

Care And Support Ltd

Aegis Care

Inspection report

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Date of inspection visit: 22 June 2023

Date of publication: 26 July 2023

Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service

Aegis Care is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 5 people receiving the regulated activity personal care.

People's experience of using this service and what we found

People said they felt safe using the service. There were enough staff to care for people safely and correct staff recruitment procedures were followed. Staff understood about safeguarding and how to report concerns. People's care plans contained risk assessments, with information about how to keep them safe.

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 systems in place to monitor the quality of service including staff supervisions/appraisals and satisfaction surveys. A quality assurance audit was undertaken, although we have made a recommendation about how this could be developed further.

Rating at last inspection

The last rating for this service was good (published December 2019).

Why we inspected

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

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected (Effective, Caring and Responsive) we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating has remained as good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aegis Care on our website at www.cqc.org.uk.

Enforcement and recommendations:

We have made a recommendation about the further development of quality assurance audits undertaken by the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

nspect.	For more details, pl	lease see the full rep	oort which is on t	he CQC website a	t www.cqc.org.uk

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 well-led?	Good •
Is the service well-led? The service was well-led.	Good •



Aegis 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 1 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced. We gave the service 48 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 was carried out between 22 and 30 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This 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 2 people who used the service and 2 relatives about their experience of the care provided. We also spoke with 5 members of staff including the registered manager, deputy manager, care coordinator and 2 support workers.

We reviewed a range of records. This included 3 care plans, 3 staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question as good. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Both people using the service and relatives said they felt the service was safe. One person said, "Yes I definitely feel safe, 100%." A relative added, "(Person) is safe and the staff treat him well."
- Staff understood about safeguarding and said they had received training. One member of staff said, "If a person was being abused financially, then that would be a safeguarding concern. Financial, mental, neglect of eating and drinking and looking unkempt, could all be concerns."
- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected.
- A log of any safeguarding incidents was maintained and contained details about outcomes and lessons learnt. Accidents and incidents were recorded and monitored.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had a range of risk assessments in place regarding their care which covered areas such as mobility, home environment, finances and nutrition. Where any risks were identified, control measures were in place about how to keep people safe. One person did not have a risk assessment in place regarding their diabetes. We asked the manager to implement this after the inspection.
- Enough PPE was available, which people confirmed was always worn and staff said was available in sufficient quantities.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorized under the MCA. We checked whether the service was working within the principles of the MCA.

• Correct procedures were in place if people lacked the capacity to make their own decisions, which were taken in people's best interest. Any assessments of people's capacity were undertaken by the person's social worker where this was required. Staff understood about the MCA and the reasons it was required.

Staffing and recruitment

- There were enough staff employed to care for people safely. Everyone we spoke with including people using the service, relatives and staff said there were enough staff to deliver the care people needed. One member of staff said, "Yes there are enough staff. People's care is never affected because of low staff numbers." A person using the service added, "There are enough staff. They text me in advance to let me know when they will be arriving."
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of our inspection, the service did not support people with the administration of medication.
- If this was to change however, a medication policy and procedure was in place and staff would be provided with appropriate training.



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.

At our last inspection we rated this key question good. The rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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.

• Audits were carried out which covered areas such as accidents, safeguarding, staff files/supervision and policies and procedures. These did not contain any findings however and only stated when they were last completed.

We recommend quality assurance audits are further developed to show findings and any areas for improvement.

- Staff supervisions and appraisals were carried out, to ensure staff were supported and that standards were being maintained.
- Systems were in place to involve people, relatives and staff in how the service was run, including the use of satisfaction surveys to obtain feedback. Staff meetings were held to gather staff views and monitor performance and development.

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

- Statutory notifications were submitted to CQC as required.
- At the time of the inspection, there was a registered manager in post and they were supported a deputy manager and care coordinator who all assisted with the day to day running of the service.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw these were displayed as required at the main office.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. Staff told us they felt supported by management. One member of staff said, "I love the job and it's been a complete career change. They are a good company to work for. Communication is good and managers always check on to make sure things are going okay."
- Everybody we spoke with said they felt the service was well-led. One member of staff said, "They always listen and you can ask them anything. I feel well supported and they are approachable. They check on you as well to make sure everything is okay in your personal life too."

- People achieved good outcomes through the care delivered and the feedback we received from people was positive. One person said, "I have been with Aegis Care for 18 months now. I rate them as very good. The support they give me is brilliant. Everything perfect and fine. I have a regular staff team who are very kind and caring towards me."
- Relatives also spoke positively about the care provided to their loved ones. One relative said, "The staff care a lot and really look after (person). (Person's) needs are met and I am happy overall and have no concerns."

Working in partnership with others

- The service worked in partnership with other agencies as required including local authorities and social work teams.
- Prior to our inspection we sought feedback from various health care professionals, all of whom provided us with positive feedback about the service provided.
- The service had good links in the local community. This included various charities, advocacy services and rehabilitation services.