

Aegis Care Solutions Ltd

# Aegis Care Solutions

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Aegis Care Solutions is a domiciliary care agency providing personal care to adults living in their own home. During our inspection visit, the service was caring for 74 people. 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.

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. 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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

### Right Support:

- People were respected and valued as individuals.
- People and relatives were involved in planning care.
- 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. However, the provider needed to improve the recording of relevant discussions and decisions about the care of people who lacked capacity to make decisions.

### Right Care:

- People and relatives were positive about the care and support received.
- Most risks to people's care were assessed and measures put in place to manage these.
- The management team were aware of their safeguarding responsibilities; appropriate referrals had been made when required.
- Medicines were well managed.

### Right Culture:

- Culture at the service did not always encourage sharing and learning. Staff did not always feel comfortable raising concerns to management or if concerns were raised that these would not be acted up. Staff were not always aware of the whistleblowing procedures or regularly supported through one-to-one supervision sessions.
- There were several quality assurance systems in place, we found examples where these had been effective but also examples where these had not been effective. We made a recommendation in relation to this area.
- Most areas of recruitment were managed safely but we found examples of additional improvements

required. We made a recommendation in relation to safe recruitment.

- Staff were offered relevant training.
- The management team were receptive to the inspection process and responsive to the issues we raised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published on 21 August 2019).

Why we inspected

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

Enforcement and Recommendations

We made 2 recommendations in relation to recruitment and good governance.

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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# 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. 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 carried out by an 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 people using the service and 9 relatives of people using the service. We spoke with 7 staff members. This included care workers, senior care workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at care records for 3 people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Most aspects of staff's recruitment were managed safely. The provider had a staff recruitment procedure in place to ensure employees were of good character and had the qualifications, skills and experience to support people using the service. However, the service was not always recording staff's employment end dates and there was the risk of employment gaps not being fully explored.

We recommend the provider reviews their recruitment processes to ensure these always follow safe recruitment practices.

- Staff told us rotas were not made available at short notice, sometimes only 24 hours in advance. We discussed this issue with the registered manager who explained us rotas were made available weekly or fortnightly to care staff and showed us how this was done.
- There was an electronic monitoring system in place that allowed the registered manager to monitor staff attended the call on time and stayed for the correct length of time. From our review of documentation and feedback from people and relatives, we found no evidence of late or missed visits.
- People and relatives told us care was provided by a consistent team and staff were punctual. Their comments included, "They never miss an appointment, and they are never late;" "On the whole they are very punctual, but if there is any problem they let us know" and "[Care] is second to none and I can't believe how lucky I am. There are 2 carers who come on a regular basis. When they are off, they send a backup team who are also a regular team. So, in total we have 4 or 5 regular carers to support [person]."

### Assessing risk, safety monitoring and management

- People and relatives told us they felt safe with the care provided. One person said, "Yes [I feel safe], I could not manage without them. They have to help me get up, get washed in the mornings and make my breakfast. All the personal care I get is done safely." Relatives commented, "Yes, it is [safe]. The carers are really, really good and look after [person] for me. [Person] is very happy with them" and "Yes, definitely [safe]. They are very good at their job. We have a hoist in the bedroom to get [person] in and out of bed, and the carers who come use that safely."
- Most risks to people's care were assessed and measures put in place to manage these. However, we saw examples of documentation not always being detailed or accurate. For example, 1 person's risk assessment indicated they required thickener in their drinks, however this had been reviewed by the speech and language therapist and was no longer required. Another person's assessment did not explain how their health conditions impacted on their needs, risk and care required. In our conversations with the registered manager and staff, we were assured they knew people well and their current needs.
- The provider was not always recording the equipment staff used to support people with their moving and

handling requirements was safe to use and had passed the Lifting Operations and Lifting Equipment regulations. We discussed this with the registered manager and they took immediate action to record this information.

#### Learning lessons when things go wrong

- Staff knew how to safely deal with accidents and incidents such as a medical emergency or a fall.
- We reviewed the provider's management of accidents and incidents and found these were safely managed. The registered manager had a clear oversight of these instances and we saw appropriate actions were taken when required and lessons learnt

#### Systems and processes to safeguard people from the risk of abuse

- There was a whistleblowing policy and procedure in place but in our conversations with staff we found they were not always aware of how to escalate concerns outside the service. The registered manager showed us how this policy was covered during induction and mentioned during team meetings.
- Staff had a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.

#### Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should. Medicines administration records (MARS) were detailed.
- The service was conducting regular medicines audits and when issues were identified these were addressed timely, such as gaps in MARS.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency had been regularly checked.

#### Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in this area.
- People and relatives confirmed staff used PPE during delivery of care.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and relatives told us staff asked people's consent before delivering care.
- We did not find evidence that people who lacked capacity to make decisions about their care and support were receiving care that was not in their best interests, however some aspects of record keeping in this area required improvement. We found examples of mental capacity assessments which were not decision specific. The service was not consistently confirming if relatives had the required Power of Attorney to make decisions related to people's care. We discussed this with the registered manager and nominated individual and they told us they would review this without delay and ensure appropriate recording was completed.

Staff support: induction, training, skills and experience

- The service's supervision policy described how and how often staff should be supported with supervisions. In our review of documentation and conversations with staff, we found this was not always being followed. Although there were regular team meetings were relevant conversations about care and training were taking place, and the registered manager was available to speak with staff in the office or over the phone, these conversation were not recorded or took place in a structured 1 to 1 supervision. We discussed this with the registered manager and nominated individual and they told us they were review this area to ensure their policy was being followed.
- Staff completed a comprehensive induction and training programme. There was regular programme of

training for staff; records showed training was up to date.

- People and relatives told us staff knew people well and were skilled in delivering high quality care. Their comments included, "All the carers who look after [person] are very experienced. It is a small team which I like, and the carers who visit [person] know [them] really well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide care and support. This ensured the service meet people's needs and there was clear guidance for staff to follow. People and relatives told us care was provided in partnership with them. One person told us, "We have good conversations, and they make suggestions. We will have a laugh and then decide what needs to be done."
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.
- People told us staff supported them according with their preferences and offered them choice. One person said, "Yes, they respect my choices even at meal times. They are really very good and you don't feel embarrassed about anything. You can have a talk to them, and get on with them, and they will do the job they are meant to be doing."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives were confident staff would contact healthcare professionals if required. One relative told us, "If anything arises, I will say to [registered manager's name] that she needs to inform the social worker." One person said, "For example, there was a wound that needed treating, and it was looked at and was resolved in a very efficient manner."
- The records confirmed the provider maintained regular contact with relevant services such as social workers, district nurses and occupational therapists.

# 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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- During this inspection, we found some aspects of the culture at the service did not always encourage sharing and learning. Some staff members told us they did not always feel comfortable raising concerns to management or if concerns were raised, these would not be acted upon. We found staff were not always aware of whistleblowing procedures or consistently supported via structured supervisions. We discussed these concerns and the risks involved with the registered manager and nominated individual. They told us how they supported staff to raise concerns and how they listened to them. After our inspection, we received a further update on how the provider was planning to improve the culture at the service and support staff to access additional training.
- There were several quality assurance systems in place. We saw examples when these had been effective in identifying issues and addressing areas for improvement. However, we also found examples when these had not been effective in identifying areas for improvement. For example, care plan audits had not identified inconsistent quality in relation to risk assessments or MCA records. Staff audits did not identify issues with some staff's employment end dates not being recorded.

We recommend the provider reviews their quality assurance and management oversight processes to ensure these are effective in identifying and addressing areas for improvement.

- Feedback from people and relatives was positive about management and they told us the care provided by Aegis Care Solutions had a positive impact on their lives. Their comments included, "Yes, it is perfect. They are perfect in the way they run it;" "I do [think it is well run]. We have used them since 2019 and in my experience, they have been great. The carers are all excellent, and I have not needed to raise anything with them" and "The manager comes to see me, and she is a lovely lady, and is brilliant."

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

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and accountability when things go wrong. The registered manager fulfilled their responsibilities in relation to this requirement.
- The provider was responsive and open with the inspection process; they quickly acted on the issues

discussed during the inspection and demonstrated a willingness to continuously learn and improve.

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

- The registered manager told us they had sent questionnaires to gather people and relative's feedback and were waiting for these to be returned. This was currently gathered through reviews of care.
- There were systems in place to ensure communication with staff such as staff meetings and phone communications. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.

Working in partnership with others

- Records showed us that health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.