

Augustus Care Ltd

# Augustus Care

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Augustus Care is a domiciliary care service providing personal care to people who live in their own homes. At the time of the inspection the service was supporting 11 people. Everyone currently using the service received 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

The systems and records in place needed to be developed further to ensure they monitored all aspects of the service, and to drive improvements

People were supported by staff that knew their needs and had been trained and understood how to protect people from abuse. People received their medicines when they needed them. Systems were in place to reduce the risk of infection.

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.

People were supported by kind and caring staff who respected their privacy and dignity and supported their independence. People's needs were assessed, and a care plan devised in partnership with them to ensure they received the support they needed.

Staff felt supported in their role and had access to information to guide them in their role. People and relatives told us they were happy with the service provided, and they knew who to contact if they had any concerns. Feedback was sought from people about the quality of the care being provided.

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 and update This service was registered with us on 22 June 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Augustus Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was undertaken by 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

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

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 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. However due to Covid-19 implications the inspection was delayed.

The Expert by experience undertook calls to some people on 01 December 2021. Inspection activity was then delayed due to COVID-19 implications until 13 January 2022 and ended on 27 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with four people and four relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, and two care workers.

After the inspection

We reviewed additional documentation we had requested from the provider to validate evidence found.

# 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

- Recruitment checks were completed when staff commenced employment. This included a Disclosure and Barring Service (DBS) disclosure check and references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Although employment history was obtained, we found gaps in two staff members employment history which had not been explored by the registered manager. We discussed this with the registered manager who confirmed action would be taken to address this.
- There were enough staff to provide people with the support they needed. One person told us, "Yes, there's a small group of carers that support me and I have got to know them all." Another person said, "I have a regular group of carers. In the morning they will tell me who is coming in the evening, and in the evening, who's coming next morning."
- Staff members confirmed they received rotas which were consistent. A staff member said, "I support the same people so there is consistency and I get to know people and they get to know me."

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

- People told us they felt safe when being supported by staff. A person said, "I feel safe and comfortable with what they do and how the carers support me."
- A relative told us, "[Person] definitely feels safe they take it in their stride and [person] is comfortable with them, they do not want anybody else. If we had any concerns, we would speak to the manager."
- People were supported by staff that had been trained in safeguarding. Staff we spoke with understood what to do to make sure people were protected from harm or abuse. A staff member told us, "I would automatically report it to the manager and if needed go to the other agencies like CQC if needed."

### Assessing risk, safety monitoring and management

- People and relatives confirmed staff were aware of any risks associated with supporting them. A relative told us, "Yes they do, they know [person] little ways too. The carers noticed a change in [person] and they called me and told me about it."
- Risks to people were assessed and covered a variety of areas including moving and handling, skin integrity, medication and the environment. Where risks were identified actions were recorded on how these could be reduced.
- Discussions with staff demonstrated their knowledge about the risks to people's safety. A staff member

said, "I read the care plan and risk assessments on my mobile device before the visit so I am aware of any updates."

#### Using medicines safely

- People received the support they needed to take their medicines. One person said, "They give them to me with a drink. There haven't been any problems, and they do write everything down."
- A relative told us, "Staff check [person] has swallowed their tablets and it's all recorded."
- Records we reviewed confirmed people received their medicines when needed.
- Staff confirmed, and the records showed they had completed medicines training as part of their induction and had been assessed as competent prior to administering medicines.

#### Preventing and controlling infection

- People and relatives told us staff wore protective personal equipment (PPE) such as masks, gloves and aprons to prevent the spread of infections such as Covid-19. This is in accordance with government guidelines. A person said, "The carers always wear masks and gloves and they change their gloves regularly."
- Staff confirmed and records showed they had completed infection control training as part of their induction. A staff member said, "I have had the training, about Covid and how to safely put on and take off my PPE. I always have access to enough supplies of PPE."
- There were systems in place to monitor staff compliance with wearing PPE appropriately.

#### Learning lessons when things go wrong

- Systems were in place to enable the registered manager to analyse data for pattern and trends and to make improvements in the service. For example, the registered manager was able to identify where staff had not logged out of a call and action was taken to address this.



# 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.

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

- People's needs were assessed prior to the service being delivered. The registered manager advised us they received an assessment from the local authority and then called the person or their relative to discuss their needs and the calls times and frequency needed.
- A relative confirmed this and told us, "Yes, I feel they really have involved me throughout when we tried to get a care plan package and we got this company they asked me about [person] and they really understood their needs and how to help support them."
- People's care plans considered people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, sexuality, ethnicity and disability.

Staff support: induction, training, skills and experience

- People and relatives told us they felt confident in most of the staff and their skills to meet people's needs. A relative said, "The carers we have are experienced they know how to support [person] with personal care in a way that meets their needs." One person told us, "The younger carers are not as experienced they sometimes rush and don't seem to know how to put someone at ease." This feedback was shared with the registered manager to address.
- Staff confirmed they had received the training they needed for their role which included an induction and shadowing opportunities. A staff member told us, "I completed the training before I supported people and shadowed a really good mentor and met the people, I would be working with, so we got to know each other."
- Records were in place to support spot checks had been undertaken to monitor staff performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives confirmed staff supported them where needed with meals and drinks. A relative told us, "If [person] says they would like a certain meal, they say, you had that yesterday, are you sure you want it again, then if [person] says, yes, they will give it to them. Otherwise they suggest something else with [person] agreement. [Person] has dietary needs and the carers have really made a difference by helping them to have a more varied diet and by making sure [person] has a proper meal each time."
- Staff told us they always ask people if they want a drink prepared before they leave.

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

- People and relatives confirmed where needed staff support them to access healthcare services. A relative

told us, "Sometimes a carer will recommend a District Nurse, they say, why don't you call one when they notice any changes with [person's] skin. I did and the person needed some cream."

- The registered manager told us they worked with other agencies and health professionals in order to meet people's specific needs such as GPs, and district nurses.

#### 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 MCA 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.

- People and relatives confirmed staff always sought their consent. A person said, "They ask me every time, they never take anything for granted they check what I would like them to do each time." Another person told us, "We have a routine, but they still say, shall we do this or that."

- Staff confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had a basic understanding of the MCA and how this related to seeking consent before supporting people.

# 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 and relatives told us staff treated them with respect. A person told us, "The carers are kind we can have a nice chat each time." Another person told us, "The carers are lovely, friendly they never let me down I feel very valued by them, they will talk with me and not about me I feel respected."
- A relative told us, "The carers are incredibly kind to [person] they even put their clocks back when they changed, they notice the littlest of things that will make a difference to [person]."
- The service had received compliments from people using the service and relatives. One compliment read, "We as a family have the impost respect and gratitude for all the staff that cared for [person]. We are forever thankful."
- Staff understood their roles in ensuring people received caring and compassionate support. A staff member said, "I treat people as I would do if they were a member of my family."
- People's equality and diversity needs were respected, and peoples' diverse needs were recorded in their care plans.

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

- People and relatives confirmed they were involved in the daily provision of their care. One person told us, "'We have a plan, a routine but I can change it when I want. I can say when they come what I want if I want to skip something I just say."
- A relative said, "We are involved, I can't think of a time when a carer would go ahead without talking to us first, we talk every time about what we want them to do."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided support in a dignified way and promoted their independence. One person told us, "The carers wash me the bathroom with the door closed. I'm covered and the family are out of the room." Another person said, "The carers let me do as much as I can before they step in. I don't need them to do everything yet and they respect this."
- Staff gave us examples of how they maintained people's dignity and privacy. A staff member said, "I always ensure the curtains are closed and people are warm and covered when supporting with personal care."

# 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

- People and relatives told us the support provided met their needs and most were aware of their care plan. A person said, "It's all in the book I think, if I'm not happy with something I can just say. Not sure if I have had a review yet."
- A relative told us, "We have been involved from the start and feel we can ask anything and if something needs changing, they do it straight away and all the carers are told. We have been involved in reviews; we are happy with the support provided."
- Care plans reviewed included some personalised information about what was important to people including their preferences. This enabled staff to provide person centred care. One person told us, "I feel the whole package is about what is important to me. The carers only do what I've asked for."

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.

- Information about people's preferred communication method was asked as part of the initial assessment and recorded in their care plan.
- People and relatives, we spoke with told us they did not need information provided in alternative formats.
- The registered manager understood their responsibility to comply with the AIS and the importance of communication. The Registered manager told us information could be made available in alternative languages or large print if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew the procedure to follow to raise any concerns. A person said, "I have been given leaflets about how to complain, and if necessary, I would."
- A relative told us, "We raised an issue a while ago as the staff were late. I rang the office and asked them to let us know if a carer was running behind. They haven't been late since so it's worked."
- A complaints procedure was in place. Records of any complaints and the action taken, were kept.

End of life care and support

- People who were receiving palliative support had some information recorded about their wishes and preferences, but this could be expanded when people felt able to discuss this area.

# 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 requires improvement. This meant the service management and leadership required improvement to ensure systems were in place to demonstrate the oversight of the service.

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

- Although some systems and processes were in place to monitor the service provided these needed to be improved and additional systems implemented.
- We found audits were not in place to check the recruitment of staff to ensure full information and checks had been completed. Once raised with the registered manager they took action to address this.
- Care records we reviewed varied in detail and some records included generic responses which were not specific to people's individual needs.
- We reviewed two staff rotas. On some occasions, we saw there was an overlap of times where staff should be leaving a call and starting another call. Therefore, on these occasions travel time was not reflective. This was discussed with the registered manager who agreed to address this.
- Systems were in place to monitor the number of missed and late calls. The reasons for these were recorded and action taken to address these.
- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents.

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

- People and relatives, we spoke to were complimentary about the service provided. A person told us, "The carers are so caring we have a laugh and chat and that's important. I am happy with the service I receive." A relative said, "Just having the confidence that someone is coming. It gets you into a routine which is more important than I'd realised otherwise you wouldn't get up. We know where we are with them coming, what time in the morning I would have been lost otherwise."
- Staff we spoke with told us how they enjoyed their role and in ensuring people received personalised support which met their needs. A staff member told us, "I love my job, it is very rewarding."
- The registered manager shared with us their passion and commitment to make a difference and for people to receive good quality care in the community.

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 open and honest with us throughout the inspection and keen to learn and improve. They understood their responsibilities in relation to the duty of candour regulation and told us, "It is about being open and transparent with people and staff. If something goes wrong, we acknowledge the mistake and apologise."

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

- People and relatives told us their feedback was sought about the way the service was provided. A relative told us, "We have received and completed a survey to check if everything was okay. We think everything is always good anyway." Another relative said, "Yes we have completed a survey it can't improve though because its good already."
- People and relatives spoke positively about their contact with the registered manager. A person told us, "I have spoken to her over the phone, she seems very nice and friendly." A relative said, "She is lovely and listens, to what we want."
- Staff told us they felt supported in their role and found the registered manager to be approachable. A staff member said, "I feel supported and valued the manager is approachable and easy to talk to."

Working in partnership with others

- The registered manager and staff worked in partnership with various health colleagues, and the local authority, to support people's needs.