

Aegys Smart Care Ltd

Aegys Smart Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aegys Smart Care is a domiciliary care service providing personal care to people in their own flats and houses. The service is registered with CQC to provide support to older people, people living with dementia, people with physical disabilities, people with learning disabilities and/or autistic people, people requiring mental health support, people living with sensory impairment and younger adults. At the time of our inspection there were 3 people using the service.

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 experiences of using this service and what we found

The provider had not sufficiently assessed and monitored the risks to people. At the time of our inspection the provider did not have risk assessments in place for people. During our inspection the provider carried out risk assessments with the people using the service and put risk assessments in place for staff to use to monitor, mitigate and manage the risks to people.

People's needs were assessed but assessments did not include information about their choices and preferences or their protected characteristics and individual diversity, and their care was not always planned in a personalised way.

The provider had not ensured infections could be prevented and controlled. Staff had not worn personal protective equipment (PPE) when providing people's care. After our inspection the provider met with staff and discussed the issue and arranged for staff to do infection prevention and control refresher training. The provider also contacted people and their families and asked them to inform the service if staff did not wear PPE. The provider said they would carry out spot checks.

The provider did not always follow safer recruitment procedures. They had not obtained suitable references for all new staff and had not carried out risk assessments for new staff for whom they had not obtained a suitable reference.

The provider had not operated effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. The provider's audits were not always effective.

There were systems and processes in place to protect people from abuse and improper treatment and staff were trained to recognise and report abuse. People's relatives said people felt safe with their care workers.

Medicines were administered safely. Staff had received medicines administration training and people received their medicines in line with guidance.

People received their care from trained staff who were supported by their managers. Staff supported people to eat and drink enough, maintain a balanced diet and live healthier lives. The provider obtained people's consent appropriately and in line with legislation.

People were well treated and supported. Staff knew people and their needs and preferences well and people received consistent care. People and their families were involved in making decisions about their care and were supported to express their views. Staff respected and promoted people's privacy and dignity and supported them to be as independent as possible. People were supported to avoid social isolation and participate in activities they were interested in.

The provider promoted a positive culture that was open, inclusive and empowering and achieved good outcomes for people. The provider dealt with complaints appropriately and in a timely manner to improve the quality of care provided. The provider engaged and involved people, their families and staff in the provision and development of the service.

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

This service was registered with us on 7 April 2022 and due to the service not providing a regulated activity for a period of time, this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

At this inspection we have identified breaches in relation to person-centred care, good governance and fit and proper persons employed.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Aegys Smart Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and one 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 14 October 2022 and ended on 19 October 2022. We visited the location's office on 14 October 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two relatives of people who used the service about their experience of the care provided. We spoke with five members of staff, including the registered manager, the nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not always follow safer recruitment procedures.
- The provider had not always obtained suitable references from previous employers regarding the conduct of staff who had previously worked in health or social care or with vulnerable adults. This meant the provider had not always obtained satisfactory evidence of conduct in previous employment for all new staff. This put people at an increased risk of potential harm.
- The provider had not carried out further investigations or a risk assessment of staff for whom they could not obtain a suitable reference. This was not in line with the provider's recruitment policy and put people at an increased risk of potential harm.

The provider's failure to follow safer recruitment practices was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- There were enough staff to support people safely.
- The provider carried out checks on new staff with the Disclosure and Barring Service (DBS). The DBS checks contain information about convictions and cautions held on the Police National Computer.

Assessing risk, safety monitoring and management

- The provider had not sufficiently assessed the risks to people and did not always sufficiently monitor the risks to people. This put people at an increased risk of potential harm.
- The provider had carried out needs assessments but they had not carried out any comprehensive assessments of the risks to people.
- People had care plans in place and these contained some information for staff about the risks to people and gave instructions to staff about what care to provide to people. However, they did not sufficiently detail the risks to people and did not detail the risks in a person-centred way.
- The lack of comprehensive risk assessments meant staff did not have sufficiently detailed and personalised information about the risks to people to safely monitor and mitigate people's risks. This put people at an increased risk of potential harm.
- Daily records of people's care were not always completed. This meant the provider was not always able to monitor the risks to people and ensure staff were always mitigating the risks to people.
- When we raised these concerns the provider immediately carried out risk assessments with all the people using the service and put risk assessments in place for staff to use to monitor, mitigate and manage the risks

to people.

Preventing and controlling infection

- The provider had not established and operated effectively processes to monitor and ensure staff followed infection prevention and control (IPC) guidance and best practice.
- Staff had not always worn personal protective equipment (PPE) when providing people's care. People's relatives said care workers did not wear PPE face masks whilst in their homes and did not wear face masks, aprons and gloves when providing personal care to their relatives. One person's relative told us, "No PPE was worn" and another person's relative said, "They [the care worker] do not wear an apron, nor a uniform". When asked whether staff wore PPE, another person's relative said, "Not as far as I know". Staff failure to wear PPE had put people at an increased risk of potential harm from infections.
- The provider had given staff PPE bags which contained all the appropriate PPE required and staff had received IPC and PPE training.
- During our inspection the provider took action to address the IPC issues we identified. The provider arranged for staff to do IPC refresher training. The provider contacted people and their families and asked them to inform the service if staff do not wear PPE. They also arranged to leave a PPE pack for staff, including a PPE audit form, in people's homes.
- The provider said they would ensure staff completed a weekly PPE audit, which would form part of the provider's monthly PPE audit. The provider said they would also carry out spot checks every one to three months. After our inspection we received assurance from the provider that staff were using PPE.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from abuse and improper treatment.
- People's relatives said people felt safe with their care workers. One person's relative said their relative felt safe because "The carer is very professional, attentive and friendly".
- Staff were trained to recognise and report abuse.
- There were procedures in place for staff to raise safeguarding concerns with external organisations.
- The provider had an up to date safeguarding policy in place.

Using medicines safely

- Medicines were administered safely.
- Staff gave people their medicines in line with guidance.
- People's records contained detailed information for staff about their medicines, including 'when required' medicines.
- Staff had received medicines administration training.
- The provider carried out medicines audits.

Learning lessons when things go wrong

- The provider and staff learned lessons when things went wrong.
- There were systems in place to identify learning and share lessons. This included processes for recording, reviewing and auditing accident and incidents. The procedures in place helped management and staff notice patterns in things that had gone wrong.
- Lessons learnt and actions for staff were shared with staff in supervision, staff meetings and updates to people's care records.

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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed but their needs assessments did not include information about their choices and preferences or their protected characteristics and individual diversity.
- People's needs assessments focused on their healthcare needs and did not include information about how they wanted their personal care carried out or any information about their gender identity or sexual orientation.
- This meant people were at an increased risk of potentially not receiving their care and support in a personalised way that considered their human rights.

The provider's failure to assess people's preferences for their care and treatment and their equality, diversity and protected characteristics was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Managers met with people and their families and carried out needs assessments before people started receiving a service.
- The provider regularly reviewed people's care plans to make sure they were up to date and reflected people's current needs.

Staff support: induction, training, skills and experience

- Staff received training and were supported by the registered manager and the provider.
- New staff completed induction training, which incorporated the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff had to complete a probationary period before being permanently employed, this included an assessment of whether they were suitable for the role.
- All staff completed core training and refresher training. The provider had a system in place to monitor staff training and ensure it was up to date.
- Staff received supervision and management carried out staff competency checks.
- When people's relatives were asked whether staff were properly trained and had the required skills, their comments included, "They seem very good. They are up to scratch" and "As far as I can tell".

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

- People were supported to eat and drink enough and maintain a balanced diet.
- Staff supported people to prepare meals and gave people their pre-prepared meals and drinks.
- People chose what they wanted to eat themselves.
- Staff supported people who required assistance to eat.
- A person's relative said, "[Name of person] gets meals on wheels. It's hot when they give it to them and they provide them with a sandwich for the evening". Another person's relative said, "The carer prepares the toast for breakfast and puts smaller bits in [name of person's] mouth".

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

- At the time of our inspection staff were not required to work with other agencies to provide people's care.
- The service was not supporting anyone linked into local authority support. People's agreed care plans meant people and their families arranged their own healthcare and accessed support services themselves when they needed to.
- Staff kept people's families up to date about their relative's health and support when it was appropriate to do so.
- A person's relative told us, "We asked them [staff] to call us first and gave them an emergency number to call". Another person's relative said, "They [staff] have written all the family contacts down".
- Staff supported people to live healthier lives by going for walks with them and supporting them to go out in the community. One person's relative said, "[Name of person] is very restricted and has mobility issues. On a nice day they [staff] take him out for a walk down the road and back again".

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.

- The service worked within the principles of the MCA.
- Staff asked people for their consent and permission before carrying out tasks and the provider sought the consent of people's families when it was appropriate to do so.
- Staff had received MCA training and they knew the five principles of the MCA.
- People's family members had been granted lasting power of attorney (LPOA) by their relative where appropriate. LPOA is a legal document that lets people appoint one or more people known as 'attorneys' to help them make decisions or to make decisions on their behalf.

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 were well treated and supported and staff had got to know people well and respected their equality and diversity.
- Staff knew people and their needs and preferences well. This meant people received consistent care.
- Staff received equality and diversity training. This helped staff understand discriminatory behaviours and practices to help them make sure people were treated fairly.
- Comments from people's relative's included, "The carer is kind, polite and caring" and "The carer was very conscientious".

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

- People and their families were involved in making decisions about their care and were supported to express their views.
- People and their families were involved in assessing and reviewing their care needs and planning their care. One person's relative said, "The three of us were involved [the person, their relative and a member of staff]. We spoke about how we're best suited to look after [name of person] between us [the family and the service]".

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity and supported people to be as independent as possible.
- One person told us, "The carer never comes into the bedroom unless I ask them to".
- A person's relative said, "The carer helps [name of person] get dressed. They help them do their buttons up and encourage them to do as much as possible. The carer helps them in and out of the bath. My [spouse] can manage the stairs and the carer walks by their side".
- Confidential information was stored securely and used in line with data protection laws.

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 requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was not always planned in a personalised way.
- People had care plans in place. However, people's care plans were task orientated and did not contain sufficiently personalised information for staff to support them in an individual way. They did not contain information for staff about how people wanted their personal care provided or whether their individual diversity or protected characteristics had been considered in planning their care.

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.

- The provider did not always follow the AIS.
- People's care plans did not contain information for staff about their communication needs and individual ways of communicating.
- Care plans did not include guidance for staff about how to meet people's communication needs, including what formats in which to give people information.
- One person's relative said, "[Name of person] has hearing problems". However, the person's care plan did not contain personalised information for staff about how to communicate with the person.

The provider's failure to plan people's care, including their communication needs, in a personalised way was further evidence of a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation and participate in activities they were interested in.
- One person's relative told us, "We were impressed. They [name of person and staff] are in conversation quite often, discussing things like what's on TV". Another person's relative said, "The carer will say to [name of person], 'we'll just watch the end of the film' before providing personal care".

Improving care quality in response to complaints or concerns

- The provider dealt with complaints appropriately to improve the quality of care provided.
- People and their families were given information about the provider's complaints policy and procedures.
- The provider investigated complaints, took action to improve the service provided and responded to people and their families appropriately in a timely manner.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- However, the service had systems and processes in place to provide end of life care if necessary.
- Staff had completed end of life care training.
- The registered manager had completed training with a hospice in how to identify the stages people can go through when approaching end of life care.

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 was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not operated effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others.
- The provider's audits did not always contain accurate information and had not identified the issues we found during our inspection. This meant they were not always effective.
- The provider's systems and processes had not ensured people, their families and staff were sufficiently protected from the risk of infections.
- The provider systems and processes had not sufficiently assessed the risks to people and had not always sufficiently monitored the risks to people.
- The provider's systems and processes had not ensured people's preferences, diversity and equality and communication needs were assessed and their care was planned in a personalised way.
- The provider's systems and processes had not ensured the recruitment of new staff followed safer recruitment procedures.
- The provider's systems and processes had not sufficiently monitored people's care calls, including staff timekeeping.
- The provider's systems and processes had not ensured daily records of people's care were always completed.

The provider's failure to operate effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk which arise from the carrying on of the regulated activity was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles.
- All staff had job descriptions explaining their role and duties. The provider had a statement of purpose and a set of aims and values which explained the services provided and what was expected of staff, and these were given to staff and people and their families.
- Staff received supervision, in which their roles, duties and any issues were discussed and the provider held

staff meetings, in which work and practice related issues were discussed.

- The provider shared information and updates about people and their needs with staff.

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

- The provider promoted a positive culture that was open, inclusive and empowering and achieved good outcomes for people.
- One person's relative said, "Because of the attentiveness and thoroughness of the staff, we had no worries when we went away on holiday. The care puts our mind at rest". Another person's relative told us, "There are no problems. The manager is always at the end of the phone and will ring back in a matter of hours"
- Staff were supported to become senior care workers or team leaders. People and their families and staff could raise issues and they were listened to and action was taken.
- Managers supported staff by driving them to care calls when transport was a problem. During recent train strikes management provided staff with transportation to get to people's homes.
- There was a staff referral scheme in place, so staff that introduced staff to the service were given a bonus. The provider was planning to introduce a staff reward scheme as well, so staff recognised for their good work would be given a reward. This was designed to motivate staff. The provider said they hoped to give staff Christmas hampers when they had more staff in place.
- Staff had had work apps on their mobile phones they could use to access updates, policies and procedures. The registered manager said staff knew they were valued and there was an open-door policy for staff to raise any concerns in any way at any time. Staff could contact the registered manager or another member of staff twenty-four hours a day if necessary.
- Compliments from people and their families were shared with staff to let them know they were making a difference to people's lives. The registered manager said they always shared positive comments with staff.

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 provider understood the duty of candour.
- Managers and staff communicated openly and honestly with people and their families and other professionals when there was an incident.
- The provider shared information with CQC when it was required.

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

- The provider engaged and involved people, their families and staff in the provision of the service and people's care and support.
- People's families told us the registered manager stayed in touch with them by telephone. The registered manager also visited families and sent them emails to get their feedback.
- The provider sent families a link to a care home information website so they could provide feedback about the service and families had used it and shared their views.
- The provider had a feedback form to send to people and their families in the future, once the service has been operating for longer.
- The provider had a feedback form to send to staff and said they could also put it on one of the staff mobile phone apps, so staff could complete it anytime. The service also had a suggestion box for staff.

Continuous learning and improving care

- The provider promoted a continuous learning environment to improve the care and support people received.
- Managers talked to people, their families and staff to learn about what worked well and what could be

improved.

- The provider and the registered manager received regular updates to policies and procedures and work practices from the consultants they worked with to support the provision of the service. Management gave updates to staff when policies and procedures changed and discussed how the service would implement the changes.
- The registered manager was linked into Skills for Care and received updates to Government guidance and NICE guidance this way. The registered manager was also a member of a registered manager's group on social media where managers shared ideas
- The registered manager said they would try to join Croydon Council's registered manager and provider networks.
- The provider used their accident and incidents records to identify patterns and trends and learn how to improve the service.

Working in partnership with others

- The service worked in partnership with people and their families and CQC.
- At the time of our inspection the service was not supporting any people whose care was arranged by a local authority or clinical commissioning group or anybody who needed support accessing and arranging their healthcare and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to assess people's preferences for their care and support and plan people's care in a personalised way.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to follow safer recruitment practices.