

Aquarius Home Care Limited

Head Office

Inspection report

14 Hickory Gardens
West End
Southampton
Hampshire
SO30 3RN

Tel: 07484667752

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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:

- Aquarius Home Care Limited is a domiciliary care provider and provides care and support in people's own homes. At the time of this inspection three people were receiving personal care from the service. The service is registered to support older people, some of who may be living with dementia and people with physical disabilities.
- Not everyone using the service received a 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.

People's experience of using this service:

- People and their relatives told us care staff delivered safe care and support.
- Staff understood how to raise concerns both within and outside of the service should they need to. People and staff felt they were listened to and that their ideas and any concerns they may have were addressed.
- People received their medicines safely.
- Staff knew people well and provided support in the way people wanted.
- Observations by the management team of staff practice ensured staff were competent in their roles.
- People were involved in decisions about their care. Staff sought appropriate consent and asked people what help they needed.
- People received care that respected their privacy and dignity as well as promoting their independence wherever possible.
- The service was well-led by a management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

More information is in Detailed Findings below.

Rating at last inspection. Not rated:

- At our inspection in June 2018 the service only provided personal care and support for one person and we did not have enough information to rate the service. At this inspection the service provided care and support to three people and we were able to obtain the experiences of a sufficient number of people using the service to give a rating to each of the five questions and an overall rating for the service.

Why we inspected:

- This was a planned, announced comprehensive inspection as part of our inspection schedule methodology for services.

Follow up:

- We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as Good.

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 safe findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.
Details are in our safe findings below.

Good ●

Head Office

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team consisted of one adult social care inspector.

Service and service type:

- Aquarius Home Care Limited is a domiciliary care service providing personal care to people living in the Southampton area. The service did not have a manager registered with the Care Quality Commission however an application had been received by the Commission and this was in progress. A manager registered with the Commission is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection:

- We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to talk with us.

What we did:

Before during and following the inspection:

- We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
- Inspection site visit activity started on 6 March 2019. We visited the office location on 6 March 2019 to speak with the nominated individual and manager.
- We reviewed care records and risk assessments for three people.

- Reviewed staff recruitment, training and supervision records for four staff.
- We looked at records of accidents, incidents, complaints and compliments.
- We also reviewed audits, quality assurance reports and surveys.
- We spoke with the nominated individual, manager and three care staff.
- We visited and spoke with two people and their relatives in their own homes.
- On the 7 March 2019 we visited and spoke with one person using the service and their relatives. We also telephoned and spoke with three members of care staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff could recognise abuse and knew how to protect people from the risk of harm. One person told us, "They [care staff] are always very careful with me. They are very gentle I feel very safe".
- The manager had a good understanding of how to deal with safeguarding concerns when they were identified.
- There was a business continuity plan which gave directions about what to do in the event of an emergency. For example, adverse weather. This included the prioritisation of people's visits to ensure the most vulnerable, for example people living alone people, were not affected.

Assessing risk, safety monitoring and management:

- Assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person.
- Risk assessments included information about how to keep people safe, were detailed and person centred. One relative told us, "They [care staff] come in to assist the live-in carer to get dad in and out of bed. They use a hoist and it's all detailed in the care plan about how to safely do this. We have never had an issue with it".
- Staff were provided with clear and detailed information about how to support people safely.

Staffing and recruitment:

- Staffing levels ensured that people received the support they needed safely and at the times they needed. Recruitment processes protected people from being cared for by staff that were unsuitable to work in their home.
- Staff rotas were organised in a way to provide consistent support, enabling people to develop good relationships with staff. One person told us, "I have the same lady [care staff] most days unless she is on holiday. It's nice for me to have the same one. She knows me so well". A relative said, "Consistency is very important for [name of person] so it's really good that we experience that and also reassuring for [name of person]."

Using medicines safely:

- Staff completed training in administering medicines before supporting people.
- People told us they received their medicines as prescribed. One person told us, "They [care staff] are very good with my tablets. They never let me forget". Staff had been trained in medicine administration and awareness. One member of staff told us, "I have all the training and feel competent in giving people their medicines. I get regular spot checks to make sure I'm doing it correctly".

Preventing and controlling infection:

- People were protected from the risk of infection. Staff had received infection control training and were provided with personal protective equipment (PPE) such as disposable gloves and aprons to use.

Learning lessons when things go wrong:

Learning lessons when things go wrong:

- The manager and nominated individual looked at ways the team could learn when things had gone wrong. There had been no significant incidents or concerns however the manager and nominated individual were able to tell us the actions they would take when incidents and accidents had occurred.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- People and relatives, if appropriate were involved in assessment process. One person said, "I was involved with the assessment. It was all very thorough and [name of owner] came out and went through everything". A relative told us, "Yes someone came out and spent a lot of time making sure they could cover all bases and give the care [name of person] needed. All very good really".

Staff skills, knowledge and experience; ensuring consent to care and treatment in line with law and guidance:

- People felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided. One person told us, "Yes, they know what needs doing and do it very well". A relative told us, "I have every confidence that staff have the knowledge needed to care for [name of person] well. Their needs are quite complex but staff appear to know how to care for them well".
- People were supported by staff that had ongoing training that was relevant to their roles. Staff had additional training around people's specific conditions if needed, for example, stroke awareness or application of compression stockings.
- Staff told us and records confirmed that staff were supported in their roles and had regular supervision and one to one meetings with the manager and nominated individual to discuss their care practices and development opportunities

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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.

- Care plans reflected that consideration had been given to decision making and capacity. At the time of our inspection the provider was not providing care or support to anyone lacking capacity to make decisions themselves. However, the provider had systems in place to ensure they would work within the principles of the MCA when required to do so.

- Staff received training about the MCA and could explain how to apply the principles in practice.
- People had given their signed consent and care records reflected this. Signed consent was obtained before care and support was given.

Supporting people to eat and drink enough with choice in a balanced diet:

- Where it was part of a persons' support package, staff provided support with meals and drinks. People confirmed they were satisfied with the support they received in this area, including the choice and presentation of meals. One person said, "My carer comes in every morning and cooks me a lovely breakfast. I really like it and look forward to it. It sets me up for the day".

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; supporting people to express their views and be involved in making decisions about their care:

- People felt staff treated them with kindness and were caring. One person told us, "They [care staff] are all very caring and understanding. A relative told us, "Very happy with the care and support [name of person] receives. The manager or owner visit regularly to review the care and make sure things are going well and we are always involved".
- People felt they mattered and told us that staff had time for them. Staff cared for people in a compassionate way when they needed support or information.
- Staff had time to care for people in a personal way. One relative told us, "It's only a very small service but I think the ethos of the service is very good. The owner really understands care".

Respecting and promoting people's privacy, dignity, and independence:

- People who used the service could be assured staff had a good knowledge of individual needs.
- Staff could describe the needs of the people they supported. People's confidentiality was protected.
- Staff understood people's social needs and supported them to maintain and develop their relationships with those close to them.

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

- People were treated with kindness. This is reflected in the feedback from people who used the service, their relatives, or representatives.
- People and their relatives were consistently positive about the caring attitude of the staff. Comments included, 'Really caring friendly people', 'They care for [name of person] really well', 'I have peace of mind knowing [name of person] is well cared for and 'Would recommend them. Very caring service'.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care:

- People received a person-centred service that was responsive to their individual needs and preferences. They were involved in the planning and review of their care. One relative told us, "They came out just last week to make sure everything was ok".
- People felt they developed and maintained positive relationships with the consistent care staff who supported them. One person told us, "My carer is always on time and I don't recall her ever being late apart from the odd few minutes when travelling has been an issue".
- The manager and staff understood the Accessible Information Standard [AIS]. The standard sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. At the time of our inspection nobody receiving care and support required any special interventions to meet the standard. The owner told us, "In this instance we would work with the person and their families to work out the most suitable and effective way of communicating with someone in a way they could fully understand if that was required".

Improving care quality in response to complaints or concerns:

- People felt able to raise concerns if they wished. None of the people we spoke with as part of this inspection said they had raised any formal complaints. However, one relative told us that they were meeting with the owner a few days after our inspection to address some 'minor issues' around a communication breakdown. The owner confirmed there had been a minor misunderstanding but they were working with the family to resolve it.
- People and their relatives were aware of how to raise concerns and complaints.
- The service had received no formal complaints since our last inspection however the manager and nominated individual told us that any concern or complaint would be dealt with appropriately and according to the provider's policy.
- The manager understood their responsibilities under the Duty of Candour which must be met by all providers. It sets out the actions that they should follow when things go wrong, including making an apology and being open and transparent.

Is the service well-led?

Our findings

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

The service was well-led. The manager and owner promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Audits were undertaken on people's daily notes and medication administration charts on a monthly basis. Care plans were also audited every month or more often if needed.
- The manager completed regular unannounced spot checks on staff. During spot checks they looked at staff appearance, attitude, records and time keeping.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care in extreme circumstances such as severe weather.
- The owner actively supported the manager in their role. They told us, "The manager is about to start her level five Diploma in Leadership for Health & Social Care and Aquarius Home Care are supporting her to do this".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and relatives, we spoke with felt they service was well-managed. Comments included, 'I think the service is managed very well', 'I have no worries about the service at all and have so much respect for them all' and 'We're on good terms with the manager. She is very approachable'.
- The provider promoted an open and transparent, no-blame culture. One staff member said, "If things go wrong we can raise it with the owner or manager. The approach would be very much: let's learn from this".
- People were at the centre of their care. Staff ensured that people's needs and preferences were respected and met.
- People and their relatives were informed and involved in changes that affected their care.
- Staff told us the provider was good to work for and the manager and owner supported them. One staff member told us, "The manager and owner are both very supportive, they listen. I always ring if I'm not sure or concerned. I know I can call at any time". Another staff member told us they would not leave the service. They added, "Why would I go elsewhere. I feel confident in here".
- At the time of our inspection the Care Quality Commission had not received any notifications from the provider regarding significant incidents. The manager told us that there had been no incidents at the service since it started. A notification is a report about a significant event at the service that the provider must tell us about by law. The owner and manager both understood when to notify us of certain events that could occur at the service so that we could have an awareness and oversight of these to ensure appropriate actions had been taken.
- Formal staff meetings took place regularly. The owner told us they tried to arrange these on a three-monthly basis however this was not always possible due to the needs and care commitments of the service. However, monthly telephone conference calls and regular contact with staff ensured the manager and

provider supported them and addressed any concerns they had.

Working in partnership with others:

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs.