

Artemis Domiciliary Care Limited

# Artemis Domiciliary Care Ltd

## Inspection report

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20 May 2019

11 June 2019

02 July 2019

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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

### About the service

Artemis Domiciliary Care Ltd is a Domiciliary Support Service providing personal care to people in the Newcastle and North Tyneside area. At the time of the inspection the service was directly supporting 35 people.

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

People told us they received very good care that was well planned and personal to them.

The service had in place systems to assess and manage risk. Contingency plans were in place to deal with unforeseen circumstances. The registered manager spoke about learning from events and service development, although there had been no recent significant accidents or safeguarding events. Staff recruitment was carried out safely and there were enough staff to deliver care. Medicines were managed appropriately.

Staff had a good understanding of equality and diversity issues. A range of training had been completed and dates when training needed to be updated were monitored. Staff received supervision and appraisals. People's choices were supported. No one using the service had any restrictions placed on them by the Court of Protection. People's consent was gained in an appropriate manner. People's health and wellbeing was considered and supported and they told us they were appropriately supported with eating and drinking.

People told us the care they received was of a high standard. They said staff were caring and conscientious. They told us they were fully involved in making decisions about their care and were always treated with dignity and respect. People stated the care they received supported and promoted their independence.

Care plans were detailed and gave good information about people's needs and the support care staff should offer. Care plans had been reviewed, as necessary. People told us their family were fully involved in their care and this was supported by the service. There had been one recent complaint, but people said they were very happy with the service.

People told us the service was well run and they had confidence in the registered manager. The service had a strong ethos of delivering personal care. A range of quality checks and audits were undertaken and people we spoke with confirmed this. Records were detailed, well maintained and easily accessible.

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.

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:

The last rating for this service was good (published 9 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Artemis Domiciliary Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Artemis Domiciliary Care Ltd

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May 2019 and ended on 11 June 2019. We spoke with people on the telephone during the week commencing 2 July 2019. We visited the office location on 20 May 2019 and 11 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the previous inspection. We sought feedback from the local authority and professionals who work with the service. 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. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, one relative and one friend. We spoke with three members of staff including the registered manager, administrator and a senior care worker.

We reviewed a range of records. These included three people's care and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same; good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place and staff had received appropriate training. Staff knew what action to take if they were concerned. One relative told us of the service, "They give us peace of mind. I feel they are safe."

Assessing risk, safety monitoring and management

- At the previous inspection we had made a recommendation about improving risk assessments. At this inspection we saw action had been taken to address the issues.
- Risk assessments were in place and were reviewed and updated as required.
- The service had in place a range of contingency plans to deal with any unforeseen circumstances.

Staffing and recruitment

- The provider had in place appropriate recruitment procedures. Records showed staff had been subject to an interview process and a range of checks had been undertaken, including Disclosure and Barring Service checks and the taking up of two references.
- There were enough staff to deliver care safely and in a timely manner. People told us there had never been any missed appointments. Staff told us, "There seem to be enough staff. As we get new clients we get new staff."

Using medicines safely

- Medicines were managed safely and effectively. Staff had received training to ensure they had the correct skills to support people with medicines. Medicine records were complete and up to date and people confirmed they were fully supported by the service.

Preventing and controlling infection

- The provider had in place appropriate policies and procedures to minimise the risk of infection or contamination. Staff had access to personal protective clothing and people confirmed care staff used appropriate measures when supporting them with 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same; 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

- Peoples needs were fully assessed and reviewed, as appropriate. Details of the actions required to meet the needs were evident in care plans and support was offered in line with current guidance and the law. One person told us, "They came to the hospital and spoke about what would happen and went through all the things."

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- At the previous inspection we had made a recommendation about improving the induction programme for new staff and increasing training around dementia. At this inspection we found this had been addressed.
- The provider maintained a detailed log of training undertaken and was aware of when any refresher training was required. People told us staff had the right skills to support them and staff said they had access to a range of learning opportunities.
- People told us the staff supported them well them with meals or drinks and made sure they had enough.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager described how the service worked with other agencies to provide seamless care. People we spoke with confirmed that the service had liaised closely with hospital services prior to their discharge and worked in combination with community services.

Supporting people to live healthier lives, access healthcare services and support

- Records demonstrated that people's health and well-being were considered as part of the overall assessment and the delivery of care. A friend of a person told us, "They are very, very good. They will always check with the doctor or district nurse. They are very quick to recognise any signs of concern; they can't be faulted on that."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one using the service who was subject to any restriction under the Court of Protection.
- People told us staff sought consent on a daily basis, prior to supporting them with care needs. Care records showed people had consented to care and signed documents, as appropriate.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same; 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 told us they were happy with the support they received and staff treated them with dignity and respect. One person told us, "They were very good with that, making you feel relaxed. We quickly got over the embarrassment with support."
- Staff were aware of issues related to equality and diversity and how this may affect the support offered to individuals.

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

- People confirmed that they were able to express their views and were fully involved in decisions about their care. One person told us, "They are very good. They do sit and listen." Another person said, "They are very clear. They ask me what I need and then do it for me."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff went out of their way to ensure their privacy and dignity was protected and respected. One person told. Staff let me do as much as I can and then help me with the places I can't reach."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same; 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

- At the last inspection we had made a recommendation that care plans needed to be more person centred. At this inspection the registered manager demonstrated how care planning had changed to address the issues.
- People's care plans were person centred and contained good information about the support they required and the actions staff should take to assist people. Care plans took account of people's choices, preferences and any cultural issues.
- People told us all features of support were considered and respected. One person told us, "The best thing is, is that they know us. They've got to know our ways and the important things."

Meeting people's communication needs; 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

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in people's care plans and care reviews was presented in a manner which met their individual needs. One relative told us how staff were acutely aware of their relation's need for particular ways of communication due to their disabilities.
- People told us their family were fully involved in their care and the provider ensured they maintained contact with family and friends and could access other services.

Improving care quality in response to complaints or concerns

- The provider had in place a complaints policy; with one formal complaint received by the service in the last 12 months. This had been dealt with appropriately.
- People told us they knew how to raise a concern, but they had not made any complaints. One person told us, "I've no complaints whatsoever. I wouldn't go anywhere else." One relative told us, "I've no complaints; well, one. Some of the girls don't like football!"

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. People's

preferences and consideration of their wishes was included in the service's overall assessment of need.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to; good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The registered manager spoke about their vision for the service and their desire to deliver high quality, person centred care. She spoke about her vision for the future delivering highly responsive care and working closely with the NHS.
- People we spoke with described the care staff as very good. Comments included, "Overall we are really happy with the level of service. All you hear is the bad things that happen, but we couldn't fault any part of the service. It is excellent."

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 provider was aware of their responsibilities under the duty of candour. There had been no incidents where the provider was required to respond to complaints or concerns in this way.

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

- At the previous inspection we had made a recommendation about making the quality and audit processes in the service more robust. At this inspection the registered manager demonstrated how oversight and quality processes had improved.
- Regular quality checks and reviews were undertaken by the registered manager and people confirmed this. The manager demonstrated how reviews had led to changes in delivery and service documentation, to improve quality.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they were involved in their care development. They told us they were regularly approached to ensure they were happy with their care and were asked to complete questionnaires.

Working in partnership with others.

- The registered manager described how the service worked closely with other services and wished to develop this further. People and relatives confirmed the service worked closely with other care or health providers to promote continuous support. Care records further demonstrated how the service worked with other agencies.

