Aeon Nursing Ltd

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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
Aeon Nursing Limited is a domiciliary care agency that is registered to provide personal care and treatment of disease, disorder or injury. At the time of our inspection they were providing care and treatment to one person in their own home.

People's experience of using this service and what we found
There were systems in place to safeguard people from abuse. Risks to people were assessed and monitored. Recruitment processes were robust and there were enough staff working at the service. Medicines were managed safely. There were prevention control measures which sought to keep people safe from infection. There had been no incidents or accidents but there were systems in place to ensure lessons were learned when things went wrong.

People's needs were assessed before they used the service. Staff were supported through induction, training, and supervision. There was specialist training to ensure people's needs were met. People were supported with nutrition and hydration. Staff worked with other agencies, including health professionals, to provide effective care. 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. There were consent agreement and people's choices and decisions recorded.

Policies and procedures at the service supported equality and human rights and staff understood these rights. People expressed their views and had input into their care. People's privacy and dignity were respected. People were encouraged to be independent.

Care plans were personalised and provided instruction so staff could provide people with care in a way they preferred. People's communication needs and preferences were recorded. People knew how to make complaints and the service responded appropriately when complaints were made. The service could support people at end of life.

The service provided person centred care. Staff knew their roles and responsibilities. People and staff were able to feedback about the service and be involved with decision making about their care. The service worked with others to the benefit of people receiving care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 20/06/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on potential risks highlighted by CQC systems.

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?

Good

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 22 June 2021 and ended on 23 July 2021. We visited the office location on 22 June 2021.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with one member of staff, the business manager, who oversaw service operations.

We reviewed a range of records. This included one person's care and medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We spoke over the telephone with one relative who was with a person who used the service and we asked about their experience of the care provided. We also spoke with a further two members of staff; one deputy manager who provided care regularly and one carer. We also continued to seek clarification from the provider to validate evidence found.

Good

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 and their relatives told us they felt safe with staff. One relative said, "(Person) feels safe now." Staff members were trained in safeguarding upon induction into the service and knew what to do if they suspected abuse. There was a safeguarding policy which provided information on what to do if abuse was suspected. One staff member said, "It's about the safety and wellbeing of the patients. To protect them from harm, from abuse."

● There had been no safeguarding concerns raised since the service started providing care. However, the manager was able to tell us what they would do if there were. They would follow their own policy, raise the concern with the local authority and notify Care Quality Commission.

Assessing risk, safety monitoring and management

● The service completed risk assessments with people to monitor risk of harm to them. Assessments were personalised to people's needs and preferences and included areas specific to people's medical conditions.

● Risk assessments included areas such as clinical risk, medicines, falls and moving and handling. These assessments identified risk to people and instructions to staff about how to lessen them or what to do should they occur.

● Staff understood the importance of assessing risks. One staff member said, "We examine what could cause harm for that person and we try to limit the risk to them and what could happen."

Staffing and recruitment

● People's relatives told us people were happy with staffing. One relative said, "Staff are timely, and they communicate well if they are going to be absent. No issues of [staff] cover." The staff rota indicated there were sufficient staff at the service to meet people's needs. There was a system in place to cover staff absence.

● The service had robust recruitment practices. The service completed pre-employment checks with staff to ensure their suitability for their roles. These included checks on identity, employment history, criminal history and experience. This meant people's safety was considered throughout the recruitment process.

Using medicines safely

● People were supported safely with their medicines. One relative said, "They do [administer medicines] according to the guidance." Staff were trained in medicine administration, followed a medicines management policy and were competency checked around clinical processes, which included medicine management.

● Staff confirmed their knowledge of medicines administration. One staff member said," We have MAR (Medicine Administration Record) chart and in the MAR we have the meds [medicines] and how many

tablets and how much is one tablet in milligrams and we check the MAR chart and label to correspond with the MAR and you check the expiry date. You always have to check."

● Staff completed MAR charts to record medicines administered and these charts were audited by management. MAR charts and care plans contained specific information about medicines, why they were prescribed and any risks they presented.

Preventing and controlling infection

● Staff understood the risks presented by infection. One staff member said, "So we test for Covid every week, we wash our hands very often, we use hand gel and mask and aprons." Staff were trained on infection control and how to use Personal Protective Equipment (PPE) and completed competency checks on infection prevention. There were ample supplies of PPE at the service. Staff were tested for COVID-19 and there was a COVID-19 management policy in place which followed national guidance.

Learning lessons when things go wrong

● There had been no incidents or accidents, but the service was prepared for when one occurred. There was a system in place for recording incidents and accidents which would be reviewed by management. This followed the service's policy for incidents and accidents. Incidents and accidents were also monitored to share with the Clinical Commissioning Group responsible for funding people's care. The manager told us any learning from any incident, accident or complaint would be shared with the staff team via team meeting or supervision.

Good

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 before they began using the service. Assessments recorded people's support needs, important aspects of their lives and their preferences. Assessments also recorded people's equality characteristics in line with UK law. In assessing people's needs and preferences in this way the provider was able to understand whether they could meet people's needs and provide them a service.

Staff support: induction, training, skills and experience

● Staff received an induction when they started working for the provider. This was so they knew what they were supposed to be doing when they began working with people. One staff member said, "We had to have training when we started and shadow staff who were working with [person]." Staff completed induction which included training in specific areas such as health and safety, completing competencies such as personal care and also shadowing experienced staff. The person receiving care was offered the opportunity to feedback on new carers shadowing, to see if they were to their preference.

● Relatives told us they thought staff had the skills to do their job but were not always as experienced, which they linked to the service being new. One relative told us, "I think they are [skilled]. This is a newish set-up [service], not as experienced as previous carers. There are trained but not as experienced."

● Staff completed a mix of both specialist and training the provider deemed mandatory. Training all staff had to complete included topics ranging from equality diversity and human rights to food hygiene. Specialist topics how to use specialist equipment like ceiling hoists. Some of the training was specifically provided for the person currently receiving care, whose physical support required clinical oversight.

● Staff told us they received support from the management at the service. One staff member said, "[Manager] gives me supervision and we talk about how I am and how I feel in the team and how we cooperate and anything about the management." Staff received regular supervision and were observed in their role by a member of the management team who also provided care for the person the service was currently working with. They were then able to feedback constructive criticism to the staff whom they supervised.

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

● Staff were trained how to use specialist feeding techniques and supported people to eat and drink what they could. Staff were trained in food hygiene. A relative told us people's nutritional needs were met and care plans contained information about people's dietary needs and preferences.

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

● The service worked alongside health care professionals to support people's care. One staff member said, "When the district nurse comes… or the nutrition nurse, podiatrist, dietician. We write down everything and update everyone."
● The one person receiving care from the service had complex health concerns and received support from a range of health care professionals. The provider-maintained communication with these professionals where required and followed their instruction where necessary. Similarly, the registered manager was also a doctor and able to support with clinical elements of health care if required.
● Care plans contained information about people's health conditions. This meant staff knew what the condition meant for the person, what the potential risks were and how to manage them and also when to seek emergency medical help.
● The service recorded relevant information about people's care in daily notes. Staff could access these notes which assisted in providing effective and timely care. Where required these notes, which were audited, could be shared with health care professionals.

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.
We checked whether the service was working within the principles of the MCA.
● Relatives told us staff sought people's consent when providing care. One relative said, "Yes they do [ask person's permission] they are mindful of that."
● Staff understood the need for consent and acting in people's best interests. One staff member told us their understanding of the MCA, "It provides a framework for mental capacity of patients and whether they're able to make decisions themselves."
● Care plans contained consent agreement and mental capacity assessment form. These documents ensured the service acted in line with the MCA and protected people's rights to make decisions about their care.

Good

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

- Relatives told us staff were caring. One relative told us, "They are caring."
- Staff were trained in equality and human rights policies and documentation at the service supported people's equality and rights. Policies cited relevant law and sought to uphold people's human rights by providing staff with guidance on how people should be treated. These policies were also reflected in the service user guide.
- Staff told us they were happy working with people who had diverse needs. One staff member told us, "All different types of people have different needs, we care for people's needs."

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

- People and relatives told us they were involved in creating their care plans. One relative told us. "Yes, very involved and I look at the care plan and read it."
- Staff told us they involved people in decisions about their care. One staff member said, "We always ask [person's] permission with everything."
- Care plans were personalised and held information about people's preferences. These were reviewed regularly. The person receiving care was able to be involved with their care through regular meetings and was able to raise concerns in this way. This meant that people were involved in deciding their care.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy and dignity was respected. One relative told us, "I think they attempt to [respect person's privacy and dignity],they excuse themselves when family come, and they abide by [person]'s discretion."
- Staff told us they respected people's privacy and dignity. One staff member said, "I close the door, I cover [person] with the blanket and make sure the windows are closed so no one can see from outside. Even when the GP comes, we cover [person] all the time."
- People's confidential information was stored on password protected computers or mobile phones. There were policies to support data protection and people's confidentiality.
- Staff sought to promote people's independence. The service user guide and people's care plan included information about how to promote and encourage people's independence and choices.

Good

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's needs were met in line with their preference. One relative told us, "I think they do [meet people's needs]. [Person] has their own issues and they are fussy about how they like things done."
- Care plans recorded people's needs. These were personalised and detailed. They contained specific information about people's needs and preferences. There were different care plans to support with different areas of concern. For example, there were care plans for skin integrity and pressure and care plans for communication. This made it easier for staff to find information about people's care.
- Care plans contained instructions for staff. These were specific and meant staff knew what to do to work with people. This included when to complete general care and more specialist tasks. This meant staff would know what to do and when to support people in the way they were supposed to.

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.

- Care plan contained a specific AIS questionnaire. The questionnaire recorded preferred and required methods of communication and asked how people prefer to be contacted. The document also highlighted the service could support other requirements such as enlarged text. A senior member of staff told us if required the provider would work with other services, such as local authorities or translation services, to ensure people's communication needs were met.

Supporting people to develop and maintain relationships to avoid social isolation

- Care plans contained information about what activities people liked to do. The service provided around the clock care for the person they worked with and this meant ensuring people got to do things they wanted to. The person using the service was supported to maintain relationships and avoid social restriction.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us they would feel able to do so. One relative told us, "There has been issues about them [staff] not doing things how he wants but have initiated meetings to try and fix things." We viewed video recordings of meetings where resolution to issues was sought. There was a complaints policy and procedure in the service users guides. The relative told us they believed the service had worked to deal with all issues raised.

End of life care and support

● At the time of inspection the service was not working with anyone who was end of their life. However, some staff had received training should the service work with someone who was approaching the end of their life. There was an end of life policy and documentation at the service could capture people's end of life wishes should they wish to share them.

Good

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.

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

- Relatives told us the service management were approachable. One relative said, "To be fair, on behalf on the family, [manager] has been very approachable and when there have been things [issues], they have attempted to address them." The service had a mission statement and a service user guide. These documents highlighted the aims of the service, to provide quality care which empowered people.
- Staff thought highly of the service and the management. One staff member said, "[Business manager] is very supportive with us and if we have a problem the are very good, they will answer immediately."
- The registered manager was unavailable to support us with the inspection. The business manager supporting the inspection was able to evidence plans for growth which focused on providing good care. The service had solid business foundation as the provider also managed a healthcare recruitment agency which they could use to access clinical staff.
- Similarly, the business manager had an information technology and business background and was able to demonstrate a bespoke mobile phone application they were going to use to support the care they provided. This application was clearly well designed and would benefit people and staff at the service, being able to record and monitor all aspects of care.

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

- The provider understood things occasionally go wrong and acted responsibly and responsively when they did. We viewed video meetings where concerns raised by people and relatives were discussed and addressed. Where things had gone wrong the manager had apologised and sought to address concerns professionally.
- Staff understood their roles and working within regulatory requirements. Staff files contained job descriptions and inductions provided new staff with an understanding of what their roles entailed. The manager monitored quality performance through quality assurance measures, sharing these with stakeholders where appropriate. They knew their responsibility with respect to notifying the local authority and Care Quality Commission when things went wrong.

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

- Relatives told us they were able to feedback about the service. One relative said, "We've had some

feedback opportunities." Feedback on the quality of service was received through spot checks, online feedback opportunities and regular care review meetings. Feedback we saw indicated that people were supported by the service. For example, one spot check comment we read said, "Office staff very responsive and willing to work with matters which are personally important to the client."

● Staff had the opportunity to engage with the service and provide opinion about how it was managed. There were staff meetings and staff could complete feedback forms too. Meeting topics included medicines, staff interaction with people and daily tasks. Feedback forms we read from staff were positive and highlighted many staff would recommend the service to others. One staff member said, "Before we talked monthly but we have now weekly meetings with the client and we talk about everything, any issues coming from the carers and from [person] and we try to solve problems."

Continuous learning and improving care

● There were quality assurance measures so the provider could learn and improve their care. Quality assurance measures included medicines administration audits, care task audits and spot checks. Spot checks are when the provider observes carers completing their care tasks to ensure these are done properly.

● The provider also completed monthly monitoring forms which they shared with the clinical commissioning group, who commissioned the care for the person receiving care. This form looked at all interaction with health professionals and whether there had been any incidents of concern. This meant the provider was accountable for the care they provided to people and also ensured there was an opportunity to learn when things went wrong.

Working with others

● The service had professional relationships with variety of health and social care professionals who assisted in people's care. These relationships were maintained to the benefit of people using the service. The provider also managed a number of other business from the same office space. Some of these businesses were able to have mutually beneficial relationships with the service such as health care professional recruitment.