

Aquaflow Care @ Home Services Support Service

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Edinburgh
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Telephone: 0131 554 9771

Type of inspection: Unannounced
Inspection completed on: 24 March 2017

Service provided by:
Aquaflow Care Limited

Service provider number:
SP2012011970

Care service number:
CS2012313113

About the service

AquaFlo is a Care at Home service, providing personal care to people aged 18 years and over with physical and sensory impairment living in their own homes. At the time of our inspection the service had approximately 60 clients.

The service consists of a registered manager, three care co-ordinators, and a team of care assistants. The co-ordinators have responsibility for the day-to-day allocation of the care staff, and take all enquiries to the service. They are also responsible, with the manager, for meeting with new clients to assess their needs and plan their care.

In their statement of aims and objectives, the provider says that:

"Our aim is to respond to patient and service users' needs, and those of their carers in a way that is acceptable to them."

The service's philosophy of care says:

"AquaFlo Care Agency aims to promote a standard of excellence which embraces a fundamental principle of good care practice. This is witnessed and evaluated through the practice, conduct and control of quality care"

"We also respect the rights of patients and service users to live at home in their chosen lifestyle".

The provider lists the values of the service. These include:

- Individuality
- Freedom of choice
- Involvement in decision making
- Confidentiality
- Flexibility, continuity and consistency in terms of staff and service delivery.

The service is provided 365 days a year, 24 hours a day.

What people told us

As part of our inspection, we sent the service 30 questionnaires to pass on to clients who wanted to take part in the inspection. We did not receive any completed questionnaires back.

We contacted three clients by phone. All said they were happy with the service they received. Two people told us they sometimes had problems communicating with carers because of language differences. They all told us that carers were polite and respectful. One person said they had been contacted by the office to ask if they were happy with the service, while the other two said no-one had been in touch.

Comments made included the following:

- "One word - excellent"
- "Would just like a woman so I can shower"
- "They (carers) are very good"

During our visits with staff we spoke to two service users. One was happy with their care, the other liked their regular carers but said they often felt like there was not enough time and they were rushed.

We also spoke with five relatives by phone, and two during our visits. Five people told us that they were not always informed when a different carer was visiting their relative, while two said that it was usually the same carer. Three people told us that communication with the office was good, while two people told us that it was difficult at times.

Comments made included the following:

- "In all honesty, the care is significantly better than before"
- "(My relative) has told me that they (the carers) can be like they are talking like teachers - not friendly"
- "Sometimes they are helpful"
- "Would be better if there was more variety (in the food prepared)"
- "These carers are good ... still lots of different faces though, it upsets (my relative)"
- "Before Aquaflo service was not great, now it is like night and day"

Self assessment

The information in the self assessment was brief, and consisted mainly of statements about what the service did, without offering supporting evidence. The self assessed grades of "Very Good" did not match the evidence that we saw during our inspection.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We found that the service was performing at a weak standard in relation to this Quality Theme.

While some people we spoke with were happy with the care they received, this seemed to depend largely on the quality of individual carers. We saw evidence that visits were missed, were not as long as they should have been, or were at inconsistent times or times which were not always suitable for the needs of the client.

Several professional contacts told us they had concerns that carers often lacked basic skills of care, in particular safe moving and handling, and catheter care.

Clients, families and professional contacts also told us that communication was frequently a problem. In many cases this was because of language difficulties, with carers unable to read care plans or chat. Sometimes it was due to cultural unfamiliarity. Clients felt that carers did not understand them, or the things that mattered to them. This all created a barrier not only to good care, but to good social interactions.

Care plans in the office files had more detail than we had seen previously about the client's needs and preferences, and about how staff should provide care. However, this did not always match the care plan in the resident's home.

Some of the information in care files was contradictory. This meant that staff did not always get clear information about how, when or for how long to provide care.

Staff did not always check the care plan and communication book for the most up-to-date information about how to provide the client's care.

Some carers were good at recognising when a client's health or home circumstances were causing concerns, and reporting this to the co-ordinators. We saw occasions when the co-ordinators had made significant efforts to make sure that concerns were passed to someone who was able to provide the necessary help.

Some clients told us that they wanted more choice over the gender of carers who provided their care. A few people were not able to have a shower as frequently as they wanted, because they were uncomfortable with being assisted by male carers.

Staff were not always good at the way they managed and recorded support with medication.

There was a high turnover of staff in the service, and this had an impact on the quality of care. The staff group was relatively inexperienced, and the frequent changes meant a lack of continuity for clients.

Requirements

Number of requirements: 2

1. The provider must make sure that service users receive the care they have been assessed as needing, in a way that reflects their personal choices and preferences, and as planned and agreed with the commissioning body. In order to achieve this, the provider must make sure that:

- a) care plans in both the office and each service user's home are detailed and up-to-date;
- b) staff refer to the care plan and available communication logs for the most up-to-date information about how to provide care;
- c) scheduled visits on staff rotas reflect the times and durations agreed in the most up-to-date contract with the commissioning body;
- d) visits are effectively monitored and audited using the service's call computerised "log in/out" system to make sure that visit times and durations are in keeping with agreed contracts.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the welfare of service users.

It also takes into account the National Care Standards Care at Home Standard 2 - The Written Agreement, Standard 3 - Your Personal Plan, Standard 4 - Management and Staffing Arrangements, and Standard 7.6 - Keeping Well, Healthcare.

Timescale for achieving this improvement: By 30 April 2017.

2. The provider must make sure that service users receive appropriate support with medication by putting systems in place which clearly evidence that staff practice in relation to medication management is in

line with current legislation, best practice, and the provider's own medication policy. In order to achieve this, the provider must:

- a) be able to evidence that each staff member's understanding of the medication policy, and their competency in medication management has been formally assessed following initial training;
- b) be able to evidence that staff practice in medication management is monitored through regular supervision and observation of practice;
- c) ensure that information and instructions on medication care plans and Medication Administration Records (MARs) are written or checked by senior members of the staff team, and that any changes to written instructions are authorised by a senior member of the staff team.
- d) be able to evidence that medication records in service users homes are regularly checked and audited by a senior member of the staff team for accuracy and accountability, and to make sure that service users are receiving support with their medication in line with their assessed need and plan of care.
- e) be able to demonstrate that, where deficiencies in staff practice are identified, these are addressed through training, supervision, monitored practice and, where necessary, the provider's own disciplinary procedures.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) – a regulation regarding the welfare of service users, and Regulation 15 – a regulation regarding staffing.

It also takes into account the National Care Standards Care at Home Standard 4 – Management and Staffing, Standard 8 – Keeping Well Medication, the SSSC Code of Practice for Employers Sections 2.2 and 3.2, and the SSSC Code of Practice for Social Service Workers Sections 6.1 and 6.2.

Timescale for achieving this improvement: by 31 May 2017.

Recommendations

Number of recommendations: 1

1. We recommend that the provider review the way staff are deployed, in order to make sure that service users who wish to have a choice in the gender of the carer providing their care are able to do so.

This takes into account the principles of the National Care Standards Care at Home, including the principles of choice and dignity.

Grade: 2 – weak

Quality of staffing

Findings from the inspection

There was variation in the quality of staff. Some were caring, and committed to providing a good standard of care, but this was not always the case.

Recruitment was largely in line with safe recruitment practice. However, we recommended that the provider improve the way they gather and check information about applicants employment and education history. We also recommended that the provider ensure that referees are in a position to comment on the

applicant's performance and practice in a work setting. This will all help to make sure that staff selected will be suited to the work, and safe to work in a care service.

Clients, carers and professionals raised concerns about difficulty in communication caused by language or cultural differences. The provider needs to ensure that this is taken into account when matching carers and clients.

All staff underwent a period of induction when starting work with the company, to help them to become familiar with the company, and with the work. Induction included four days of training and a period of "shadowing" - working alongside more experienced staff. Staff told us they found the induction useful. However, the information in the induction booklet was based on English care standards and legislation, and lacked clarity in some of the guidance it gave to staff.

Several policies, intended to guide staff in their practice, were also based on English legislation or circumstances.

The training given during induction covered a wide range of complex topics in a relatively short space of time. Staff told us that senior staff observed their work initially, and again after a month, to check that they were meeting acceptable standards. However, we did not see any records to evidence the outcome of these observations. The need for competency assessments to form part of staff induction and training was agreed with the provider during the registration process in 2014.

Training records did not clearly identify what update training staff had undertaken. We asked the manager to clarify this, but have not received that information.

We received feedback from professionals involved with the service that staff frequently lacked basic skills of care, particularly in relation to staff practice in moving and handling. We did not see evidence that this training was being provided by a suitably trained person.

Records indicated that a significant number of staff (around 33%) were new to the service in the past year. We have already commented on the potential negative impact that high staff turnover can have on the quality of care.

The manager had begun to consider the need for staff to have a Scottish Vocational Qualification (SVQ) in social care, in order to be able to register with the Scottish Social Services Council (SSSC) when this becomes a legal requirement in two years. She had identified eight staff who were eligible for funding for all or part of the course. It was not clear how those staff not eligible for funding would be supported, nor how the remainder of the staff team would achieve the required qualification in order to register.

There was a system of "spot checks" in place, where staff were observed by a senior staff member whilst carrying out their work. However, all records noted simply "All areas discussed". This did not evidence that the system was used to support improvement. The manager told us she planned to develop more effective use of the system. We look forward to seeing how this is being used at our next inspection.

Not all staff files we saw had evidence of one-to-one supervisions. Where records were available, these showed that training and work issues were raised, but did not evidence that action was taken to support improved staff practice.

Staff we spoke with were aware of the SSSC Codes of Practice. However, we saw that some staff practice was not in keeping with these codes. A copy of the Codes of Practice that was on display in the staff area was out of date.

A few people told us that staff did not always wear uniform when delivering care.

Overall, we assessed that the quality of staffing in the service was weak, and needed the support of management to improve the standards of performance, and so make sure that each client could be confident of receiving care from skilled, experienced and caring staff.

Requirements

Number of requirements: 1

1. In order to make sure that service users receive care from staff that are suitably trained and working to professional codes of practice and legal requirements, the provider must:

- a) ensure that all staff receive training necessary for their work, from a suitably trained and qualified person;
- b) ensure that there are systems in place to assess learning and monitor practice, to make sure that learning is effective in achieving standards of care, and improving practice;
- c) review all training and other documentation intended to guide staff in their practice reflects current legal requirements and best practice in Scotland;
- b) develop a more detailed plan which shows how staff will be supported with training that will enable them to register with the SSSC in 2019.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 15 - a regulation regarding staffing.

It also takes into account the National Care Standards Care at Home Standard 4 - Management and Staffing, and the SSSC Code of Practice for Employers Sections 2.2, 2.6, 3.1 and 3.3.

Timescale for achieving this improvement: by 31 May 2017.

Recommendations

Number of recommendations: 2

1. We recommend that the provider develop and implement a more effective system of supervision of staff, to support them to develop and improve through reflective practice.

This takes into account the National Care Standards Care at Home Standard 4 - Management and Staffing, and the SSSC Code of Practice for Employers Section 3.5.

2. We recommend that the provider develop and strengthen their recruitment processes to:

- a) make sure that references are sought and received from people who are in a position to comment on the candidate's working practice and performance; and
- b) get better at the ways they gather and use information in order to inform the way they select people to work in the service.

This takes into account the National Care Standards Care at Home Standard 4 - Management and Staffing, and the Scottish Government's "Safer Recruitment Through Better Recruitment" 2007.

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

We found that the standard of management and leadership in the service was weak.

Requirements that we made at our last inspection had not been met.

As with the earlier Themes, we got mixed feedback about the management of the service. Some people told us that the office staff were very good at communicating and responding, while other people were less happy with the contact they had from the office staff.

There were some systems in place which were intended to help the manager to monitor the quality of the service. These included the following:

- a survey of clients and families every six months;
- "spot check" visits;
- monthly calls to clients to check satisfaction levels;
- computerised system for staff to log in and log out on each visit.

We did not see that these systems were being used in ways that contributed to improvement in the service. We have highlighted some examples in other parts of this report.

Policies and procedures continued to reflect English legislation and circumstances. They did not give staff clear guidance about the responsibilities and expectations of their job in Scotland.

Some policies had been taken from other organisations, but had not been adapted to reflect the nature and circumstances of this service. Again, this meant that staff had inaccurate guidance about what they might meet in their day-to-day work, and how to deal with it appropriately.

The need to clarify the information in policies and procedures was a condition of the registration of this service, put in place when registration was granted in June 2014. This has still not been addressed.

We noted earlier in the report that information in care records was inconsistent, and that records in clients home's were not always kept up-to-date. As well as care plans, this related to information about the agreed and contracted time, duration and nature of visits.

We saw some evidence that the service was operating outwith the conditions of their registration.

We discussed issues of privacy and confidentiality with the management of the service, in relation to the circumstances of a particular client. We were concerned that their response was not in line with either professional codes of practice relating to confidentiality, or the provider's own policy.

All of the areas we have identified throughout this report reflect the limited and ineffective use of quality monitoring and assurance systems, and identify a need for strong management and leadership.

Requirements

Number of requirements: 4

1. The provider must ensure that service users receive a good quality of service, which constantly improves. In order to do this, the provider must:
 - a) fully implement the existing quality monitoring and assurance systems to make sure that they are effective in supporting improvement;
 - b) continue to develop quality monitoring and assurance systems to ensure continued and sustained improvement.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation regarding the principles of the Act.

It also takes into account the National Care Standards Care at Home, standard 4 - Management and Staffing, and the SSSC Code of Practice for Employers Sections 2.2 and 3.5.

Timescale for achieving this improvement: by 31 May 2017.

2. The provider must make sure that staff are set clear expectations about their practice, and receive the correct guidance in how to meet those expectations. In order to achieve this, the provider must review all policies, procedures, guidance and training material to make sure that they reflect current Scottish legislation and best practice, and reflect the circumstances of the provision of health and social care in Scotland, as well as the individual and specific nature of this service.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation regarding the principles of the Act, and Regulation 4 - a regulation regarding the welfare of service users.

It also takes into account the National Care Standards Care at Home Standard 4 - Management and Staffing, and the SSSC Code of Practice for Employers Sections 1.4 and 2.1.

Timescale for achieving this improvement: by 31 May 2017.

3. The provider must provide the service in a manner which respects the privacy of service users. In order to do so, the provider must make sure that all staff employed in the service understand and comply with their professional codes of practice, and the provider's own policy in relation to confidentiality.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(b) - a regulation regarding the welfare of service users.

It also takes into account the National Care Standards Care at Home Standard 4 - Management and Staffing, the SSSC Code of Practice for Employers Sections 1.4, 2.2, 2.6, and 5.2, and the SSSC Code of Practice for Social Service Workers Section 1.4, 2.3, 3.10, and 5.3.

Timescale for achieving this improvement: by 30 April 2017.

4. The service must:
 - a) comply with the conditions of registration, as set out on the service's registration certificate:

b) review all contracts and care currently being provided to make sure that they fall within the legal definition of care at home, as is specified on the conditions of registration for the service.

This is in order to comply with The Public Services Reform (Scotland) Act 2010, Chapter 3, para 80(1)(a).

It also takes into account the National Care Standards Care at Home Standard 4 - Management and Staffing.

Timescale for achieving this improvement: on receipt of the draft version of this report.

Recommendations

Number of recommendations: 1

1. We recommend that the provider take steps to ensure that all care records contain information which is accurate, current and consistent, and that records kept in the service user's home are updated to match those held in the service's office, without undue delay.

This takes into account the National Care Standards Care at Home Standard 4 - Management and Staffing, the SSSC Code of Practice for Employers Section 2.6, and the SSSC Code of Practice for Social Service Workers Section 6.2.

Grade: 2 - weak

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must make proper provision for the health, welfare and safety of service users. In order to do this, the provider must:

- a) review all care plans to make sure that care plans are person centred, and reflect the wishes, preferences and priorities of each service user;
- b) make sure that care plans are reviewed and updated every six months, or as the service user's needs or circumstances change;
- c) be able to evidence that service users and, where appropriate, their family or other representative, are supported and helped to be involved in all reviews of care plans.

This requirement was made on 5 May 2016.

Action taken on previous requirement

Some aspects of this requirement had been met. Care plans in the office files had more detail about the client's needs and preferences, and about how staff should provide care, than at our last inspection. However, this did not always match the care plan in the resident's home.

We have made a different requirement about care planning in Theme 1, Care and Support.

Not met

Requirement 2

The provider must make proper provision for the health, welfare and safety of service users. In order to do this, the provider must:

- a) review all policies, protocols and guidance on the management of medicines to make sure that they give clear and accurate guidance for staff working in the service. All documentation must reflect current best practice guidance, and Scottish legislation;
- b) assess the skills, knowledge and competency of all staff who assist service users with their medication, to identify deficiencies in understanding or practice;
- c) take steps to address any identified deficiencies in knowledge or practice, through training, supervision, monitored practice or, where necessary, through the provider's own disciplinary procedures.

This requirement was made on 5 May 2016.

Action taken on previous requirement

We found that policies had been reviewed, but that some guidance documents still lacked clarity, and that there was still some confusion in records and amongst staff about medication management. Records we looked at were not accurate. We did not see evidence of competency assessment. We have made a requirement about medication management in Theme 1, Care and Support.

Not met

Requirement 3

The provider must ensure that persons employed in the service receive training appropriate to the work they are to perform. In order to do this, the provider must draw up a programme of training for the coming year which includes the subject and content of the training, dates for each training session, and the names of staff who will be expected to attend each session. Topics should include, but not be limited to, adult support and protection, dementia, infection control, and food hygiene.

This requirement was made on 5 May 2016.

Action taken on previous requirement

Records showed that all staff were up-to-date with training that the provider had identified as mandatory. However, the records seemed to indicate that all staff had started work in the service in the past year or so. It was not clear what on-going training staff were receiving. The manager had offered to provide us with updated records that would clarify this, but we did not receive these. We have made a different requirement about training in Theme 3, Staffing.

Not met

Requirement 4

The provider must provide the service in a manner which promotes quality. In order to do this, the provider must:

- a) review the quality assurance policy and systems in use to make sure that they are suitable to meet the needs of this specific service;

- b) fully implement the quality assurance policy to monitor the quality of all aspects of the service;
- c) consider ways to share information from quality assurance work with clients, families, commissioners and other stakeholders, in order to provide assurance and encourage discussion;
- d) be able to evidence that the outcomes from quality assurance work leads to improvements in the quality of the service experienced by clients and their families.

This requirement was made on 5 May 2016.

Action taken on previous requirement

We found that this requirement had not been met, and have made a different requirement about quality assurance in Theme 4, Management and Leadership.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should review all of the written information it shares with clients, families and other stakeholders to make sure that it is clear about the service being provided by the care at home agency, and that it reflects current Scottish legislation.

This recommendation was made on 5 May 2016.

Action taken on previous recommendation

The information about the agency still lacked clarity over the service that they were providing. The service's Statement of Purpose described housing support, which the service is not registered to provide. Information about the service also talked about providing care staff to care homes, which is not part of the registered service. We found that the service had not met this recommendation.

Recommendation 2

The provider should continue to improve their response to complaints by evidencing that the outcome and any action taken had been shared with the complainant. The complainant's level of satisfaction with the outcome should be checked and recorded. This should be followed up after an appropriate period to make sure that any action taken has achieved its intended improvement in the quality of the service.

This recommendation was made on 5 May 2016.

Action taken on previous recommendation

We saw that the quality of recording of complaint information had improved recently. However, it was not always evident that the outcome of the complaint had been shared with the complainant, or that this had been followed up to make sure they were satisfied with the outcome. We assessed that the service was making progress with the way they handled complaints, and should continue to review this as part of their quality assurance systems.

Recommendation 3

The provider should consider ways in which they can develop and strengthen their recruitment processes, taking into account the information we have set out in the areas for improvement identified in (the previous) report.

This recommendation was made on 5 May 2016.

Action taken on previous recommendation

The provider had not developed their recruitment process as we had suggested. We also found that they needed to get better at the way they gathered and used information about candidates for employment. We have described this in Theme 3, Staffing. The recommendation is not met.

Recommendation 4

The provider should develop a system of training that supports and enables staff in the service to access SVQ training and so achieve qualifications that facilitate registration with the SSSC, and that promotes continuing improvement in practice.

This recommendation was made on 5 May 2016.

Action taken on previous recommendation

The provider had begun to consider how staff could be supported with this, but needs to develop a more formal plan for how staff will be supported to achieve qualifications for registration. We have reported on this in Theme 3, Staffing.

Recommendation 5

The provider should put into place systems for assessing and monitoring the performance of staff, both to assure quality and to ensure that learning is put into place in practice.

This recommendation was made on 5 May 2016.

Action taken on previous recommendation

This recommendation is not met. There were some systems in place but they were not being used effectively to ensure quality or support improvement. We have reported our findings in Theme 3, Staffing.

Recommendation 6

The provider should review all of the policies and procedures in use in the service to make sure that they give staff clear and unambiguous guidance towards good practice, set clear expectations of the provider's standards, are specific to the circumstances of this service and the locality in which it operates, and reflect Scottish legislation.

This recommendation was made on 5 May 2016.

Action taken on previous recommendation

This recommendation had not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
31 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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