was not always consistent in all the files we reviewed. One person's care plan recorded that the care worker was responsible for administering all their medicines through their PEG feeding tube. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. All the medicines were listed by the name, dose and type but in the visit summary of the care plan it said that a relative was responsible for this. We spoke with the field assessor who confirmed that the care worker was responsible and updated the care plan right away. For another person who was supported with their medicines through a PEG feeding tube, we saw their medicines assessment had not been completed correctly. It stated that no support was required as a relative was responsible for this, however part of their care plan stated care workers were responsible for administering lunchtime medicines. We reviewed a sample of daily logs for this person and saw that medicines were also being administered at other times of the day but the list of medicines were not recorded in the care plan and were not being recorded in the MAR charts.

We were unable to review all of the MAR charts that we requested during the inspection. For one person, there were no MAR charts available. For another person, we were only able to see evidence of one MAR chart that had been audited, for the period of 18 August to 27 August 2017. We saw that at times where care workers had not administered this person's medicines, it was not always recorded why. We saw no further MAR charts for this person after 27 August until 8 October 2017. For the period of 8 October to 20 October 2017, we found a number of gaps in the MAR charts where the medicines had not been recorded. From 20 October to 15 November 2017, no medicines had been recorded and all the MAR charts were blank, even though information recorded in daily logs showed that medicines were being administered. We spoke to the registered manager about this who acknowledged that they were not being completed. A care coordinator showed us that a spot check had been carried out on 15 November 2017 and recorded that MAR charts were not being completed.

The above information demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that where risks were identified, risk management plans did not always have guidance for staff to minimise and mitigate the risk to people using the service. At this inspection we found that improvements had been made.

Initial assessments were completed to identify any potential risks associated with providing people's care and support. Their assessment covered areas which included people's mobility, medicines, personal care, nutrition and hydration, social inclusion and financial support. This also included an internal and external risk assessment to ensure their premises were suitable for care to be carried out. The assessment covered appliances and recorded the location of the gas, electric and water mains in case they needed to be located in an emergency. Fire safety had also been assessed. For example, one person was supported to use an emollient cream and the risk of fire had been recorded, along with guidelines for care workers to follow on how to apply the cream.

Two people were supported with a percutaneous endoscopic gastrostomy (PEG) feed. The provider had worked with the health and social professionals who were responsible for the funding of this care and saw PEG regimes were in line with recommended guidance, including detailed information about body positioning during specific tasks. It also included guidelines for care workers to follow to look out for signs if the person was feeling unwell. We saw correspondence that showed the provider had arranged specialist training for care workers who were responsible for working with people who required this support. We spoke with relatives for both people who were happy with how it was being managed. One relative said, "They are well trained and they have certificates for PEG training and the district nurse was involved in the training."

There was detailed information and guidance when people were at risk of pressure sores. For one person, there was information about how they needed to be repositioned at each visit. Guidelines had been given to their relative to be kept in the person's home so care workers would always be aware of what needed to be done. A pressure relieving mattress was in place and contact details had been recorded of who to contact if there were any maintenance issues. For another person, it recorded that care workers needed to monitor the person's skin and look out for signs of redness, breaks and bruises, and report any changes in skin to the district nurse.

For three people with reduced mobility there was detailed information in place about how transfers should be managed to keep people safe. One person had an overview of separate transfers, including when they mobilised between different rooms and when they were being supported with personal care in the bathroom. Another person had a detailed moving and handling care plan in place from the local authority, which included guidance about how to use the hoist and instructions which also had pictorial examples. There was one person who was supported to use a ceiling hoist for transfers but this had not been captured in the moving and handling assessment and the level of detail was more limited compared to the other records we saw. We spoke to the registered manager about this who said they would update the care plan immediately. Even though there was limited information, we spoke with this person's relative who said, "They are very competent with the hoist."

During our last comprehensive inspection we found that safeguarding concerns were not always appropriately recognised, responded to, investigated or recorded. At this inspection we found that sufficient improvements had been made.

We saw that any incidents of concern that had been reported had been followed up and the appropriate

action taken. For a recent safeguarding incident that the provider had notified us about, we saw it had been recorded in their on call records and then followed up in line with their own policies and procedures. An investigation had taken place with disciplinary action being taken, which had been shared with us and the local authority. For another incident that had been found during a spot check we saw the appropriate action had been taken. For both these incidents we saw that the provider shared this information with staff to ensure that lessons had been learnt from the experience. For example, the incidents had been discussed at meetings and care workers were reminded about their responsibilities of their actions and the importance of following procedures.

One person told us that they felt safe when they were being supported in their home. Another person told us they were happy with how they were being supported with their finances. They said, "They provide me with receipts and I compare with my bank statements. It works well for me and I have no reason to suspect any kind of abuse." All the relatives we spoke with told us that their family members were safe. One relative said, "It is safe as there is always someone in the home at night and gives us reassurance."

Staff we spoke with had a good understanding of safeguarding and what their responsibilities were when supporting people in the community. They were able to understand the types of abuse people could be at risk of and what they would do if they had any concerns. One care worker said, "They are always telling us how important it is and that we need to communicate everything with the office." Another care worker said, "I'm very confident that any issues raised will be dealt with." There was a safeguarding policy in place and we saw evidence that investigations had been carried out when concerns had been raised since the last inspection, with the appropriate disciplinary processes being followed.

All of the staff files that we viewed were consistent and had appropriate references in place with valid identification and proof of address documents, including documents which evidenced people's right to work. We saw where one referee had not responded, the human resources officer had contacted the applicant to request another reference, which had been done. Disclosure and Barring Service (DBS) checks were in place and all were up to date, with a matrix in place so the provider was aware when they needed to be reviewed. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions. The human resources officer had introduced a new staff file audit form since the last inspection which helped to make sure all the relevant documentation was in place. All of the files we reviewed had been audited since August 2017.

At the time of our inspection the provider had 36 active care workers employed in the service. The majority of people who used the service and their relatives told us that they were generally happy with the continuity of care and time keeping was not an issue. Comments included, "Yes they are absolutely fine with that", "They are always on time, sometimes even early and they are not intrusive" and "The current care workers are quite punctual and mostly phone if they are going to be late." However one relative told us that there was an issue with time keeping and at times care workers had not turned up. Another relative said, "Generally, they are reliable although time keeping is an issue." We shared the information with the registered manager who said they would make contact with the relative to get further information and that they would provide us with an update. We requested a further update about this information on 20 November 2017 but we had not received any further information by the time the draft report had been sent to the provider.

The care workers we spoke with told us that they had no concerns with their rotas and were scheduled to allow time to get to calls. One care worker who covered a 'live-in' service told us that they felt the scheduling was well managed and care workers coming to support them generally arrived on time and they could contact the office if they had any concerns. Electronic call monitoring (ECM) had just been implemented for

people in Islington and the provider was waiting for authorisation to go live for people in Tower Hamlets. At the time of the inspection not all people were active as the provider told us there were some current technical issues which were being dealt with. One care worker confirmed this and said, "The system is quite easy to use but there are issues with the app at the moment so we've being using timesheets as we can't log in or out."

We were able to look at ECM data for two people for the period of a week prior to the inspection. We found that there were no concerns or consistent signs of lateness, with a number of calls showing the care worker stayed longer than the scheduled visit time. However, for one person where ECM was not being used, we viewed daily logs for a period of one week. We saw for all of the 28 visits in this period care workers had recorded the scheduled time for each visit, rather than the actual time. Therefore it was difficult to confirm the actual arrival time and the full length of each visit. We spoke to a care coordinator about this who told us they had seen similar records and had reminded care workers to make sure they recorded the actual time of their visits rather than what was scheduled.

Requires Improvement

Is the service effective?

Our findings

Our previous inspection identified that staff did not have a clear understanding of the principles of the Mental Capacity Act 2005 (MCA). Where family members had signed to consent to the care and support of their family member, the provider was not always able to demonstrate that the relative had the legal authority to do so and was therefore not working in line with the MCA. At this inspection we found that sufficient improvements had not been made.

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.

Six of the files we viewed had inconsistent information and relatives had signed to consent to people's care without the legal authority to do so or further information to say what evidence the provider had of this. For one person who was capable of making their own choices and decisions, their care plan had been signed by a relative and recorded that there was no Lasting Power of Attorney (LPA) in place and the reason why the relative had signed was not recorded in the care plan. We spoke to the registered manager about this who told us that the relative played an active role in their care. For another person's assessment that had been signed by a relative, there was no LPA in place and the form recorded that they were acting as a representative. The care plan highlighted that the person was able to make some choices but the family would support them due to dementia. There was no clear indication that an assessment of the person's capacity had been requested or that they were unable to consent to their care and treatment. The provider's action plan to a local authority after our last comprehensive inspection stated that a request email would be sent to the local authority if there were concerns around capacity. We asked the registered manager if there was any correspondence to show this had been done but we were not able to see anything at the time of the inspection. For a third person, it was unclear who was responsible for consenting to their care as one relative was recorded as having powers for health and welfare decisions however the registered manager was unsure if there was a LPA in place and confirmed on the second day of the inspection there was not. We saw that a different relative had also signed their care plan

Three people's care records had been signed by relatives and it was recorded that they had the LPA, but there was no confirmation of this recorded in the care plan. The registered manager was only able to show us correspondence for one person that a LPA was in place and their records were updated accordingly during the inspection. They told us that they would make contact with the relatives to request confirmation if one was in place and update all records accordingly. The provider did not have a clear understanding that care plans should be signed by the person to show their agreement to the care and support provided and that there should be a clear indication of an assessment of their capacity if they were unable to do this.

The above information demonstrates a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were supported with their nutritional needs and we could see that improvements had been made in how this information was recorded since the last inspection. Care plans recorded the support that people needed at mealtimes, including food preferences, any specific dietary needs and the level of support required, either by a care worker or relatives. One person said, "Having food is crucial for me and the most important part of the care I receive. They understand my preferences and it works fine." We saw information for one person who was at risk of choking during mealtimes. We saw that the risk had been assessed and guidelines were in place for care workers to follow. It highlighted the level of support that relatives would provide, that food needed to be blended and what assistance was needed during mealtimes, including the body position of the person when they were being supported to make sure that it was safe. However for one person who was supported with a percutaneous endoscopic gastrostomy (PEG) feed, their care plan recorded that relatives were responsible for this procedure during mealtimes and the care worker was only responsible for the cleaning procedure of the PEG tube before and after meals. We saw records in this person's daily logs that care workers were sometimes carrying out this task. We spoke to the registered manager about this who told us they would look into it.

The majority of people and their relatives we spoke with told us that they were happy with the care they received and about the skills and knowledge of staff in their ability to meet people's needs. Comments included, "Over a period of time they have grown to understand my [family member's] needs", "They are great. They were able to find carers who worked responsibly with us and were perfect" and "As they know them, they are up to the standard I'd expect and more at times." We only received one negative comment where a relative felt that even though the majority of care workers understood their family member's needs, they did not always use their competence.

We saw that new starters completed a two day induction and training programme before they started working with people. At the last comprehensive inspection an operations manager told us that they were looking to extend their induction training so specific topics, such as medicines and moving and handling, could be covered in more detail. We followed this up with the operations manager but they confirmed the same induction programme was still in place as they had not yet found a suitable training provider for their mandatory training modules. Only one of the care workers that we spoke with told us that they had been unable to shadow a more experienced care worker before they started work.

The two day training programme covered 25 topics, including moving and handling, safeguarding, medicines, fluid and nutrition, infection control, mental health awareness, fire safety, basic life support and communication. This was then condensed down into a one day refresher training programme which was reviewed annually. The human resources officer showed us their training matrix and knew when staff needed to be scheduled onto refresher training, and certificates we saw confirmed this. Care workers spoke positively about the training they received and comments included, "The refresher training was very useful and important", "The carers that come to support the double up visit are really good and know what to do" and "Training was easy to understand and the manager was able to give us information if we needed it." One care worker told us that when they had discussed not feeling confident in one area of their role, extra training had been provided to support them with this. They added, "I felt much more confident afterwards."

We also saw that the provider had arranged specific training for care workers who supported people with a PEG feed. We saw correspondence from external trainers that confirmed care workers had completed this training and were competent to carry out these tasks. One care worker said, "We had specialist training for this and it was perfect as the trainers are experts in this field." Another care worker said, "It was done by a nurse and was really helpful but also important for the job."

We saw records that showed care workers had regular supervision approximately every three months and an

annual appraisal, which staff we spoke with confirmed. Supervision records highlighted that staff were able to discuss any concerns they had about people they supported and any issues related to their role and responsibilities. Records showed that they were also reminded about a range of policies and procedures. A supervision and appraisal matrix was in place so the provider was aware of when they were due. Care workers told us that they were happy with the support they received during their supervision and that they felt the provider listened to any issues or concerns that were discussed. Comments included, "We have supervision every few months and we talk about our clients, any changes and discussions we've had with their family. I'm happy with it" and "I've got mine scheduled in for next week and they always contact us to let us know." We spoke with one care worker who had started in April 2017. They said, "I've had two supervisions since I started and they listened to my concerns. It really helped during that time."

People's needs and choices were assessed so that their care and support could be delivered in line with standards to achieve effective outcomes. We saw correspondence that showed staff had highlighted concerns to the local authority when a person's current social needs put them at a heightened risk of coming to harm. The registered manager told us that they had continued to follow this up and requested extra support to be able to support the person more effectively. We saw the service liaised with other health and social care professionals to ensure they delivered effective care. However, for one person who was being supported with a PEG feed, we found different guidelines in place between the provider's care plan and the care plan from the NHS Continuing Care Team. We highlighted this to the registered manager who said they would look into it to get confirmation of the correct guidelines that were to be followed. This information was still not available on the second day of the inspection and after making contact with relevant healthcare professionals, we were able to obtain the information before the provider told us they were still waiting for confirmation on the third day of the inspection. Even though the information confirmed that the provider was following the correct guidelines, after the concerns that had been raised from a serious safeguarding incident relating to a person with a PEG feed, this information should have been made available to us by the provider when it was requested.

We saw people were supported to maintain their health and access healthcare services. We saw evidence in the on call report where care workers had reported concerns to the office and action had been taken. In one record, we saw that a care worker had called the emergency services as the person was unwell when they arrived for their visit, which had been reported to the office. Another person had had a fall and once it had been reported by the care worker, it was notified to the local authority. We saw correspondence with health and social care professionals when concerns had been raised about deteriorating health conditions or specialist equipment that was needed to keep people safe. Care workers we spoke with were aware of people's health conditions and knew what to do in an emergency and what procedures to follow. One relative said, "Even if my [family member] has a little cough, they tell me. If there are any changes they do call." Another relative spoke positively about how care workers responded if their family member was unwell or health conditions changed. They added, "They are very good with that, even the smallest thing they pick up quickly."

Good

Is the service caring?

Our findings

All of the people who used the service and their relatives we spoke with told us that they felt they were supported by staff who were kind and caring and treated them and their homes with respect. Comments included, "Over time, I've got to know them extremely well and they are very caring", "Two of my carers are absolutely brilliant, so very kind and friendly" and "Yes, they really are caring. You can tell they love their job." One relative told us that their family member felt comforted knowing that somebody was in the house with them. A comment from a relative that was recorded during a recent review stated, 'My carers are god sent and they care with passion. I'm blessed to have an agency like Aquaflo.'

At the last comprehensive inspection we received mixed comments from people and their relatives about how involved they had been in the planning of their care. At this inspection, we received positive comments to show that improvements had been made. We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. Two relatives told us that despite their family member having limited communication, they felt that staff did their best to involve them and to listen to their views. One relative said, "My [family member] is not in a position to make their own choices, however staff know them and can tell what they want by understanding the gestures and expressions they make."

People were assigned designated care workers to make sure people received consistent levels of care by care workers who knew how they liked to be supported. This included when regular care workers were not available and a care coordinator told us that they always tried to make sure they covered calls with staff people had already met. One care worker told us that they worked with a person and their regular care worker for a week in preparation for the regular care worker going on holiday. They added, "It really helped in being able to communicate with them." The majority of people who used the service and their relatives confirmed the provider always tried to ensure continuity of care. One relative said, "It's fairly consistent and the regular ones that normally come know what they are doing." Another relative said, "We have one person who comes Monday to Friday, then another on the weekend. They have a folder to make sure there is a handover." A third relative told us that they had a reasonable level of confidence in the provider in how this was managed.

Care workers we spoke with knew the people they were working with and understood the importance of developing a positive relationship. One care worker said, "Every individual has a different need and we need to work hard to understand them and go that extra mile as it takes time to gain their confidence." Another care worker, who had only worked with a person for a few months, was able to tell us in detail about their life history, their preferences and also knew when their birthday was. A third care worker said, "I've got one regular client and I've worked with them for a long time. I know them and their family well, I feel like part of the family."

One person spoke positively about the kind and caring attitude of their care workers, highlighting that there had been times when they had sometimes stayed longer than needed to make sure all their needs had been met. We spoke with one of the care workers who supported this person who confirmed this and added, "You

need to treat people as if they were your own family and I make sure they have everything they need." For two people's electronic call monitoring (ECM) data, we could see there were regular visits when care workers stayed longer than scheduled. For example, in the week prior to the inspection, one person had 13 out of 14 calls where the care worker exceeded the scheduled visit time.

People who used the service and their relatives told us that staff were aware of the importance of maintaining people's independence and respecting their privacy and dignity. All of the feedback that we received was of a positive nature. When asked if their care workers treated them with dignity and respect, one person said, "Yes they do, they are very good actually with that." Positive comments from relatives included, "When my [family member] requires changing they make sure the curtain is always closed. In the shower, they cover [him/her] up with a towel. All of their documents are also kept safe out of sight" and "Yes, I think they understand that. They close the curtains and close the door. They are generally very good at that." Another relative told us that their care worker carried out longer visits and that when they were not needed, they respected the privacy of the family and were not intrusive.

Care workers we spoke with had a good understanding of the need to ensure they respected people's privacy and dignity and were able to explain how they did this for the people they supported. Care records also highlighted the tasks that people were able to do and for staff to encourage and support them with this. In one person's records, despite their limited mobility it stated which parts of the body they were able to wash when they were being supported with personal care, and where care workers would need to help the person with. We also saw correspondence that the care coordinators had discussed with care workers about using more appropriate language when completing daily log records. For example, minutes of a care worker meeting highlighted it was more appropriate to record 'pad' rather than 'nappy' and would help to respect people's dignity.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection we found that there was a continued breach of regulations relating to receiving and acting on complaints. Complaints had not been acted upon and proportionate action was not taken in response to identified failures. We issued a warning notice to the provider asking them to make improvements by 21 April 2017. At our focussed inspection in June 2017 we found that improvements had been made and the provider was now meeting this regulation.

There was an accessible complaints procedure in place and a copy was given to people when they started using the service. We saw that the complaints procedure was also discussed with people and their relatives during any reviews. One review that was carried out in August 2017 highlighted that there had been concerns in the past but now they had all been dealt with and the family had been satisfied with how the issues had been resolved. There was guidance available within the complaints folder for staff on how to complete the complaints process along with information from the Care Quality Commission (CQC) about how the provider should be meeting the regulation. We saw that there had been one complaint since the last inspection which had been managed through their formal complaints process. We saw that it had been recorded and investigated appropriately, and due to the nature of the complaint, was then dealt with through their safeguarding procedures.

The majority of people using the service and their relatives said they felt improvements had been made in how any issues or concerns raised were dealt with. One person said, "I will say that they have improved so I would be hopeful that they'd be able to deal with my issues if I had any." Another person said, "I know who to call and am happy to let them know if there are any concerns. At the moment everything is how I want it." One relative said that they had issues in the past although generally it is much better than before. We only received one negative comment where a relative felt that even though complaints get dealt with, they are never dealt with on a permanent basis as it is usually the same issues that occur. Where this relative brought up this issue during the inspection, we discussed this with the registered manager who said they would look into the matter to get further information to resolve the problem.

We saw that the provider had received one compliment from a relative who made contact to thank the provider for the care they provided to their family member. It said, 'Thank you for looking after my [family member]. You were so professional and caring, I'm glad we had you and I'd recommend you to anybody.'

Since the last comprehensive inspection the provider had updated people's care records onto an online system. The registered manager told us that the system went into a lot more detail and we could see there had been a marked improvement in the level of information recorded in people's files to highlight what was important to them and how they wanted to be supported. The provider was responsible for carrying out their own assessment to see what care and support people needed and whether they would be able to meet their needs. We saw that one person who did not have any care records in place at the last inspection had since been visited and had an accurate record of the care and support that was being provided. We saw records that people's specific preferences, such as gender of care worker were discussed during the assessment.

Each person had an individual care plan which included a detailed summary and profile of their medical history, current health conditions and support needs. It also contained important contact details of relatives or health and social care professionals, a summary of the scheduled visits, the tasks to be carried out and what were people's desired outcomes. Care plans identified the areas of support needed which included people's personal care, support with mobility, medicines, nutrition, social inclusion and domestic support.

One person had detailed information about how they liked their personal care to be carried out. It included information for care workers to follow and detailed points about their grooming. It also highlighted that the person would choose their clothes and the care workers needed to support them by doing their buttons up. For another person, there was detailed information about their life history, which included their previous employment, family members that were important to them and also how important their religion was. For a third person, there was detailed information about the support they received and information about playing their favourite music to help reduce a low mood. A relative said, "They understand my [family member's] facial expressions so they know what they like and don't like, like sitting in the garden or listening to music." We saw there was also detailed information about how they liked their personal care, however there were three different statements in their care plan about how often they wanted a shower. We spoke to the field assessor who was proactive and made contact with their relative to confirm the information and they updated their care plan during the inspection.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. One person had requested the importance of a female care worker from the same cultural background and who could speak the same language. Another person's records highlighted that due to their religion, there were certain foods that they did not eat. We saw that one of the care coordinators was able to communicate with some people and their relatives in their own language which helped with their understanding of the care package or if they needed to discuss any concerns. We also saw correspondence where the provider had been flexible to accommodate the needs of a person. The person had requested a change in a visit time and we saw that care workers were contacted and the change was made.

The registered manager acknowledged that people's daily logs should be coming back more regularly and a new communication log had been produced which was in the process of being implemented. The registered manager added that with their new care plan software, care workers were able to log what tasks have been completed and the office would receive an alert if a specific task within a person's care plan had not been completed. A care coordinator gave us a demonstration of how an alert was received and what action was taken. For example, one person had an alert that they had not been supported with their lunch. We saw that contact had been made with the care worker for further information and it was recorded that the person would be having lunch later with their relative. One care worker said [about the software], "I feel there is a good level of detail in there and we also have the option to add in any notes if something comes up that needs action and isn't in the care plan." The new software had only recently been implemented and not all people were set up on it at the time of the inspection. Both office staff and care workers highlighted some teething issues and technical problems which were being looked into at the time of the inspection. We looked through a sample of three people's daily logs and could see an improvement in how visit details had been documented by care workers and that there was evidence that preferred levels of care were being carried out.

Requires Improvement

Is the service well-led?

Our findings

At the last comprehensive inspection we saw that two care coordinators had different systems in place to record any incidents that took place out of hours when they covered the on call shift. At this inspection we looked at the out of hours records and saw that a new daily recording log had been implemented since July 2017 and was covered by an out of hours team. We saw improvements had been made in how these incidents were recorded and what action had been taken if any follow up was required. However there was correspondence relating to three missed visits for two people and there was no further information about what action had been taken. One of the reports highlighted that a care worker had not turned up for a shift and the same had happened the previous week. We spoke to the registered manager about this and asked to see what action had been taken but we had not received any further information by the time the draft report had been sent to the provider.

At the last comprehensive inspection the registered provider told us they were in the process of implementing a number of audits to monitor the quality of the service and that people's daily logs and medicine administration records (MARs) would be returned on a monthly basis for auditing. At this inspection we saw that this process had still not been fully implemented, which the registered manager acknowledged. The registered manager showed us a copy of the new communication log book that was about to be used and we saw that an audit checklist had been included into the book, but had not been fully implemented at the time of the inspection. For some of the daily logs that we were able to view we saw improvements had been made in the detail of recording. We saw correspondence to care workers about the importance of including detailed information when completing people's records. However this was not the case for all the logs we reviewed. For example, where one person had a three hour sitting service, there was no information recorded other than 'sitting service', despite the length of the visit.

We saw the provider carried out regular telephone monitoring and spot checks to measure the current levels of their care delivery. If telephone monitoring records were not in people's files, we could see that people had been called as it was recorded in a monitoring book. Care workers confirmed that spot checks were carried out and comments included, "They come to the house and give us some advice, it is really helpful. It is also important because they can check the client is happy and that we are working correctly" and "I had an unannounced spot check three days ago. They came to see how the service was and get feedback about it, which was positive." We saw one example where action had been taken from the findings of a spot check and the information had been communicated with other care workers to ensure best practice was being followed. We only saw one example when a spot check had not been carried out, which the field assessor acknowledged and said that it was in the process of being carried out.

There were monthly care worker meetings scheduled and we saw they would be held twice a day to maximise the number of care workers who would be able to attend. Topics such as communication, the new software, punctuality, failed and missed visits policies and MAR charts were discussed. One care worker said, "It is very helpful to have them every month and it helps with our work." Office meetings were generally held every two weeks which gave the office team the opportunity to raise any issues and discuss ways of improving teamwork. A recent operational audit had been carried out in October which looked at areas that

covered the five key questions that the CQC inspect. It gave an overview of recruitment, supervision and outcomes from the staff file audit. Five people's files had been reviewed to ensure they were written to reflect a person centred approach, which we saw improvements had been made during this inspection. Some MAR charts had been viewed but they did not pick up the issues that we found where care workers were not always completing them.

Despite some of the improvements, we found that action plans had not always been followed. We saw training records that confirmed care coordinators and field assessors had completed training that was part of the action plan, but systems of auditing that had also been included as part of the action plan was not being done.

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) in April 2014 and became the registered manager for this service in April 2017. She was present each day and assisted with the inspection, along with the office team.

We received a mixture of positive and negative comments from people who used the service and their relatives about how well managed they thought the service was. One person said, "They do ask for feedback and call me to check on the service. I must admit that they are doing better lately and are starting to listen to what I have to say and come out to visit when it is important." Another person said, "It's quite adequate and everything is done as I want it and on time." Comments from relatives included, "Overall I think it is excellent", "My relative is well taken care of and I don't have any problems" and "I guess so. They call me every few weeks to make sure that everything is going OK." Negative comments we received related mainly to communication issues. One person said, "There have been situations where I have not been updated and given no warning about changes to my visits. The communication needs to be better." Comments from relatives included, "One of the staff, they are good but they just don't communicate with each other", "The staff don't call back and you can wait a day or two to hear anything" and "It's just satisfactory. They need to work together more, be more professional and improve their attitude." Another relative told us that if something goes wrong, the issues are not communicated effectively across the team and the issues are never fully addressed.

All of the staff we spoke with told us they felt well supported in their roles and we received many positive comments about the management of the service. Comments included, "I really like working here. It's rewarding and I really enjoy it. I get good support from the office", "I'm really happy with the support I get. When I speak with the office staff, they are very respectful and give good advice", "It's a good service and I feel we provide quality care. If there are issues we can contact the office and they always deal with it" and "It's a good agency. They always answer the phone and get back to us." Staff also spoke positively about the registered manager. Comments included, "I'm pleased with the support I receive from the [registered] manager. I'm always listened to and she is very kind and gentle" and "I think she is well organised and it is well managed. We are provided with the right information and it is explained well."

Improvements had already been made when we carried out our last focused inspection in June 2017 and the registered manager was still aware of their responsibilities and had continued to submit statutory notifications to CQC informing us of any incidents that had taken place. They also understood the importance of notifying other bodies about issues where appropriate, such as the local authority and other health and social care professionals.

We saw the provider's most recent annual survey overview that had been carried out in June and July 2017. At the time the surveys were sent out the provider was supporting 37 people and their records showed they

had received 16 responses. There was no overall analysis of the results but the majority of respondents were positive about the service they received. Nine respondents had felt that the service they received had improved greatly, one had slightly improved whilst the remaining six respondents thought the service had remained the same.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not always ensure that care and treatment was provided with consent for the person using the service. Regulation 11 (1)