

Aegis Care Solutions Ltd

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Inspection report

Trees Residential Care Home
6 Weavers Road
Pontefract
WF8 1QR

Tel: 01977704068

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20 November 2023

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22 December 2023

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 at Trees Residential Care Home is a residential care home providing accommodation for up to 22 people who required personal care and support. At the time of our inspection there were 19 people using the service.

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

The building was clean and tidy and regular maintenance checks were carried out. There were enough suitably trained staff to support people. Staff were recruited safely and we made a recommendation for the provider to review its systems and processes for renewing DBS checks for staff. The provider reflected on this recommendation and made immediate changes to its systems and processes for renewing DBS checks. People told us they felt safe and staff were kind and caring.

People's medication was administered safely but some PRN (as and when medication) protocols were not in place. The registered manager took immediate action to include checks and reviews of PRN protocols as part of their 'resident of the day' review process.

A 'resident of the day' approach was used to review care plans and risk assessments. Moving and handling risks were detailed but detail describing the correct orientation of a sling was missing. This was brought to the attention of the registered manager who took action to address this during the inspection.

People were supporting people to eat and drink enough to maintain a balanced diet and there was a varied menu developed by people who lived in the home.

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; the policies and systems in the service supported this practice.

People's privacy, dignity and independence were respected and promoted and people were well treated and supported by well trained and caring staff.

People's care plans were personalised and they were supported to make choices about participating in their chosen social and leisure interests on a regular basis.

People's end of life care wishes were discussed and documented in their care plans.

The provider's systems did not always effectively monitor the quality of care provided to drive improvements. A range of audits were undertaken but they failed to identify some of the shortfalls we found during our inspection. Audits did not include checks for PRN protocols or how slings should be configured. The registered manager took immediate action to make changes to the audits and checks following our

feedback on the day of inspection.

Staff received regular supervisions and told us they felt supported by their manager. There was a positive and caring culture at the service and it was calm and well organised.

Regular resident meetings took place along with surveys get feedback and views from people about their care, support, activities and food choices.

The service worked well in partnership with healthcare professionals.

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

Rating at last inspection

This service was registered with us on 22 September 2022 and this is the first inspection. The last rating for the service under the previous provider was good, published on 1 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service, specifically, the time elapsed since the last full inspection and the change in provider.

Recommendations

We recommended the provider reviewed its systems and processes for renewing DBS checks for staff and that improvements to checks and audits are sustained and embedded into practice. The provider reflected on the recommendations and made immediate changes to its systems and processes.

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 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. 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, a regulatory co-ordinator 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

Aegis Care Solutions at Trees Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aegis Care Solutions at Trees Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. Inspection activity started on 20 November 2023 and ended on 13 December 2023. We visited the location's service on 20 November 2023.

What we did before the inspection

We reviewed information we had received about the service since it had been registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and their families. We also spoke with 5 members of staff including the registered manager, the deputy manager and support workers. We observed people in the dining room, the lounge and in their rooms. We reviewed a range of records which included 3 people's care records and various medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A range of records relating to the management of the service including audits, analyses of data and policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. At our last inspection of this service under the previous provider 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

- There were sufficient numbers of suitable staff on duty to meet people's needs.
- People felt safe with the staff caring for them. One person told us, "The meals are good and the staff are nice. If I wasn't happy, I'd speak [the registered manager]. I think there's enough staff. They come when I ring my bell. I get on with the staff."
- Staff were safely recruited. Appropriate checks had been made before applicants were offered employment.

As part of the feedback on the day of inspection, we recommended the provider reviewed its systems and processes for renewing DBS checks for staff. The provider reflected on this recommendation and made immediate changes to its systems and processes for renewing DBS checks.

Using medicines safely

- Some people were prescribed medicines to be taken on a 'when required' basis (PRN). Protocols for how these medicines should be administered was missing in the medicine administration record (MAR) chart for some people. The registered manager took immediate action to include checks and reviews of PRN protocols as part of their 'resident of the day' review process.
- Regular audits of medication administration records took place but did not include checks for PRN protocols.
- MAR charts had been completed correctly and accurately indicating medicines had been administered safely.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse and people told us they felt safe. One person said, "Yes, I feel safe, I don't have things to worry about."
- Safeguarding referrals were logged and recorded. This information was reviewed and analysed which included talking to health professionals about background information to identify any triggers to incidents.
- Staff understood their responsibilities to report any safeguarding concerns to their manager.

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

- Risks associated with people's care were assessed and regularly reviewed through a 'resident of the day' approach. However, we did identify that whilst moving and handling risks for a person were detailed, there was no loop configuration information in place. This was brought to the attention of the registered manager

who took action to address this during the inspection.

- Care plans detailed how to support people while managing risks and supporting people's independence.
- A family member told us, "We are over the moon with the home, [person] is very well looked after, no complaints. Everyone is part of a team. When I ring about anything, it's never a problem to talk to me. Staff are always cheerful. We are informed if she needs anything. There is never an issue with safety."

Preventing and controlling infection; Visiting in care homes

- Infection prevention and control measures promoted people's safety.
- The home was clean and hygienic throughout and there was a cleaning schedule in place which was followed by staff.
- There was an infection prevention and control policy in place and regular infection control checks were carried out by a member of the management team.
- People were supported to receive visits from family and friends in line with government guidance.

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.

This is the first inspection of this newly registered service. At our last inspection of this service under the previous provider 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.

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

- People's support plans were person-centred and detailed all aspects of their care, support, likes and dislikes.
- The service used a 'resident of the day' approach so support plans were reviewed regularly.
- People using the service, relatives and health and social care professionals contributed to support plans to ensure the person's individual needs were considered and addressed.

Staff support: induction, training, skills and experience

- Staff received appropriate training and development to deliver good quality care and support for people.
- Staff confirmed they accessed the training courses provided and spot checks on their practice were carried out. One member of staff told us, "I get all the training that's needed for the job."
- People confirmed staff were training appropriately. One person told us, "Some of them [staff] are well trained, they do know what they are doing."

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

- People received support to eat and drink enough to maintain a balanced diet. One person told us, "[Staff] come every few hours with drinks, you can have what you want and if you want anything between you just ask. You can have any food you like. I sometimes have a Chinese takeaway brought in for me."
- A family member told us, "[Person] always has a drink in their room, they change it every day. [Person] can have a hot drink when they want."
- There was a varied menu developed by people who lived in the home. We observed the cook speaking with a number of people after the meal to ask what they thought of it and what they would like to see on future menus.

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

- A care co-ordinator from the local GP practice visited the care home every morning to talk to people and review any medical needs.
- People were supported to live healthier lives, access healthcare services and support. We saw evidence in people's care records where they had received support from health and care professionals.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design, of the premises. We observed that people's rooms were personalised to their own tastes.
- The front door area of the home was in the process of having an extension built to provide a larger reception area.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The provider was working in line with the Mental Capacity Act. People were engaged and supported to make choices and decisions for themselves. Where the supervising body had authorised applications to deprive people of their liberty, we found authorisations were in place and kept under review by staff. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.

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.

This is the first inspection of this newly registered service. At our last inspection of this service under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. One person told us, "[The staff] are all nice people. They do a great job. They are all busy but they do look after us." Another person said, "The staff are all very nice and treat you with respect. They are busy all the time. They encourage me to try to get up. Oh, they do look after you. This is a good home."
- A member of staff told us how they care and support people, "I assist [people] with personal care; help them get dressed and help them with their meals. We get them anything they need or want. I support them by being there for them."
- We observed that staff were confident and competent and knew people well. Their interactions with people were positive and relaxed.

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

- People told us they were able to express their views about their care. One person said, "Staff know what I like and if not, I tell them. I'm not bothered about male carers looking after me, I find men more kind."
- Another person told us, "I wouldn't change the staff for anything. They discuss my care plan a lot."
- Staff confirmed they used information in people's care plans to provide support in a way people liked. One member of staff told us, "All the paperwork is on [hand-held devices] so we can read all about people in their care plans so we can understand their needs."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. One person told us, "The staff are all very nice and treat you with respect." and another person said, "[The staff] always knock on the door and ask me [if they can come in.]"
- People told us about how they maintain their independence. One person told us, "I get up and go to bed when I want. I have mechanical toys in my bedroom and I go up when I want some peace."
- Staff were able to demonstrate how they respected people's privacy and independence. One member of staff said, "I make sure people get changed in a private area and I will ask if its ok for us to help them get dressed and undressed."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. At our last inspection of this service under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences.
- People confirmed their choices were respected. One person told us, "I like to stay in my room, it's my choice."
- People's care plans were reviewed and updated monthly to ensure they were up to date.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported. Care records confirmed people's communication had been assessed.
- Information was provided to people in ways they understood.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication. A member of staff told us, "We use flash cards which helps and we physically sign for people as well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to make choices about participating in their chosen social and leisure interests on a regular basis. One person told us, "I don't want to do activities. If I wasn't happy I'd tell [the registered manager], she's good."
- We observed craft activities taking place and there was evidence around the home of previous craft making. We saw photos of previous activities which included table tennis and air hockey.
- One person told us, "I love doing craft activities 2 or 3 times a week. We play Bingo, Play Your Cards Right, Strike it Lucky and Snakes and Ladders. I also like to go into the garden on my own."

Improving care quality in response to complaints or concerns

- The service responded quickly when people made complaints. One person told us, "If I was not happy, I

would go upstairs to [the registered manager] and she would definitely listen. I had a complaint about [a person] who was saying unpleasant things about [a local area]. [I spoke to the registered manager] and [the person] stopped saying it."

- The service had a complaints policy and process in place.

End of life care and support

- People's end of life care wishes were discussed and documented in their Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in their care plans.
- People's ReSPECT forms were reviewed and checked each month as part of the resident of the day review programme.
- Staff confirmed they delivered good quality end of life care for people. One member of staff told us, "We work to the gold standard framework for end of life care and use their person centred care plans."

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.

This is the first inspection of this newly registered service. At our last inspection of this service under the previous provider we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements. A range of audits were undertaken but they failed to identify some of the shortfalls we found during inspection. Audits did not include checks for PRN protocols or loop configurations. The registered manager took immediate action to make changes to the audits and checks following our feedback on the day of inspection.
- There was a clear management structure in place and staff understood their responsibilities to meet regulatory requirements.
- Staff told us they received regular supervision, spot checks and meetings. A member of staff told us, "We have a daily meeting and we go through everything for when someone new is coming in and any changes."
- The registered manager understood when and what to notify CQC and the local authority about. CQC had received statutory notifications in a timely manner.

As part of the feedback on the day of inspection, we recommended the changes and improvements to checks and audits should be sustained and embedded into practice. The provider reflected on this recommendation and made immediate changes to its systems and processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and caring culture at the service and it was calm and well organised.
- Staff told us they felt supported by managers. One person said, "[There is] really good support, they are really supportive especially if you need time off and such." Another member of staff told us, "Management support is very good always."
- People's personal choices and decisions were respected. One person told us, "We have games of dominoes, I like that. I don't do the craft activities. I go out with my [family member] for Sunday lunch."

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

- Regular resident meetings took place where people discussed activities, food choices and how they had settled in following recent moves into the home. Suggestions made by people in the meetings were put into action.

- People were engaged in surveys about food, feeling safe and whether their choices and needs were met.
- Staff were surveyed and engaged about their access to training and management support. The outcomes and actions from the surveys were followed up at staff meetings.

Continuous learning and improving care; 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; Working in partnership with others

- Lessons were learnt when things went wrong. The registered manager identified improvements which were implemented across the organisation as a result of learning and reflection following incidents.
- Duty of candour requirements were understood and met by the registered manager.
- The service worked well in partnership with healthcare professionals. Staff listened to feedback from healthcare professionals and acted on their recommendations to help people achieve positive outcomes and improve the quality of their life.