

Care And Support Ltd

Aegis Care

Inspection report

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Manchester
Greater Manchester
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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

This announced inspection took place on 23 November 2017. The inspection was announced because the service provides a domiciliary care service and we needed to make sure the registered manager would be available to facilitate the inspection.

Aegis Care is a Domiciliary Care service which provides support to people, mainly with mental health difficulties, in their own homes. The head office is located in the Swinton area of Greater Manchester and support is provided to people who are aged 18 and above.

We last inspected Aegis Care in September 2015 and rated the service as Good, however the well-led key question was rated as Requires Improvement due to limited quality assurance systems being in place at that time to monitor the quality of service being provided to people. At this inspection, we found the service has improved in this area, although we have made a recommendation about how these could be expanded further.

At the time of the inspection there were approximately 130 people using the service, however only five were in receipt of a regulated activity which was personal care. As such we only focussed on people in receipt of a regulated activity during the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service remained Good.

Why was the service rated as Good?

People told us they felt safe as result of the care and support they received and staff understood their responsibility with regards to safeguarding and how to report concerns.

Staff continued to be recruited safely, with appropriate checks undertaken before staff commenced employment. The people we spoke with told us staff always turned up on time, had never experienced any missed visits and that staff stayed for the correct length of time for each call.

People had individual risk assessments in their care plans and the service maintained and log of any accidents and incidents which had occurred, which detailed any follow up actions taken.

At the time of our visit, the service did not currently take the responsibility for administering medication for people who used the service and as such, we have not covered this area as part of our inspection.

Staff told us they received enough training and said they felt well supported to undertake their roles. Although there was a training matrix in place, it indicated that some courses were due for renewal and were out of date. The manager told us these would be undertaken following the inspection and the training matrix updated accordingly. We have made a recommendation about this in the detailed findings of the report.

Staff received regular supervision as part of their ongoing development. Appraisals were being held, although as part of supervision sessions. We discussed with the manager about ensuring these sessions were kept separate so that staff were being given the opportunity to discuss their performance over the year.

People told us they received enough to eat and drink. The support people required was detailed in their care plans so that staff had relevant information to follow.

The people we spoke with told us they were happy with the care and support they received and described staff as kind and caring.

People were supported by staff to be independent where possible and be involved with tasks to keep up their skills. The service also took people's equality, diversity and human rights needs into account when delivering care and support to ensure care was person centred.

Each person who used the service had a care plan in place, detailing the care and support they required. Although the registered manager told us the content was regularly reviewed, this was not always clearly documented. The service were in the process of updating care plans to a new format and we were told reviews would therefore be clearly recorded once they had been transferred. The care plans were also disorganised with no index system to clearly separate each individual section. There were also lots of old, historic documents about people which made people's current care needs hard to find. The registered manager told us they would make the care plans more organised following the inspection.

We saw complaints were recorded and detailed any follow up actions required. A service user guide was also in place, informing people how they could express if they were unhappy with the service they received.

Since our last inspection, the registered manager had introduced additional governance systems to ensure the quality of service was being monitored effectively. This included audits of people's care plans, risk assessments and daily notes. Spot checks/observations of staff had also been introduced so that supervisors could ensure staff were working to high standards.

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 remains safe.

Good ●

Is the service effective?

The service remains effective, although we have made a recommendation with regards to staff training.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service was previously rated as Requires Improvement but following this inspection is now rated as Good, however we have also made a recommendation with regards to internal auditing processes.

Good ●

Aegis Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out by one adult social care inspector from the Care Quality Commission and took place on 23 November 2017. At the time of our inspection there were approximately 130 people using the service, however only five people were in receipt of a regulated activity which was personal care.

During the inspection we spoke with the registered manager, three people who used the service, and five members of staff. We reviewed three care files which included people's risk assessments and care plans, five staff personnel files, the training matrix, quality assurance documentation and other records related to the management of the service. This helped inform our inspection judgements.

We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

The people who used the service told us they felt safe as a result of the care and support they received. One person said, "I feel safe with the staff and absolutely trust them." Another person said, "Oh definitely. The staff make me feel safe and they are all good girls." A third person added, "Having this care and support makes me feel safe."

Staff continued to be recruited safely, with appropriate checks undertaken before staff commenced employment. This included the completion of application forms, seeking references and carrying out DBS (Disclosure Barring Service) checks to ensure staff had no criminal convictions that could impact on them working with vulnerable people. Other documentation held within staff files included proof of identification and interview questions/responses.

We found there were enough staff working for the service in order to safely meet people's care needs. Staff rotas were in place and provided an overview of where staff needed to be throughout the week. The people we spoke with told us staff always turned up on time and had never experienced any missed visits and that staff stayed for the correct length of time for each call. One person said, "The staff always come when they should. There may be the odd occasion when they are early or slightly late but it doesn't bother me." Another person said, "They always turn up and there is always somebody to look after me."

People had individual risk assessments in their care plans informing staff about how to ensure people were kept safe. Individual health and safety check lists were completed and took into account people's mobility, health, the home environment, finances and the risk of harm to themselves or other people. Where any risks were identified, details were provided about how these risks needed to be controlled. A log of accidents and incidents were maintained which provided an overview the incidents itself and what actions were taken to prevent further re-occurrence.

The staff we spoke with were clear about their role in protecting people from abuse and we saw any allegations of abuse were reported to the local authority for further investigation as required. One member of staff said, "Some of the types of abuse can be physical, mental or financial. If a person's money was going missing could be a sign of financial abuse. I would report any concerns straight to the manager." Another member of staff added, "I did safeguarding training about 12 months ago. An indicator of potential abuse could be bruising and I would report it straight to the manager."

At the time of our visit, the service did not currently take the responsibility for administering medication for people who used the service and as such, we have not covered this area as part of our inspection.

Is the service effective?

Our findings

At this inspection we found the service continued to provide effective care to people.

We asked people who used the service if they felt staff were well trained and had the correct skills to undertake their role. One person said, "They seem to have the skills and are good at what they do."

The staff who worked for Aegis Care continued to have access to an induction when they first started working for the service. This enabled staff to gain a thorough understanding of working for the service and what their job role would entail. Staff told us they received enough training and said they felt well supported to undertake their roles. One member of staff said, "They seem to keep our training updated. I would say they provide enough training to staff." Another member of staff said, "It is all going great and we have training on a regular basis."

Although there was a training matrix in place which showed that staff had completed relevant training, it indicated that some courses were due for renewal and were out of date. This included training in areas such as health and safety in the community, mental health awareness, de-escalation/breakaway techniques, safeguarding, mental capacity, dementia awareness and infection control. Several of these courses would be relevant to the support needs of people who used the service. We spoke with the manager about this who said they were unsure about how frequently this training needed to be updated, but would ensure staff completed these updates immediately following the inspection and would reflect this on the training matrix.

We recommend the service ensures that staff training is updated on a frequent basis and is accurately recorded on the training matrix.

Staff received regular supervision as part of their ongoing development with topics of discussion including problems/concerns, current workload, training and development and achievements since the last supervision. Appraisals were being held, although as part of supervision sessions. We discussed with the manager about ensuring these sessions were kept separate so that staff were being given the opportunity to discuss their performance over the course of the year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. This had been done for one person currently using the service who lacked the understanding to manage their own finances. The staff therefore supported this person to collect their money from client affairs each week and kept records of any expenditure. The people

we spoke with told us that staff always sought their consent before providing any care or support. One person said, "Yes, they always check with me first to see what I want."

People told us they received enough to eat and drink. The support people required was detailed in their care plans so that staff had relevant information to follow. Staff assisted one person to plan their meals throughout the week due to this person often forgetting to eat and drink. Another person told us how staff filled their water dispenser up each day so that they could help themselves to a drink whenever they wanted to. One person said, "The staff help me to cook and do a wonderful job. I have a slow cooker now and enjoy cooking different meats."

People were supported to maintain good health and told us that staff assisted them to attend appointments as needed. One person said, "My support worker came to an appointment with me today. It is good support having them there."

Is the service caring?

Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating remains good.

The people we spoke with said they continued to be happy with the level of care and support they received. One person said, "They are very good and the carers do a wonderful job. I would say I am receiving a good level of care and support." Another person said, "They are very nice girls and very friendly and pleasant. They will do anything for you and I feel like I am receiving a very good service." A third person added, "I am receiving good care and support and have no complaints."

The people we spoke with said they felt staff from Aegis Care met all aspects of their care and support needs and were receiving a good service. One person said, "They assist me with my shopping and making sure I have plenty to eat. They also take me to my appointments as well. I definitely feel as though they meet my care needs." Another person said, "They seem very responsive to my care needs and do what I want." A third person added, "They help me with anything I ask. They do everything they should for me and are very helpful."

Staff assisted people with their personal care as required if this was an area where people required assistance. One person told us, "The staff keep on top of my personal hygiene. They always make sure I have enough toiletries and some clean clothes. They help me in the shower when I need it too." Another person said, "Part of the care package is assistance with a bath and a shower and they do that well."

Whilst visiting people in their own homes, staff were present at one of the houses providing support. We observed interactions between staff and people who used the service were warm and friendly and the staff had a good understanding about people's care needs and things that people liked. For example, on entry to the house the member of staff immediately propped the door open as they said this was what the person liked so that they could see what was going on outside.

People told us staff treated them with dignity, respect and gave them privacy when they needed it. One person said, "The staff always do what well. They are lovely with me and treat me very well." Another person told us, "They do treat me with respect and I certainly have no problems in that area."

Is the service responsive?

Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

Each person who used the service had a care plan in place, detailing the care and support they required. The care plans took into account people's care requirements such as monitoring/promoting people's mental health, assisting with personal hygiene, assisting with people's finances and helping people to familiarise themselves with the local community. Copies of the care plans were held both at the office and in people's own homes.

Although the registered manager told us the content was regularly reviewed, this was not always clearly documented. The service were in the process of updating care plans to a new format and we were told reviews would therefore be clearly recorded once they had been transferred over. The care plans were also disorganised with no index system to clearly separate each individual section. There was also lots of old, historic information about people which would benefit from being archived and made information about people's current care needs hard to find. The registered manager told us they would make the care plans more organised following the inspection.

People were supported by staff to be independent where possible and be involved with tasks to keep up their skills. This included being kept involved with tasks such as paying bills, helping with cleaning duties and washing their clothes. One member of staff told us how they gradually aimed to increase people's independence with regards to being involved with shopping. This included involving people in creating the shopping list of things to buy and to check in the fridge and cupboards for things they needed to buy. People had also previously been discharged from the service due to achieving a level of independence that no longer required support from the service. One person said, "The staff do involve me with things. They go through my mail with me and make sure I am responding to things." Another person added, "I'm involved with cleaning and tidying and also load up the washing machine."

The service also took people's equality, diversity and human rights needs into account when delivering care and support to ensure care was person centred. One person who used the service was transgender and the staff we spoke with told us they treated this person exactly the same way as they would other people due to this decision being their own personal choice. The service also supported several people of Jewish faith and the service accommodated people's care and support requirements around occasions such as Jewish holidays and festivals. One person of Muslim religion had made a request to the service to only receive care and support from a female member of staff and this was currently being facilitated for them by the service.

We saw complaints were recorded and detailed any follow up actions required. A service user guide was also in place, informing people how they could express if they were unhappy with the service they received. The people we spoke with said they had never needed to make a complaint but would speak with either their support worker or the manager if they were happy about any aspects of the service.

People were supported to access to local community as required and engage in activities of their choice. This included shopping trips, going to the gym, to the cinema, going out for meals and going walking. The registered manager also told us about how they had recently supported a person to go to Southport to visit their family. Another person who we visited during the inspection lived in sheltered accommodation and they told us about how they enjoyed having fish, chips and peas with other people living there each Thursday. They told us their support worker helped them to do this each week.

Is the service well-led?

Our findings

At this inspection, we found the service had improved the rating for this key question from Requires Improvement to Good, however have made a recommendation about how quality assurance systems could be further expanded on.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with said they felt there were good management and leadership within the service. One member of staff said, "From my point of view management is good. I am very happy in my job and there is always somebody there for advice." Another member of staff said, "I think the management arrangements are fine. Things always get sorted out when there are problems."

At our last inspection, we had rated this key question as Requires Improvement because there were limited systems in place to monitor the quality of service being provided to people. This meant that potential shortfalls within the service may not be identified in a timely manner.

Since our last inspection, the registered manager had introduced additional governance systems to ensure the quality of service was being monitored effectively. This included audits of people's care plans, risk assessments and daily notes. We spoke with the registered manager about ensuring that internal auditing processes were expanded on to cover other areas such as staff training, staff recruitment and supervision/appraisal. This would ensure that any discrepancies within these areas could be addressed in a timely manner.

We recommend the service expands their internal quality assurance systems to cover all aspects of service delivery.

Spot checks/observations of staff had also been introduced so that supervisors could ensure staff were working to high standards. We reviewed this documentation during the inspection and saw it provided an overview of how the member of staff was performing in their role, with follow up actions set if there was anything to be improved.

A satisfaction survey had been sent to people who used the service in May 2017. The survey asked people about staff reliability, punctuality, trust/honesty, feedback about the support they received, the relationship with their support worker and confidentiality. We noted that some of the comments made in the survey described the service as 'Very good', 'Fantastic' and 'Excellent'. This provided people with the opportunity to provide feedback about the quality of service they received and we noted that people's feedback had been positive.

The staff we spoke with told us they enjoyed their work and that Aegis care were good to work for. One member of staff said, "Everything is going fine and I really enjoy my job." A second member of staff added, "I love my job and the service users we support are brilliant. We have a good relationship."

We looked at minutes of management meetings which had taken place. Topics of discussion had included staff wages, recruitment, relocating to a new office premises, the sending of quality assurance questionnaires and any complaints. The service did not routinely hold formal team meetings for all staff to attend and the registered manager told us information was disseminated to staff whenever they came into the office or through supervision sessions.