

Aegis Care Solutions Ltd

Aegis Care Solutions

Inspection report

Suite 2, Diamond House
Whitelock Street
Leeds
West Yorkshire
LS7 1AL

Tel: 01133450710

Date of inspection visit:
15 July 2019
17 July 2019

Date of publication:
14 August 2019

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

Aegis Care Solutions offers domiciliary care and support to a range of people living in their own homes. At the time of our inspection visit the service supported six people who received personal care.

People's experience of using the service

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments had been completed and staff helped people to use equipment to support their independence. Incidents and accidents were managed effectively; lessons were learned to reduce the risk of further occurrences.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. A comprehensive induction and training programme was completed by all staff.

People were well cared for by staff who treated them with respect and dignity. People were involved in their care, and what they did on a day to day basis. People's right to privacy was maintained through the actions and care given by staff members.

Staff understood people's likes, dislikes and preferences and people were offered choices about their care.

Where required, people were supported to have sufficient food and drink and their health needs were regularly monitored. Staff followed the advice health care professionals gave them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. 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.

A complaints system was in place and complaints were managed effectively. Relatives told us they knew how to complain if needed.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service.

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

Rating at last inspection: This was the providers first inspection.

Why we inspected: This was a planned inspection.

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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Aegis Care Solutions

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Aegis Care Solutions provides personal care and support to individuals within their own homes throughout the local community.

Not everyone using Aegis Care Solutions received personal care support. The Care Quality Commission (CQC) only inspects the service received by people provided with their personal care and help with tasks related to personal hygiene and eating.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 15 June 2019 and ended on 17 June 2019. On 15 June 2019, we visited the office local. On the 17 June 2019 we spoke with relatives and staff by telephone.

What we did before the inspection

The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the home, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

We also reviewed all other information sent to us from other stakeholders, for example the local authority

and members of the public.

During the inspection

We were not able to speak directly to any person using the service. We attempted to contact people on several occasions, but this was not successful. We spoke with two relatives to ask about their family member's experience of the care provided. We looked at three people's care records and medicine records. We spoke with the registered manager, the nominated individual and staff. We looked at three staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People received their medicines as prescribed. One relative said, "[Name] gets their medicines on time. They log this in the daily notes."
- We found some recording issues on medication administration (MAR) charts we looked at. Staff had not always signed the MAR when medicines were administered. Daily records showed medicines were administered and that this was a recording matter. We addressed this with the registered manager who took immediate action and planned to discuss this with staff.
- Medicines were stored in people's homes and orders were carried out in a timely manner to ensure people received their medicines as prescribed.
- Staff who administered medicines had received up to date medicine training and had their competency checked to ensure safer medicines management.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager said, "If staff were to tell us about any abuse being carried out we would investigate and look at any suspicious activity. If at risk, we would report it to the local safeguarding team."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns. There had not been any safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments and staff promoted people's independence and freedom, as well as minimising risks to support their safety.
- Reviews were held monthly which included discussions about risks and how these were being managed to prevent possible incidents. For example, one person started to display aggressive behaviours. The case manager and family were involved in the review and a behaviour chart put in place to monitor this and increased staffing to attend calls.
- People were provided with specific equipment to mitigate potential risks. One person at high risk of pressure sores had a profiling bed and pressure relieving cushions to prevent skin damage. At the time of our inspection the person's skin was intact which meant the care provided had reduced this risk.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- One incident showed staff had found a person's gas cooker had been left on. To prevent this from happening again the cooker was disconnected and food made alternatively to ensure the person was not at

risk. The provider also asked for the person to have a cognitive assessment to see if any further support was required.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of people using the service.
- The provider had robust recruitment procedures which ensured suitable people were employed.
- Staff consistently attended the same visits for consistency in care. One relative told us, "They come and leave on time. He has the same carers Monday to Friday. There is continuity."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- One relative said, "They are very well trained, they use gloves and wear a uniform. They do everything they should do."

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

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, planned and regularly reviewed to ensure they received support that met their changing needs.
- People were offered choices and we saw care plans recorded people's preferences. For example, people were asked about their preferences for male and female staff.

Staff support: induction, training, skills and experience

- New staff had an induction which included training and shadowing of experienced staff to ensure they were competent before working alone with people.
- Staff told us training was provided which ensured they had sufficient knowledge to support people and fulfil their role effectively. For example, one staff member told us, "I did lots and lots of training and induction before I started work. They gave us booklets to fill out and look back at, it's really good."
- Staff told us they were supported with regular supervisions and annual appraisals to support their development and training needs. The provider used a matrix to monitor and have oversight of this.
- Additional training was provided when people had specific needs. For example, staff recently completed training in diabetes.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in meal choices and supported to maintain a balanced diet.
- Some people required constant supervision from staff when eating to prevent the risk of choking. One care plan directed staff on how to support a person who required a soft diet and specific foods to offer which the person enjoyed.
- The registered manager worked closely with health care professionals and arranged support for people when it was required. One relative said, "The registered manager is a nurse and has a high standard of care. [Name] had a UTI and they picked up on this. [Name] had a specific health condition and the registered manager made me aware of this and [Name] now has a CT scan arranged."

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 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.

- The registered manager told us they had not needed to make any applications to the Court of Protection.
- Capacity assessments had been carried out by people's care managers and this information forwarded to the provider to ensure people's needs could be met.
- Care records showed that people had consented to their care and our discussions with the registered manager showed they understood the requirements of the MCA.

We found staff were knowledgeable of the MCA. However, MCA training had not been identified within the service. We discussed this with the provider who arranged this training during our inspection.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated kindly by caring staff. Relatives comments included, "Its first class. The registered manager is efficient and caring person and equally the staff are as well. I would highly recommend the service to anyone" and "Staff are very patient and kind. They are brilliant. They keep [name] very clean and they are bathed daily which has been challenging."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. One relative told us staff supported their relative to remain calm when anxious by giving them time and being patient otherwise they were resistant to care. The relative said, "We have had different carers in the past, but these are the best we've had. She struggles to get up in the morning, staff give her time to come around."
- People's religious, spiritual, and cultural choices were met and recorded in support plans.

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive and encouraged people to remain independent.
- People's privacy was respected by staff. One staff member said, "When sat on the toilet we would put a towel over people to make them feel comfortable." One relative said, "They don't do anything [name] is not happy with them doing and are very respectful."

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

- People and their relatives were involved in their care planning.
- Staff told us they always explained to people what they did when carrying out personal care.
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support others to raise views on their behalf, if required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

- Care plans were created which included information about people's likes and dislikes. One person's care plan said they liked to get washed and dressed after their morning breakfast.
- People's preferences had been recorded to inform staff how they wanted to receive their care. One person wished to have female staff as this was whom they felt comfortable with and this was arranged.
- Care reviews took place with people and relatives to discuss any changes to people's care.
- The registered manager told us they spoke a variety of languages, as did some staff, which meant they were able to support people whose first language was not English.
- People were encouraged to maintain relationships with their friends and family. Care files recorded who was important to people and their social networks. For example, one person had a friend who visited them daily.

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's communication needs were assessed and recorded in care plans. For example, one person's first language was not English. The registered manager said they used an interpreter 'app' to communicate with the person and encouraged them to wear their hearing aids to facilitate better communication.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints.
- Relatives we spoke with said they knew who to speak with should they have any concerns and felt these would be effectively managed.
- The provider had not received any complaints from people using the service or relatives. The provider had managed one complaint relating to a person's aggressive behaviour when visiting in the home and safety for staff. This was investigated and appropriate action was taken to prevent future occurrences.

End of life care and support

- At the time of our inspection no person was receiving end of life care.
- The registered manager said they had previously cared for people on end of life and ensured their wishes and preferences had been recorded.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff we spoke with, demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the centre of everything they did.
- The provider had comprehensive quality assurance systems in place. This enabled the registered manager to collate information to show how the service was performing and identify where improvements were needed.
- Audits were regularly carried out and actions taken to prevent reoccurrences.
- The provider had policies and procedures in place that considered national guidance and provided staff with clear instructions.
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People's relatives told us any concerns raised were managed effectively. One relative said, "I know how to complain. I feel confident this would be investigated."

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

- The service had a positive culture that was person centred, open and inclusive. Staff told us they felt supported by the registered manager, and they were comfortable raising any concerns. One staff member said, "They are very supportive, and they meet our needs and help us very much."
- Feedback about the service was encouraged. Surveys had been carried out to gather people's views and the feedback had been used to continuously improve the service.
- Every person had a six weekly review where the provider gathered people's views. One relative commented, 'I am 100% happy with the care [name] is receiving from the [registered manager] and team. [Staff] are caring, compassionate and totally professional. [Name] has really bonded with staff.'

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links. The nominated individual recently attended an older person's information day and a home care reference group to learn new ways of working with people and to ensure best practise was being carried out.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people. One relative had recorded in a review, 'I can see visual improvements in the health of [name's] skin and general cleanliness. The record keeping is detailed and thorough. Very happy.'

