

Aetos Health Care Ltd

# Aetos Health Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Aetos Health Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger people, people living with dementia and people with physical disabilities. At the time of our inspection there were four people using the service.

All four people were being provided with the regulated activity of 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.

### Peoples experience of using this service

People, their relatives or representatives knew the signs and symptoms of any potential harm and to whom they could report any concerns. Staff were knowledgeable about identifying and reporting safeguarding concerns or issues. One relative said, "[Staff] are very diligent in ensuring my [family member] takes their medicines as they would forget without staff prompting."

The registered manager ensured they only recruited suitable staff and checks were in place to support this process. People were supported to independently administer their medicines. This was safely managed by safe and competent staff. One person said, "I rely on the staff. They apply my [medication], and as a result I stay well." Lessons were learned when things went wrong, and learning was shared across the staff team. There were systems and processes in place which supported good infection prevention and control practices.

People's needs were assessed and staff with the right skills helped to meet these. One person told us, "I keep an eagle eye on staff when they help me. I just remind the new ones if they are not doing things correctly. I feel very safe though." A relative said how staff paid attention to detail. However, in each of the care plans we looked at, they lacked detail around people's care and support. Although, there was no impact on people, the registered manager told us they would add additional information. Staff supported people to access healthcare support to live a healthier life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff ensured people's care was respectful, dignified and undertaken with privacy. People's independence was promoted and respected. Staff provided care and support in an attentive and unhurried manner; they gave people the time they needed, and staff acted according to what people said. One person told us, "[Staff] cover me up as much as they can. They chat with me and tell me exactly what they are going to do and if I am happy for them to do that."

People's care was person centred and based on what was important to them including how they

communicated their preferences and choices. Records and processes were reviewed regularly to ensure they were current and relevant.

Concerns were resolved before they became a complaint, and actions taken were effective in preventing recurrences. Policies and procedures were in place for any person who may need end of life care. People benefitted from using technology and this helped promote safety and independence.

The registered manager led by example, demonstrated the values of the service and was aware of their responsibilities. They knew what effective oversight and quality assurance was; they implemented this effectively. They had developed a positive, open and honest staff team culture. Staff spoke of the qualities of the registered manager as being, "very approachable", "a listener", and "someone who you can trust implicitly". Governance and audits were effective in driving improvements.

People's views about their care were sought frequently and improvements were made. The registered manager worked well with others to provide people with joined up care and support. The staff team promoted the provider's equality and diversity policies and treated people equally well. Staff used their skills and knowledge of people's communication and support needs to help ensure people's care was as good as it could be.

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

This service was registered with us on 25 April 2019 and this is this first inspection.

#### Why we inspected

This was a planned inspection based on the registration date of the service.

#### 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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Aetos Health Care Ltd

## Detailed findings

### Background to this 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 was planned to check 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

This inspection was undertaken by one inspector.

#### Service and service type

Aetos Health Care Ltd is a domiciliary care service and provides 'live-in' support to people living in their own homes. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission (CQC). 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 four days' notice, to ensure the registered manager was in and that people and relatives had consented to us contacting them. Inspection activity started on 28 May 2021 and ended on 04 June 2021. We visited the office location on 04 June 2021.

#### What we did before this inspection

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 checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We used all this information to assist with the planning of the inspection. We also sought feedback from organisations who shared people's care and support.

#### During the inspection

We spoke with two people who used the service and one relative about their experiences of the care provided. We spoke with four members of staff including the registered manager and care staff and a health professional who regularly works with the service.

We looked at various records, including care records for two people, as well as other records relating to the running of the service. These included one recent staff recruitment file, supervision planning records, training records, medicine administration records, audits and compliments.

#### After the inspection

We requested the registered manager send us records to clarify people's risk management plans. This information was provided within the timescales given.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded by trained staff who understood how to recognise and report any concerns to the appropriate authorities including the registered manager.
- Staff had a good knowledge of safeguarding procedures and knew when to alert the registered manager. However, some staff did not know the contact details for the local safeguarding authority. The registered manager told us they would ensure staff had this information to hand.
- People praised staff for their attention to detail such as when undertaking a moving and handling task. One person said, "[Staff] know exactly which hoops to use and where these are attached. They explain every step of the move and I trust them."

Assessing risk, safety monitoring and management

- Risks to people were identified and appropriate measures were in place to mitigate these risks.
- Staff received support with training and shadowed experienced staff on how to manage risks safely. One person said staff checked to make sure their food was prepared correctly. Although people told us staff kept them safe and undertook repositioning and hoisting tasks safely, risk assessment records lacked detail how to manage risks. People and relatives told us that if they or their family member gave staff clear instructions, they adhered to them. The registered manager told us they would add more detail into people's risk assessments.
- Relevant health care professional's advice to manage risks, such as for skin integrity or choking was implemented and acted upon.

Staffing and recruitment

- There was a robust recruitment process in place and this helped ensure only suitable staff were employed.
- Checks included previous employment references, staff's health status, any adjustments needed and recent photographic identity.
- The registered manager based the level of staffing and support in place for people on their needs. One person told us they were never made to feel rushed, there was always enough staff and staff responded well if they ever went slightly quicker.

Using medicines safely

- People were supported to independently administer their own medicines as far as practicable. This included the use of technology which helped ensure medicines were taken at the right time.
- Trained and competent staff administered people's medicines as prescribed when this was needed.
- One person told us staff knew exactly how to apply their topical skin cream, and they always wore gloves

whilst doing this.

- Medicines administration records were accurate and provided a clear record. Audits of these electronic and paper records ensured staff adhered to the prescriber's instructions.

#### Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had enough personal protective equipment (PPE), they used this effectively and disposed of it safely. People and relatives told us staff always wore their PPE, unless this hampered safe and effective communication. Staff would then mitigate risks to themselves and people by the use of social distancing.
- Staff had regular IPC training and received updated guidance on how to manage risks associated with COVID-19. Other ways to manage and prevent infections had been implemented including vaccinations and regular COVID-19 testing for staff.

#### Learning lessons when things go wrong

- There were systems in place to identify when things had gone wrong. Lessons were learned, shared amongst the staff team and improvements were put in place to prevent further occurrences.
- The registered manager told us the staff team were kept up to date with any changes to people's care and support or health condition. They also used hypothetical incidents to aid staff's learning and what they might do in a real event.
- One staff member told us how, after a person had fallen because they had taken unnecessary risks, changes had been made to the person's home, and equipment had been put in place. Staff reminded the person not to take unsafe risks and to always ask if they ever needed help. No further incidents had occurred.



# 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

- The registered manager ensured people's needs were assessed, and their care delivered in line with current legislation and used technology to increase people's independence.
- People's assessments included those for culture, health needs, input from other health professionals, food and drink and what support people needed to be more independent. One staff member told us their training and support was based not just on mandatory training but on each person's care needs.
- People and relatives told us staff were very well matched to the people they supported and had the right skills and knowledge. One person said, "I have [health condition] but staff help me to live a full life. It means the world to me to do my favourite pastime because of their support, as I can't do it on my own."

Staff support: induction, training, skills and experience

- Staff received regular and effective support, training and regular updates to this. This was for a range of subjects including the Mental Capacity Act 2005 (MCA), equality and diversity and human rights, nutrition and various health conditions.
- Staff were complimentary about their induction and how they also had mentoring and shadowing of experienced staff. One staff member told us, "We have had to do online training during the pandemic, but the [registered] manager and other organisations have given us the practical training in smaller, socially distanced groups." For instance, with the use of hoisting and lifting equipment.
- One person said, "I can't fault staff's skills. They know me better than I do. Their knowledge about me has been gained over the past few years. I feel much better knowing they have the support they need."

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

- People were supported to eat and drink enough in a safe way such as, with adaptations to drinking utensils and staff making sure people's food was the right format or cut into pieces of a safe size.
- One relative told us that with staff support their family member now ate more slowly. This helped the person live a healthier lifestyle.
- Risks to people's eating and drinking had been mitigated such as, from input from a speech and language therapist with prescribed thickeners to assist people with their swallowing.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had a very good knowledge and understanding of people's needs, and how to best ensure people lived a meaningful life.
- Staff sought input from other health professionals to help ensure people's care was coordinated. One person said, "I have the [community] nurse who comes to see me and [staff] tell them about any change in

my [health condition]."

Supporting people to live healthier lives, access healthcare services and support

- The registered manager identified and assessed people's health needs.
- Staff had a good understanding of people they supported, what changes to be aware of and to whom any referrals may be needed, such as for an occupational therapist or GP.
- People were supported in a way which reduced the risk or need for hospital admission. All those we spoke with praised staff for their prompt actions and how much this had benefitted them. One person told us, "Throughout the pandemic I have had all my health appointments."

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

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff undertook training and familiarisation about the MCA and its five key principles. This included promoting choices and respecting people's decisions. One person's advocate told us how good staff were at learning what the person was communicating, how to use technology but always listening to what the person was telling them.
- All staff spoken with knew when and how to offer people a choice such as, by showing people a choice of clothes, food, activities or different ways to do something. One staff member told us, "I limit the number of choices as this helps [person] to make a choice. I consider what is in their best interests."
- The provider had implemented many ways to help people to communicate choices, such as with technology, including audio books, systems which could scan and read e-mails or a facility to record handwritten messages.
- For one person their voice activated device enabled them to listen to music, make to-do lists, stream podcasts and other real-time information such as the latest news. This greatly increased the ability for people to have their voice heard.

# 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

- Staff understood people whatever their needs, and how to treat them equally well. As a result, staff cared for people with respect, compassion and took account of people's individual needs.
- One person described how staff treated them as a person, how they always listened to how they were feeling and how good staff were at lifting their spirits. The person said, "I have recently had to deal with a [difficult time in the person's life], but staff could not have shown me any more compassion."
- A relative told us they had kept the same core staff team and this made a huge difference to their family member's quality of life. This was by being supported to be more independent and have many pastimes.

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

- Staff listened to whatever people were telling them using a variety of effective communications.
- A person's advocate told us how good staff were at involving them, and the person. The advocate said, "Even if [person] can't remember everything, I am there to do this for them. I ensure they are heard, fully involved in choices around their care, ensuring nothing is rushed but above all [person] has the final say."
- People and relatives were unanimous in their praise for the way care was provided. One staff member said, "It doesn't matter how long people take to decide what they want. I give them all the time they need."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. This helped people to establish a working friendship and be relaxed during personal care.
- One person told us how staff warmed their towel before a shower, got all their toiletries ready and only had to call staff when they needed some support to finish the shower.
- Another person told us how considerate staff were in ensuring they did everything possible to improve their independence, such as helping dry the cutlery. A staff member said, "Living with people for most of the day and night means we get to really understand them. It also helps improve people's independence and doing this gradually and fairly."

# 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 meet people's needs, preferences, interests and give them choice and control.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and their relatives or representative said they had contributed to the planning of the person's care and support. Planning also included input from a court appointee, the registered manager or health professional.
- People's care plans included information about preferences for care staff, interests and pastimes, nutrition and communication strategies. For instance, with the use of well-known voice activated devices.
- Staff knew people very well. One staff member explained in detail how they helped a person get out of bed, using their hoist as well as how the person had an input in how this was done.
- Staff adapted their approach to care, were professional and knew how best to ensure people led meaningful lives. For example, with the use of a range of technology and equipment that enabled people to live a normal a life as possible. Equipment included a special type of drinking straw and the use of a heavy glass to be able to drink safely and independently.
- The provider told us in their PIR how they assisted one person who preferred to have care staff who shared a similar religious and ethical background. Staff had supported the person to enjoy their religious and cultural festivals without worrying about preparations.

Improving care quality in response to complaints or concerns

- Information was provided to people and their representatives in a format they preferred on how to raise concerns or make a complaint, if needed.
- Concerns were acted on before they became a complaint and people were supported in the use of technology or non-verbal communications including by e-mail. The registered manager told us their unannounced checks on staff helped identify good practice as well as if people's feedback meant any improvements were needed.
- Compliments showed what the provider did well. One example from a social worker praised staff "for how they have made a very big difference to [person's] life and helping with [their wellbeing]". Another complimented the provider for the support given to staff, the competence and effectiveness of staff and being so helpful.

#### End of life care and support

- At the time of our inspection the service was not providing anyone with end of life care.
- There were policies, procedures and training on this subject available for staff. The registered manager told us they, and some staff, had previous experience and skills to respond appropriately at a sensitive time for people and their families.
- The registered manager understood advanced care planning and arrangements for palliative care teams and health professionals. This was for anticipatory medicines, any religious requirements, dignity and pain relief.

# Is the service well-led?

## Our findings

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

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

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

- The registered manager understood their responsibilities such as when to refer incidents to the safeguarding authority. They also used effective tools available to them to monitor the overall quality of care provision and the staff team culture.
- However, for one incident where a person was seriously injured, they had taken all necessary actions but hadn't notified CQC. They told us this was an oversight, and that in future they would ensure we were notified without delay. There had not been any other such incidents or those needing to be notified.
- Staff told us they felt supported, that this was done positively and made them feel they mattered. One staff said, "The [registered] manager is one of the best managers I have ever had. She listens, is very open and genuinely cares about people, as well as checking on us and taking effective action." This view was echoed by people, relatives and a health professional.

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

- The registered manager was passionate and committed about ways to make improvements, and they implemented effective changes. For example, promptly seeking health referrals and ensuring all those involved in people's care had a positive impact.
- Everyone we spoke with praised the quality of care provision, and that if any concerns were reported, these were addressed immediately. One person's case manager (this is a person responsible for coordinating a person's care needs) described how professional and forward thinking the registered manager was in always doing the right thing.
- Staff felt the registered manager worked as part of a team, were devoted to their role, and shared the same passion to make people's lives as meaningful as possible. Staff described the support from the registered manager during COVID-19 as being "amazing", and "our wellbeing has always been a priority".

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

- People, their relatives or representatives had an input and say in how the service was run in whatever way people communicated.
- Comments from people had helped change working practices in a positive way, such as what the service did well, and where changes to the staff supporting people had a positive outcome.
- The registered manager completed observations of staff's care practice, to help ensure that all staff

upheld the provider's values of providing good quality care. One relative told us that the registered manager would turn up unannounced, but they ensured any improvements if needed were fed back to them, and what positive impact this would have on their family member.

#### Continuous learning and improving care

- The registered manager shared good practice with the staff team including accessing the latest guidance around COVID-19 and other health conditions.
- They also implemented changes following an incident, such as a person falling, to prevent other people in similar circumstances from falling, and ensuring staff adhered to any changes in the person's care plan.
- Audits and other quality assurance processes were effective in identifying where action was needed such as reviews of eating and drinking risks to people. This had a positive effect on the quality of people's care.

#### Working in partnership with others

- The registered manager worked well with others to provide people with joined up care. This included other care agencies involved in people's support, a case manager or peoples' advocate.
- Guidance and involvement from health professionals was promptly sought, implemented in full, and systems were in place to check that this was effective in improving people's lives.
- One case manager told us, "The [registered] manager's passionate about everything they do. I can't fault them. They put forward ideas or implement mine."