

Care And Support Ltd

Aegis Care

Inspection report

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Date of inspection visit: 28 August 2015
Date of publication: 28/09/2015

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?

Requires improvement 

Overall summary

Aegis Care is owned by Care and Support Ltd. It is a domiciliary care service that provides care and support to people in their own homes who are living with a mental health illness. Some of the services provided include assistance with shopping, budgeting and domestic tasks within peoples own home. The head office is situated in the Sinton area of Salford, Greater Manchester.

We carried out this announced inspection of Aegis Care on 28 August 2015. At the previous inspection in July 2013, we found the service was meeting each of the standards assessed.

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

Summary of findings

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.

We spoke with four people who used the service who all told us they felt safe as a result of the support they received. One person said; "I definitely feel safe. It is re-assuring to know I have a regular support worker who I can rely on. It gives me an extra sense of security".

The manager told us they had limited involvement with people's medication and at the time of the inspection, as it did not form part of people's support requirements.

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their support plan. We saw there was information about prevention measures available, to provide staff with guidance on how to safely any risks identified.

People were protected against some of the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at three staff personnel files. Each file contained job application forms, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken.

We looked at the staff rotas to ensure there were sufficient staffs available to meet people's needs. The manager told us that any staff shortages were covered by two supervisors who had worked for the service for several years and had a good understanding of people's needs.

All staff were given the training and support they needed to help them support people properly. We found staff had received training in areas such as Safeguarding, Break Away Techniques, Risk Awareness, Suicide Awareness and Mental Health Awareness. The staff we spoke with told us they were happy with the training available to them.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS)

provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found staff had a good understanding in this area.

The manager told us they had limited involvement with people's nutritional needs and that each person who used the service could prepare their own meals. The staff we spoke with told us that they prompted people to eat meals when providing support but that in the main, it was not always required. The manager said that where some people may be overweight, that staff offered healthier food options and prompted people to exercise.

People told us they were treated with respect and that staff allowed them to retain their independence.

Each person who used the service had a support plan in place, which provided staff with an overview of their support needs and what they needed to do. Copies of these were located at the head office and also in people's own homes.

There was a complaints procedure in place. The service user guide also referred specifically to complaints and explained the process people could follow if they were unhappy with any aspects of the service.

The staff we spoke with spoke positively about the management and leadership of the service. Staff felt the manager was approachable and supported them to carry out their work to a high standard.

We found that there were limited systems in place to monitor the quality of service provided to people. The manager told us that there was no formal auditing process used which would cover areas such as support plans, people's home environment, staff training, staff personnel files and infection control. The manager told us they did keep on top of these checks but did not document any of it to show what was found as a result. Additionally, the manager said that there was no documentary evidence of staff competency checks, to ensure they were able to undertake their role to the required standard. This is a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

Summary of findings

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. People told us they felt safe. Management and staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

The service had sufficient skilled staff to look after people properly. Staffing numbers were adjusted to respond to people's choices, routines and needs.

Appropriate recruitment checks were in place to ensure it was safe for new staff to work with vulnerable adults.

Good



Is the service effective?

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People who used the service said staff always asked them for their consent. Staff were able to describe how they sought consent if people did not have capacity to make decisions for themselves.

Good



Is the service caring?

The service was caring. People who used the service were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People told us that staff offered them choices about how they liked their support to be delivered.

People told us they were treated with respect and staff listened to them.

Good



Is the service responsive?

The service was responsive. People who used the service had a support plan in place, which staff could refer to about their support needs.

Surveys had been sent to people asking them if they were happy with the service they received.

There was a complaints procedure in place. People told us they had not complained but were aware of the process.

Good



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. The manager told us there was no formal auditing process undertaken by the service, to ensure that the quality of service was monitored effectively. Additionally, there were no documented checks to ensure staff were competent to undertake their work.

There was limited documentation to evidence that regular team meetings took place. The last ones we were shown were from 2013.

The staff we spoke with felt the service was well managed and were supported to undertake their work.

Requires improvement



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 took place on 28 August 2015. The inspection was carried out by one adult social care inspector from the Care Quality Commission. We announced the inspection to ensure the manager was available to support the inspection at the head office.

During the inspection we spoke with four people who used the service, three members of staff and the registered manager. We were also able to look at a range of information, which was held by the service. This included support plans and staff personnel files and quality assurance documentation.

Is the service safe?

Our findings

We spoke with four people who used the service, who told us they felt safe as a result of the support they received from staff. One person said to us; “I definitely feel safe. It is re-assuring to know I have a regular support worker who I can rely on. It gives me an extra sense of security”. Another person said; “I feel safe knowing somebody is there for me”. Another person added; “You feel very secure with them. I always see the same staff and I trust them”.

We discussed safeguarding procedures with the three members of staff that we spoke with. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff said; “I would speak to my manager and ask for their advice first. I would also make enquiries with the social worker. In terms of things I would look for, I would notice any changes in behaviour because I know them well”. Another member of staff said; “I have had concerns in the past and I reported them straight away. They didn’t need to be taken further but I am glad I reported it”.

We saw that in order to support staff further around how to report any suspected abuse, they had access to a policy and procedure. This clearly detailed the action they could take if they had concerns, any signs and symptoms to look for and the different agencies they could contact.

People were further protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were suitable to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file contained job application forms, interview notes, references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. By undertaking these checks, the service had demonstrated that staff employed were suitable to work with vulnerable adults.

We looked at the staff rotas to ensure there were sufficient staff available to meet people’s needs. The manager said

that staffing levels were kept under review and that any staff shortages were covered by two supervisors who had worked for the service for several years and had a good understanding of people’s needs. Staff and the people we spoke with told us they felt there were enough staff to support them with the things they required. One person said; “I would say there are sufficient staff. I always get continuity of care”. Another person said; “As far as I am aware there are enough staff. The ones who support me always arrive when they should”. Another person added; “I would say there are enough staff”. A member of staff also commented; “We never seem stretched. Everything is fairly routine”. Another member of staff said; “There is a big group of us now so we can easily get round everybody”.

The manager told us they had limited involvement with people’s medication and at the time of the inspection, it did not form part of people’s support requirements. The people we spoke with said that they were able to take their medication themselves, but that sometimes needed to be prompted to take them by staff if they were having an ‘Off day’. One person who used the service said; “Thankfully I can self-medicate. It is not an area I need support with”. Another person said; “Sometimes I don’t feel like taking my medication. Although I sort it all out myself the staff do check that I am taking it”.

We looked at how the service managed risk. We found individual risks were detailed within people’s support plan. We saw there were control measures to provide staff with guidance on how to safely manage risks and also ensure people’s independence; rights and lifestyle choices were respected. We found risk assessments had been reviewed on a regular basis with the person concerned. Some of the risk assessments in place covered people’s home environment, risk of falls, self-harm and violence/aggression.

We saw that the manager maintained a record of any accidents and incidents, which had taken place within the service. We saw that there was a description of what had happened, which people had been involved and any necessary action that needed to be taken.

The manager told us they had limited involvement with people’s medication and at the time of the inspection, as it did not form part of people’s support requirements.

Is the service effective?

Our findings

We looked at the staff induction programme, which all staff completed when they first started working for the service. Some of the areas covered included Confidentiality, Health and Safety, Safeguarding, Suicide Risk, Mental Capacity Act and an introduction to the people they would be supporting. Other areas of the induction included 'Shadowing' more experienced support workers and looking at the staff supervision process. One member of staff said; "Yes I did my induction when I first started. I was able to work with an experienced member of staff first to help me understand the role. It was a good introduction to the company definitely". Another member of staff said; "The induction was very useful to me".

All staff were given the training and support they needed to help them support people properly. We found staff had received training in areas such as Safeguarding, Break Away Techniques, Risk Awareness, Suicide Awareness and Mental Health Awareness. The staff we spoke with told us they were happy with the training available to them. At the time of the inspection the manager said they did not have training matrix to monitor the training requirements of staff but would look to create one following the inspection. The manager also said that training courses were delivered as 'Group Sessions'. One member of staff said to us; "There is definitely enough training available to support me in my role".

Staff told us they were supported and received regular supervision and had an annual appraisal of their work performance and we saw records to support this. This would help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. We saw that the supervision provided a focus on areas such as current problems, current workload, discussions about the people they supported and any training requirements. The manager told us that staff supervisions were currently up to date. One member of staff told us; "They usually take place every few months. The manager discusses with us how things are going. We are in regular contact most of the time as well".

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS)

provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found staff had a good understanding in this area.

The people we spoke with told us that staff asked them for their consent before they provided support. Staff were aware of people's capacity to make informed decisions. One person we spoke with said; "Staff always ask how or if they can do things when providing support. They never cross their boundaries either and make sure it is what I want". Another person said; "It has never been an issue. It is one thing I have noticed actually. They always ask". A member of staff also said; "I support one lady who I assist to have a bath and hair wash most days. Some days she says they are not in the mood but that is up to her. I ask her first and then see if she feels like doing it later in the day". Another member of staff said; "I always ask verbally initially. I sometimes speak with family members as well and check if it is ok to do certain things". We also saw that people had 'Care Contracts' in place, which they had signed to say they were happy to receive support from the service.

We looked at how people were protected from poor nutrition and supported with eating and drinking. The manager told us they had limited involvement with people's nutritional needs and that the vast majority of people who used the service could prepare their own meals without support. The staff we spoke with told us that they prompted people to eat meals when providing support but that in the main, it was not required. The manager said that where some people may be overweight, that staff offered healthier food options and prompted people to exercise. One member of staff said to us; "I will sometime assist with food preparation. I will ask what people fancy to eat and if they would like to come shopping with me to choose things they would like to eat". Another member of staff said; "Sometime people just need prompting with getting into a better routine and choosing healthier options".

We saw that people had access to relevant health professionals as required. We saw from looking at people's support plans that reference had been made when people visited health services such as doctors, dentists, opticians and podiatrists.

Is the service caring?

Our findings

During the inspection we spoke with four people who used the service. They told us they were happy and spoke positively about the care they received. One person told us; “I rate the service 100%. I can’t express my thanks enough really. They are a top caring company. They are caring, supportive and genuine”. Another person said; “They are fine. Very good. It is nice knowing that somebody is keeping an eye on you”. A further person added; “I rate them extremely highly. I always have consistent support and the staff are good. I would recommend them as a company based on my own personal experiences. I have received lots of good support and compassion”.

We spoke with staff about how they encouraged people’s independence when providing care and support to people. One member of staff said; “It is important to ask people what they want. People ask me to do things for them and if I do it, they would never do anything for themselves I’m sure of it. I support one person to do exercise and initially they wouldn’t do it on their own. Now that I have provided support for short while, they can do it on their own, which is great”. Another member of staff said; “I try and get people involved as much as possible. By doing this, hopefully it motivates people to do so much more themselves”.

We found people who used the service were supported to live as independent lives as possible, with people having access to the local community when they wanted to. This included accessing public transport, going out alone without staff support and attending appointments if required. The majority of people we spoke with told us they could prepare their own food and administer their own medication. Staff were always available to support these tasks and accompanied people where necessary. One

person who used the service said; “I am allowed my independence definitely. Sometimes rather than the staff making the food and drinks, I will do it instead”. Another person said; “My support worker helps me with opening my mail, because I don’t understand some of it. Every now and then though, my support worker lets me do it so that I can get used to what different things are”.

People told us that their privacy and dignity was respected. Staff were also able to describe how they promoted this when delivering support to people. One member of staff said to us; “One of the ladies I support seems to take her clothes off in the living room in preparation for a shower. I cover them up straight away though and try to escort them to the bathroom”. Another member of staff said; “I treat people how I would want to be treated. I would never judge anybody if they became embarrassed about something out of respect”. A person who used the service also added; “I am treated with great respect. The staff allow me to do my own personal care so that I don’t feel embarrassed or inadequate”.

The people we spoke with said that staff offered them choice when delivering their support. One person said to us; “Opinions are never pushed onto me. The staff allow me to make my own decisions about things”. Another person said; “My support worker supports me with my exercise routine. They also prompt me to try and lose some weight, but also respect that it is my decision to do this”.

There was an advocacy service and corporate appointee ship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointee ship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

Is the service responsive?

Our findings

Aegis Care predominantly supports people with mental health related illnesses. People are supported to access the local community, with shopping, budgeting, cleaning, opening and processing mail and also providing a sitting service for people who may require emotional support. At the time of our inspection, the manager told us that delivery of personal care was limited. The people we spoke with told us that these were the kinds of tasks that staff supported them to do, which was responsive to their needs and were several of the reasons why they used the service. One person said; "I really appreciate the support with shopping and household tasks".

We saw that prior to people starting using the service, an assessment of their needs was carried out by staff. This then enabled staff to gain an understanding of the types of support people needed. This included providing support around their mental health requirements, social inclusion, household and domestic tasks, attending appointments, personal hygiene and encouraging people to maintain a good diet and eat well. Staff also undertook a risk assessment of the home environment and checked that it was safe for people to live in. Once the assessment had been undertaken, people's support plans could be created.

During the inspection we looked at three support plans in order to ensure that staff had sufficient information available to them, about how best to support people. The care plans contained specific action points, which staff needed to follow in order to support people appropriately.

For instance, one person had been identified of being at risk of self harming and staff were required to monitor this person's alcohol usage and report to the office immediately if there was any evidence of this person being in a low mood or acting differently.

We looked at the most recent surveys, which were sent to people who used the service, relatives and stakeholders. We noted that the majority of the information on the surveys had been positive about the service. People were asked about staff reliability, views of the support they received, confidentiality, times of calls, confidentiality and staff punctuality. This information allowed managers to see if there were any areas of the service which could be improved.

There was a complaints procedure in place. We saw that complaints had been responded to appropriately with evidence of necessary actions taken. The service user guide also referred specifically to complaints and explained the process people could follow. The people we spoke with said they had never needed to make a complaint. One person said; "I have been using the company for seven years and have never needed to complain about anything". Another person said; "I have never had cause to complain".

The manager told us that, because Aegis Care was a domiciliary care service, that group activities were not undertaken. We were told that several people attended local art and music groups and that several people attended 'Drop In Sessions', which were attended by other people with mental health related problems, enabling people to discuss things they had experienced similarly.

Is the service well-led?

Our findings

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 all felt the service was well-run and led. Comments included; "The manager is very approachable. We can ring him any time and discuss anything". Another member of staff said; "The manager is good. We all work well together. We all liaise well with each and I have never had a reason to doubt the company". We also asked people who used the service if they felt the service was well-run. One person said; "The manager does a brilliant job, he is very dedicated". Another person said; "I am fairly new to the company but it seems to run fairly smoothly from what I have seen". A further person added; "It is well run. The service has a personal touch I would say".

Staff members spoken with told us communication throughout the team, including with the manager was good and they felt supported to raise any concerns or discuss people's care at any time. The staff told us they had a stable team with few changes. All staff were made aware of their role and responsibility within the organisation and received regular feedback on their work performance through the supervision and appraisal systems. They had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and encouraged to share their views, opinions and ideas for improvement.

We found that there were limited systems in place to monitor the quality of service provided to people who used the service. The manager told us that there was no formal auditing process used, which would cover areas such as care plans, the environment, staff training, staff personnel files and infection control. The manager told us they did keep on top of these checks but did not document any of it to show what was found and how the service had been improved. The manager said that an audit of staff files had

taken place, but could not be located. Additionally, the manager said that there was no documentary evidence of staff competency checks, to ensure they were able to undertake their role to the required standard. This is a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance because there were insufficient systems in place to show that the quality of service was being monitored effectively.

The manager said that official team meetings did not take place. We were told that information which needed to be disseminated to staff would be done during the group training sessions or via a memo, which would be sent to staff with their wage slips, as not all staff used email.

The service had policies and procedures in place, which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme. Some of the policies in place included safeguarding, whistleblowing, medication, alcohol and substance misuse, aggression/challenging behaviour and infection control.

We spoke with the registered manager about how they aimed to demonstrate good practice within the service. The manager said; "I think it is very important to recruit the right people to start with so that they can provide support to a high standard. I like to treat all my staff with the respect they deserve. I always look to recruit kind and caring people and take on the right staff who have sufficient skills and experience in the role".

The staff we spoke with told us they enjoyed their work and demonstrated a commitment to providing good care and support to the people who used the service. One member of staff said to us; "It is all going great so far. My job is very varied but I love it. I help people with cooking, cleaning and shopping. Whatever they need really". Another person said; "I have worked for the company for eight years now. They are a really nice company to work for".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were insufficient governance systems in place to monitor the quality of service effectively.</p>