

# Nautilus Welfare Fund

# Nautilus Care

## Inspection report

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Date of inspection visit:  
20 May 2019  
21 May 2019

Date of publication:  
19 June 2019

## 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:

The service is part of a range of housing and care services provided for former merchant seafarers and their families. Nautilus Care is a domiciliary service providing 'personal care' to people in their own homes and within an extra care setting known as The Hub. Within The Hub people have their own apartments and there is a café, laundry, gym, hairdressers and communal spaces for people to socialise. Staff were available 24 hours per day in the Hub. Not all people were in receipt of a regulated activity. At the time of the inspection, 14 people were receiving 'personal care' and all lived within The Hub.

### People's experience of using this service:

The provider and registered manager had systems in place to monitor the quality and safety of the service. Overall these checks were effective and had identified areas for improvement that were being addressed.

People told us they received support that kept them safe. This support was provided by staff who had been safely recruited, who they knew well and who arrived when planned.

Medicines were administered by trained staff and people did not raise any concerns regarding their medicines.

People's needs were assessed, and person-centred plans of care had been developed to meet their individual needs. People's consent to their care and treatment was sought and recorded in line with the principles of the Mental Capacity Act 2005.

Staff treated people with kindness and compassion. They provided support that protected people's dignity and privacy. Staff knew the people they supported well, including their needs and preferences and worked in ways that promoted their independence. People were given information and were supported to make decisions and their views regarding care was regularly sought.

The provider was responsive to people's individual needs. People's care plans were detailed and reflected people's individual needs and preferences regarding care. People had been involved in regular reviews of their care to ensure it continued to meet their needs. There was a procedure in place to manage complaints and people knew how to raise any concerns they had.

The registered manager was aware of their responsibilities and had notified CQC of incidents that had occurred within the service and displayed their previous rating as required. Staff told us they were well supported by the management team and enjoyed their jobs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection:

At the last inspection the service was rated good. (Last report published 18 November 2016).

Why we inspected:

This was a planned comprehensive inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 remained safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service improved to good

Details are in our Well-Led findings below.

Good ●

# Nautilus Care

## 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 inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Nautilus Care is a domiciliary care agency providing support to people in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the provider one working days' notice of the inspection. This was because it is a small service and we had to be sure people would be available.

We visited the office location on 20 May 2019 to see the registered manager, speak with people using the service, review records and speak with staff members. We spoke with other people using the service and staff members, by phone the following day.

#### What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, care manager, four people using the service and three staff members.

We looked at three people's care files, two staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

This report reflects the findings of the inspector and the expert by experience.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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 were knowledgeable about safeguarding procedures and had access to relevant contact details should they need to make a referral.
- Staff had received safeguarding training and a policy was in place to guide them. A whistleblowing policy was also in place and staff were aware of the procedures to follow with regards to this.
- People had been provided with contact numbers to report any concerns regarding abuse. These were kept within the care files in people's homes.
- Safeguarding referrals were made appropriately to the local authority and referrals, investigations and outcomes were recorded in order to learn from incidents.
- People told us they felt safe in their homes and that staff were always available if they had any concerns.

Assessing risk, safety monitoring and management

- Risk to people had been assessed based on their individual needs and records showed that measures were in place to mitigate those risks. Care plans guided staff on how to minimise identified risks and help keep people safe from avoidable harm.
- Staff knew what actions to take in the event of an emergency; they had received fire safety training and had procedures to follow in the event of an emergency.
- The provider had recently purchased defibrillators and training was being provided to staff.
- People had access to a pendent alarm that enabled them to call for support in the event of an emergency.

Staffing and recruitment

- People told us staff arrived on time and spent the full amount of time they were contracted to.
- People told us they were supported by the same few carers that knew them well and knew how they wanted to be supported. People received a rota so they knew who would be supporting them at each visit.
- Most safe staff recruitment practices were evident within staff files. All files contained two references, however, one staff file did not contain a reference from their most recent employer. The registered manager requested this reference and received it on the second day.
- Disclosure and Barring Service checks were completed to help ensure staff were suitable to work with vulnerable people.

Using medicines safely

- Records we viewed showed that people had received their medicines safely and as prescribed. However, the registered manager informed us of some recent errors that staff had reported. Measures had been taken to reduce the risk of these errors happening again.
- Medicines were administered by trained staff who had their competency assessed regularly.
- People who received support with their medicines, did not raise any concerns about how they were

managed.

#### Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection.

#### Learning lessons when things go wrong

- The registered manager provided examples of how lessons had been learnt and they had made changes to help prevent recurrence. For instance, colour coded staff rotas had been created to help staff easily identify what week they should be working from and ensure people received the visits they needed at the right time.
- A system was in place to record any accidents or incidents. The registered manager reviewed all accidents to look for any trends and whether future incidents could be prevented.
- Records showed that appropriate actions were taken following incidents, such as contacting emergency services, or making referrals to other healthcare professionals for advice and guidance.

# 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

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

- People's needs were assessed prior to support commencing, to ensure staff were aware of and could effectively meet these needs.
- Detailed plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
- Plans of care were reviewed regularly to help ensure they remained current and effective.
- When people had specific medical conditions, information regarding these conditions was held within the care files.

Staff skills, knowledge and experience

- New staff received an induction in line with the care certificate. They also shadowed more senior staff until they knew the people they would be supporting and how to safely meet their needs.
- Staff felt well supported in their role. They received regular supervisions and told us they could contact the care manager or registered manager at any time if they needed to.
- Staff had completed training in a variety of areas to help ensure they could safely support people.

Additional training was provided to staff based on people's individual health needs when required. For instance, following an incident with the administration of a specific medication, the registered manager had arranged a training session to inform staff about the medication and specific administration requirements and effects.

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

- Care plans recorded when people required support preparing food and drinks and whether they had any specific dietary requirements.
- People's preferences in relation to meals and drinks were sought and recorded.
- People told us staff always gave them choices and asked what meal they wanted preparing each day. One person told us staff supported them to the shops, so they could get their own shopping.

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

- Referrals to other health and social care professionals were made in a timely way when required.
- People told us staff would support them if required, to contact their GP if they were unwell.
- Records showed that staff supported people to attend medical appointments when this was necessary.

Adapting service, design, decoration to meet people's needs

- A passenger lift was available, so all people could access their apartments on all floors.

- People rented their accommodation and the provider ensured that this was suitable for them and met their individual needs. For example, one person who used a wheelchair had difficulty opening their front door. The provider installed a door that opened automatically when the person pushed a button.

#### 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 with appropriate legal authority. In the community any restrictions need to be referred to the Court of Protection for authorisation. We checked whether the service was working within the principles of the MCA.

- People's consent in relation to their care and sharing of information was sought and recorded.
- The registered manager was knowledgeable regarding the MCA and what they needed to do if they felt people were being restricted and required a referral to the Court of Protection.
- Staff had received training and had a good understanding of the MCA.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring and treated them with respect. Comments included, "Very caring and kind people" and "Considerate and respectful." One person told us staff always provided, "A gentle hand on my shoulder when I'm feeling down."
- Staff understood how to effectively communicate with people. They knew when people required additional support due to hearing or visual impairment. Care plans had been developed that reflected this.
- Staff spoke warmly about the people they supported and language they used in records about people was respectful.
- Staff knew people they supported well, including their needs and preferences. This knowledge was used to develop personalised plans of care that reflected the support people wanted and needed.
- People's needs relating to protected characteristics, such as age, gender, disability, culture and religion, were reflected within their plans of care. An LGBT training booklet was available to staff and diversity training was planned.

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

- People's care files contained a copy of the service user guide which provided information regarding the service and what people could expect. This helped people make decisions regarding their care.
- Care files included details of local advocacy services for people to access to support them with decision making.
- People's views regarding the support they received were sought through regular quality assurance surveys. The results of these were positive.
- Records showed that people were consulted regarding their care and supported to make decisions in relation to this.

Respecting and promoting people's privacy, dignity and independence

- Confidential records regarding people's care were stored securely to protect people's privacy.
- The provider had policies regarding privacy and dignity, to help guide staff in these areas.
- Staff told us they worked in ways to protect people's privacy and dignity, such as closing curtains and doors and ensuring people were covered up when receiving support with personal care.
- Care plans reminded staff to encourage people's independence. They described what people could do for themselves and what they required support with. One staff member told us they always tried to empower people.
- All people's homes had fob key access, however staff only used these fobs with written consent from people. We saw that when they were used, staff still rang the doorbell and called out to let people know they were entering their home.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that services met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received personalised care. One person said, "On my wife and my 50th wedding anniversary they put on a show for us" and another person said, "They look at me as a whole person."
- People's needs had been assessed and individualised plans of care had been developed to meet those needs.
- People's preferences in relation to their care were reflected throughout the care plans. This enabled staff to get to know people as individuals.
- Plans of care were reviewed regularly and people were involved in this process to ensure the care package remained appropriate.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. A hearing loop system had been fitted in communal areas of the main building. When required, people were provided with information in large print, such as the weekly activity guide or service user guide.
- Large print name badges had recently been issued to staff which the registered manager told us had had a positive impact. For example, one person who regularly forgot staff members names, was now able to greet staff by their name as they could read their badge.
- A range of activities were available to people within the service and people were supported to continue hobbies such as gardening. People received a weekly timetable of activities, so they knew what was available and staff supported people to attend them if necessary. Staff also supported people to access the community when this help was needed.
- Regular talks regarding merchant navy issues were organised and services held, such as on Remembrance Day.
- An 'Admiral Nurse' was employed by the provider, giving people, their relatives and staff access to advice and support in relation to dementia. A physiotherapist was also employed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed to.
- A complaints policy was in place and this was advertised within the service user guide in people's care files.
- The registered manager maintained a log of complaints received and we saw these had been investigated and responded to appropriately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Most staff had undertaken training to help ensure they could effectively support people at the end of their lives.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were systems in place to assess and monitor the quality and safety of the service. Most of these were robust and when areas for improvement were identified, actions taken were recorded.
- Some recent issues regarding medicines had been highlighted to the registered manager and actions had been taken to minimise the risk of any further errors.
- Regular spot checks were completed to ensure staff continued to provide high quality support.
- The provider sourced an external compliance audit to help identify any areas of the service that required improvement.

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

- The service was run by a registered manager with support from a care manager and the provider.
- Staff told us they were well supported by the management team and they all worked well together as a team. Staff felt listened to and told us the registered manager and care manager were approachable. One staff member told us, "It is a lovely place to work."
- People were positive about the quality of the service they received. They knew the staff that supported them and got on well with them.
- The registered manager and care manager engaged with staff and people using the service to help ensure good communication and high-quality support.

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

- The statement of purpose had not been reviewed recently and the registered manager agreed to review this and ensure it contained the most up to date information about the service.
- The registered manager and care manager were fully aware of their responsibilities.
- The registered manager was aware of incidents that CQC should be made aware of and had submitted statutory notifications appropriately.
- The provider had a range of policies and procedures in place and this helped to ensure staff were aware of the expectations of their role.
- There was a staff member available through the warden call system 24 hours per day, so people could always contact staff. Staff told us they were able to contact a member of the management team out of hours if needed.

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

#### characteristics

- Regular staff meetings took place to keep staff updated regarding any changes to the service or best practice information. Staff told us they were able to share their views during these meetings.
- Systems were in place to gather feedback from people, including regular surveys, complaints process and visits from the provider and welfare committee.
- Regular reviews were undertaken with people to ensure their care plans remained effective in meeting their needs.

#### Working in partnership with others

- The registered manager worked closely with other agencies such as health and social care professionals, to ensure good outcomes for people. Referrals for specialist advice were made in a timely way.
- Links had been made with a local computer supplier who visited the service and taught people how to use a computer.