

Aqua Robson Care Ltd

Aqua Robson Care Thurrock

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aqua Robson Care Thurrock is a domiciliary care service providing personal care to adults and children who live in their own houses and flats. At the time of our inspection, 3 people were receiving personal care.

Not everyone who uses domiciliary care services receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Staff understood how to raise concerns and knew what to do to safeguard people. Effective arrangements were in place to ensure recruitment checks on staff were safe. Minor improvements were required to staff recruitment files. We have made a recommendation about this.

We received positive feedback on the service. One person said, "The registered manager is very kind and considerate, and the staff always go above and beyond and treat [relative] like family".

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in place to minimise the risk of infection. There were safe medicine procedures for staff to follow.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of people's preference of care, staff promoted people's independence.

People and their relatives were involved in the planning and review of their care. The registered manager had effective policies to respond to complaints and these were handled well.

The provider had monitoring systems in place to ensure they provided good care, and these were kept under regular review.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 31 August 2021 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

Recommendations

We have made a recommendation in relation to staff recruitment records.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Aqua Robson Care Thurrock

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 August 2023 and ended on 10 August 2023. We visited the office on 9 August 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 2 relatives about their experience of the care provided. We spoke with 1 members of staff, the registered manager and the operations director.

We reviewed a range of records. This included 2 care records and plans. We looked at 4 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files to ensure they meet regulation. For example, staff files did not include staff's proof of address. The registered manager took immediate action to make the necessary improvements.
- There were enough staff to meet people's needs. Relatives told us care calls had not been missed and if staff were running late, they would be contacted by a member of staff at the office. One person said, "They always turn up on time, and have never missed a call."
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place which outlined everyone's responsibilities when reporting safeguarding concerns. Staff we spoke with understood the importance of raising concerns.
- A staff member told us, "I would immediately inform my manager if I felt someone was the risk of abuse or call 999 if I had to."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. For example, assessments described risks to people's home environment.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible records and stored them securely. The registered manager told us, "I involve families and health professionals when formulating and reviewing the care plans and work closely with them on a regular basis."

Using medicines safely

- At the time of our inspection staff only supported 1 person with their topical medication.
- A person's topical creams were applied as prescribed and staff recorded when creams had been applied on the person's medication administration records (MAR).
- Staff received training in safe medicine management and they were assessed as competent before administering medicines to people.
- The registered manager completed regular medicines audits to have clear oversight of the safe management of the person's medicine's.

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) which was replenished whenever required.
- Relatives told us staff always wore PPE when undertaking visits to them at their homes.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from accidents/incidents or untoward events and carried out investigations where required. Records showed action was taken to reduce the risk of reoccurrence. For example, we saw a recent incident had been shared with staff and additional training provided to improve the quality of the service.
- Lessons learned were shared with staff during handovers, team meetings and through staff supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager had processes in place to ensure all staff received an induction. Staff told us they were supported with an induction when they first started working. One member of staff told us, "The induction really helped me prepare for the role and I found it very helpful. "We saw evidence of an induction kept on staff files which included shadowing.
- Staff received support in the form of continual supervision, spot check visits and recognition of good practice. A member of staff told us, "My manager is very supportive and I have regular supervision."
- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs. A relative told us, "Staff understand [relative] really well. They know what they are doing and have the right training to support [relative]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- Prior to the start of care provision an assessment of people's care needs and home environment was completed by the registered manager. A relative told us, "
- People's support plans were detailed and personalised. They provided the necessary information for staff to meet their needs, in line with current guidance and standards. For example, one person was at the risk of choking and guidance was sought from the Speech and language therapy team. A risk assessment was on the person's care plan providing detailed guidance for staff to provide safe care and treatment.
- Support plans were reviewed regularly, or, if there was a change in people's care and support needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. For example, one person's care plan recorded their specific religious observance needs and how these were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Any health issues and staff contact the family straight away."
- Staff had practical information to support people with their healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People, and where appropriate their representatives were involved in all decisions related to people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A person told us, "[Staff] are respectful and caring. I have no complaints."
- Staff were focused and attentive to people's emotions and support needs. A relative told us, "My [relative] really likes the carers. They are lovely people, and I am very grateful we have them. Staff always go above and beyond and treat [relative] like a family member."
- Staff were able to tell us about people's preferences and how they liked to be supported. A member of staff told us, "I enjoy talking to people and understanding what they like or dislike. I read the care plans and speak to families to see how I can support them."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "Staff are consistent and know exactly how to care for my [relative]. The registered manager is very caring and always checks in on my [relative] regularly."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager worked closely with people and their relatives to ensure their care was tailored to match their needs and we saw evidence of this in their care plans. The registered manager told us, "When taking on new referrals, we do thorough introductions. We spend at least a couple of hours getting to know the service user and put together a bespoke care package, then assign the right carers to the package. We discuss all care plans with families and health professionals."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us, "They involve us in all aspects of care planning. The manager visits often to see if there are any changes to [relative's] care package and updates the care plan accordingly."

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was always respected. Records were kept securely.
- Staff treated people with dignity and respect. A relative told us, "Staff are kind and caring. They are very considerate and supportive. They always ensure they maintain [relative's] dignity at all times."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their care plans. People's care plans contained in depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a small team who knew them well and how they like to be supported. One relative told us, "Staff are extremely patient and always speak to my [relative] with respect. They are so attentive to all my [relative's] needs, they are just amazing."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The registered manager told us they regularly amend or update the care plans with families as and when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- The registered manager had systems in place to respond to any complaints or concerns raised. There was a complaints policy that people, relatives and staff could refer to.
- The registered manager told us no formal concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority or others since the domiciliary care service became operational. This concurred with information held by the Care Quality Commission.
- A person told us, "I have never had to make a complaint, but if I did have to, I would know who to raise it with and I am confident it would get dealt with."
- Compliments were readily available to capture the service's achievements.

End of life care and support

- There was nobody actively being supported with end of life care.
- There was limited information in the support plans we reviewed relating to people's end of life wishes. The

registered manager told us they will review this and look at incorporating more detail about people's wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A person told us, "The management are very caring and manage the service very well. I can see how much they care about the people they support."
- Management were visible in the service, approachable and took a genuine interest in what people, staff and other professionals had to say. Staff told us, "My manager is very supportive and they always listen and are very approachable. I see my manager almost everyday."
- Managers worked directly with people and led by example. Staff told us, "My manager often carries out spot checks and gives me the opportunity to regularly discuss anything I need to with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people and required to inform the Care Quality Commission (CQC), of any important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager had an effective on-going development plan for improving systems and processes to further enhance and improve the quality of the service. With support from the management team this was under regular review.
- The registered manager told us, weekly meetings are held to discuss changes/plans/updates, so everyone is aware of what is happening within the organisation. The management team met a minimum of once a month, to share knowledge and lessons learnt.
- The registered had the skills, knowledge and experience to perform their roles. They had a clear understanding of people's needs and maintained oversight of the service they managed. There was an effective quality audit system in place which included a monthly report to analyse themes or trends.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- People worked with the registered manager and staff to develop and improve the service. A person told us, "The registered manager is always available to speak to and very approachable and listens to any suggestions."
- The registered manager had systems in place for staff to share information and had frequent contact with staff to gain feedback on the care they were providing.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training.
- The management visited people in their own homes regularly to obtain feedback on the quality of the care provided. Written feedback confirmed people were happy and said the quality of the service they received was good. This feedback was used to improve the care provided.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- When necessary, the registered manager worked closely with external health professionals to promote positive outcomes for people. We saw documentation that health professionals had been contacted to support one person's health.
- We saw several compliments the service had received from external health care professionals praising the care and support staff were providing.