

Augusta Care Limited

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Augusta Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes and flats and supported living houses; it provides a service to older adults and younger adults.

This service provides personal care and support to some people living in supported living settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection personal care was being provided to 72 people. Not everyone using Augusta Care Limited receives the regulated activity; CQC inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

People felt safe using the service and staff understood what their responsibilities were in relation to keeping people safe. One person said, "It's fine. I love it here." People had risks associated with their health and wellbeing, assessed and managed to ensure they received personal care and support safely. Staff administered people's medicines safely and prevented people from the risk of cross infection. The service worked in partnership with people, relatives and other agencies to support people's good health and wellbeing and provide consistent care.

People and their relatives spoke positively of the service and had opportunities to provide feedback and action was taken to address issues which were raised. A person said, "I have no complaints but know how to do that. I wouldn't be worried." Systems were in place to assess and monitor the quality and delivery of care to people. The nominated individual and manager were committed to providing good care to support people to achieve the best possible outcomes.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. One person said, "I go to the shops with staff. I do my own washing, make food, prepare a sandwich with staff watching." Another person told us, "I'm free to go out when I want. I choose what I do." Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: The support provided by staff focused on ensuring people had choice, control and were

encouraged to be as independent as possible.

Right care: People were treated as individuals and the support provided by staff promoted their privacy, dignity and human rights. Staff understood their responsibilities to respect people's human rights, including their right to privacy, confidentiality and to promote their independence.

Right culture: The registered manager, and support staff, all displayed values which prioritised supporting people to live confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was good (published 10 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management of incidents and staffing levels. A decision was made for us to inspect and examine those risks.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Augusta Care Limited

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

This inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 not a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 4 May 2022 and ended on 25 May 2022. We visited the location's office on 23 May 2022.

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

We reviewed one person's care and risk assessment records. We looked at numerous incident records, compliments and complaint records. We looked at three staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and procedures.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person we asked if they felt safe and why said, "Yes. Cos there's lots of staff here." Another person said, "Yes I'm safe cos (staff) always look after me as much as they can. If I was worried, I'd tell the staff."
- There were effective safeguarding processes and a policy in place. The manager understood their responsibility to keep people safe and how to manage safeguarding concerns.
- Staff had completed training in safeguarding. They understood their responsibilities for recognising and reporting signs of abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to health and well-being were assessed and managed in consultation with each person. These included medication and people who were showing signs of distress. Risk assessments gave detailed guidance to staff on how to minimise the risks identified.
- Risk assessments addressed environmental factors, such as fire risks and risks to lone workers.
- The service had a system in place to record and monitor any accidents or incidents. Actions and outcomes were documented and discussed as a 'lessons learnt' in meetings and staff supervisions.

Staffing and recruitment

- Staff had been recruited safely. Checks included a Disclosure and Barring Service (DBS) check, references and identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff recruited to meet people's needs. Staff told us they felt they had time to spend with people and meet their needs. One person said, "Yes, (there are enough) I like bowling." Another person told us, "The right number (of staff) come (to help me)." A staff member said, "Yes on the whole there is enough staff. Occasionally when staff phone in sick it can be a challenge."

Using medicines safely

- People's medicines were managed safely. People's medicine support needs had been assessed, identified, recorded, and risk assessments were in place to make sure people's medicines were managed safely. One person told us "(Staff) give me tablets and I take them. (Staff) then write it up."
- When staff administered medicines, they recorded this on MARs (medicines administration records). Audits showed errors were found. These had been addressed and discussed with staff to prevent a re-occurrence. This included additional support and training, competency spot checks and reviewing of

procedures.

- Protocols were available for any medicines prescribed 'when required' to make sure these were given when appropriate.
- Staff had training in safe medicines handling and were assessed by the management team to make sure they gave medicines safely.

Preventing and controlling infection

- The provider had up to date infection control policies and procedures in place.
- Staff had received training in how to prevent and control infection. This included the use of personal protective equipment (PPE) and handwashing. Staff told us PPE such as masks, aprons and gloves were readily available to them.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

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. At this inspection the rating has remained 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; 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 manager had several years working in the care sector, and this gave them a good knowledge base to use in their role.
- The manager understood their responsibilities in relation to the duty of candour. They understood their responsibilities to be open and honest when things go wrong. They also knew what they needed to report to CQC and other relevant agencies.
- Feedback about the culture and approach of the service was very positive. A person said, "New staff are well trained." Another person told us, "Staff joke. It's relaxed." A member of staff said, "I enjoy my job, and the mix in my responsibilities."
- There were audits across all key areas of the service. For example, staffing, care plans and medicines. Any action required was added to a plan to give an overview of performance and any areas that needed addressing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Feedback was sought through surveys and quality assurance calls or visits to the person by the management team. The feedback was collated so any actions could be developed. One person told us when we asked if they were asked for feedback, "I filled in a form the other day." Another person said, "I am happy, nothing to change."
- The manager reviewed events and would share any learning with the staff team as necessary to help improve the service to people.
- The manager worked with other professionals to ensure support and the right care for people. For example, liaising with relevant care professionals, where people's needs change. For example, one person is being supported to move to another service.