Athena Care Limited

# Athena Care Limited

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

Athena Care Limited provides personal care for people living in their own homes. On the day the inspection the registered manager informed us that there were 33 people receiving a service from the agency.

A registered manager was in place. 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 and associated Regulations about how the service is run. The registered manager was also the provider.

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

Risk assessments were not fully detailed to assist staff are to support people safely.

There were records of medicines taken by people but more evidence was needed to ensure they were taken safely and on time, to protect people's health needs

Staff had not always been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

People or their relatives told us that people had been assisted to eat and drink and everyone told us they thought the food prepared by staff was good.

Staff had awareness of people's health care needs so they were in a position to refer to health care professionals if needed.

People and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans individual to the people using the service, but more evidence was needed that staff used the information to provide stimulation and interest to people, to ensure that people's individual needs were met.

People or their relatives told us they would tell staff or management if they had any concerns and were confident any issues would be properly followed up.

People and their relatives were satisfied with how the agency was run by the registered manager. There were comments for improvement from staff to ensure office management staff always had a positive attitude towards them and they were not pressurised to carry out excessive shifts.

Management carried out audits and checks to ensure the agency was running properly. However, some audits were not comprehensive to ensure people were always provided with a quality service.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

People and their relatives said that people felt safe with staff from the service.

Risk assessments to protect people's health and welfare were in place but had not contained all relevant details to protect people safety.

Staff knew how to report incidents to relevant agencies if necessary. All safeguarding allegations have not been reported to the Commission.

Staff recruitment checks were usually in place to protect people from receiving personal care from unsuitable staff.

People told us that medicines had been supplied as prescribed but recording systems have not always been in place to prove this.

### Is the service effective?

**Good**

The service was effective.

Staff were trained to meet people's care needs.

People's consent to care and treatment was sought in line with legislation and guidance.

People's nutritional needs had been promoted and protected.

### Is the service caring?

**Good**

The service was caring.

People and their relatives told us that staff were friendly and caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

## Is the service responsive?

Good

The service was responsive.

Care plans contained information on how to respond to people's assessed needs.

People and their relatives were usually confident that any concerns they identified would be properly followed up by the provider.

Staff were aware of how to contact medical services when people needed health support.

## Is the service well-led?

Requires Improvement

The service was not consistently well led.

An allegation of abuse had not been reported to us as legally required.

People and their relatives told us that management listened and acted on their comments and concerns and it was a well led agency.

Staff told us the registered manager and senior office staff had usually provided support to them, though some issues needed to be looked at to ensure this was always the case.

Staff said the registered manager had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Systems had been audited in order to measure whether a quality service had been provided though this needed to be more rigorous for some issues.

# Athena Care Limited

**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 was planned to check 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 inspection took place on 26 and 29 February 2016. The inspection was announced. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the provision of personal care to people using the service.

During the inspection we spoke with five people who used the service, four relatives, the registered manager, two office management staff and four care workers.

We also looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the agency, staff training, staff recruitment records and medicine administration records.

Requires Improvement

# Is the service safe?

## Our findings

All the people we spoke with and their relatives said that they felt safe with staff from the agency. A person using the service told us, "I am completely safe with staff. They are all very good." Another person said, "Staff know what I need. There are no problems at all."

One relative said that she had been concerned that staff had not always tied their hair back when supplying food and this was a hygiene risk. The registered manager informed us the member of staff was spoken to at the time and did not assist with a task that requires the hair to be tied back, so this issue was resolved at the time.

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks. Staff told us examples of how they kept people safe such as making sure that doors and windows were kept shut and locked when needed and checking that rugs on floors were flat to eliminate tripping risks.

People told us that they felt safe with care they received from staff from the agency. Care records for people showed risk assessments were completed to protect their safety. These included how to move people safely.

We looked at a care plan which outlined issues about a person's behaviour. There was a risk assessment in place to assist staff to safely manage this situation should it arise. This person needed the use of a machine at night to assist with her breathing when sleeping. However, she also slept on a sofa without using the machine. There was no guidance in place to alert staff as to whether they should wake the person so that she could go to bed and then use the machine. The registered manager stated that action had been taken.

Another care plan noted a person was at risk of choking. There was a risk assessment in place for staff to follow as to the type of food that was safe for the person to have. Guidance from the a specialist team had been incorporated into the plan which included the person needing to have a fork mashed diet. This meant staff had been directed to supply food which safely prevented a choking risk to the person.

Another care plan stated that a person had continence needs. There was a risk assessment in place which stated that the person should be taken to the toilet twice a day. However, this meant the person had to wear and use incontinence pads at other times. The registered manager stated the person's continence needs are met throughout the day as there is an indwelling catheter. The risk assessment stated he should be given the opportunity to use the toilet to promote his independence. Staff assist up to three times a day with this. Commissioners have confirmed no further time would be allocated under the current allocation of budget.

We saw another care plan which stated that the person had an identified risk of pressure sores. There was a risk assessment outlining safety measures to ensure the person had proper equipment in place to prevent

pressure sores developing, such as sleeping on a specialist mattress and having specialist socks to wear. The plan stated that the person needed to have their position changed every four hours. It was not clear from the chart in place that this care was provided, though the daily records contained evidence this had been carried out, though times had not been recorded, so it was not clear this care was provided every four hours. The registered manager said this would be checked, made clear and put into place.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. This meant that people's safety could be protected in case of abuse.

Staff recruitment practices were generally in place. Staff records showed that before new members of staff were allowed to start, checks had usually been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, records did not always show that the necessary documentation for staff was in place to demonstrate they were fit to supply personal care to people, as some staff only had references from friends or work colleagues, which did not provide independent evidence of their suitability. The registered manager said this issue would be followed up. She swiftly sent us an action plan covering this issue.

We found that sufficient numbers of staff were usually available to meet people's needs, as people and their relatives told us that most calls had been made by staff. For a small number of occasions, one relative said that very occasionally a staff member could not be arranged by the agency. The registered manager said she was not aware that this has happened but would investigate further as she accepted the agency was responsible to ensure that staff always attended to safely meet people's needs. The registered manager later informed us that she had investigated this and stated that staff were not available as it was not within the usual call time.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. They did contain contact details of relevant agencies where staff could report their concerns to. The whistleblowing procedure had been included in a staff handbook of policies so that it could be accessible to staff to refer to.

Policies set out that when a safeguarding incident occurred, management needed to take appropriate and action by referring to the local authority, CQC, or police. However, we found one situation of an allegation of potential abuse that had not been reported to us, although it had been reported to the local safeguarding team. The registered manager acknowledged that this should have been carried out although she stated it was not certain that at the time it was a proven safeguarding concern. She said this would be carried out in future as she recognised that it was all allegations of concern that needed to be reported. This would mean that other professionals were always alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about people not receiving their medicine. We looked at how medicines were managed in the service and we saw evidence that the person had usually received their daily prescribed medicines. However, one medicine sheet did not always indicate why medicines had not been taken by the person using the service and staff had handwritten new medicines onto the sheet with no frequency of supplying it to a person. The registered manager said this was against the policy of the agency and she would look into this and act on it. This was swiftly rectified by the registered manager sending us a detailed medicines sheet.

We saw that staff had been trained to support people to have their medicines and administer medicines safely.

Good

# Is the service effective?

## Our findings

All the people and their relatives we spoke with said that the care and support they received from staff effectively met their needs and they thought that staff had been trained to meet people's needs. A person told us, "The staff know what they're doing so I think they must have been trained properly."

A staff member said, "The training is good. If we need any more we just get in touch with the office and they arrange it on for us." Another staff member said, "There is no problem with training at all." Another staff member said that the training was good in general but she had not received training on using a machine that was essential to maintain a person's health. She had been reliant on other staff showing her how to do this. The registered manager said that this issue would be followed up so that staff received training on essential issues before they were expected to carry out these tasks.

The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse, dementia care, catheter training, health and safety, fire procedures, moving and handling, infection control, health and safety, food hygiene, first aid, and dealing with behaviour that may challenge the service. New staff are expected to complete induction training, which covers comprehensive training as outlined in the Care Certificate, which is relevant nationally recognised training. We saw evidence of this in staff records. We saw memos from the registered manager to staff emphasising that online training was available for them to complete.

Staff told us that they undertook an induction when they had begun work with the agency, which included shadowing experienced staff on shifts. There was evidence this occurred through experienced staff signing off relevant care issues as they went through them with new staff.

Staff we talked with, except one staff member, said they had spot checks from the management of the agency to check they were supplying care properly. We saw evidence of these checks. The registered manager swiftly provided evidence that subsequently a spot check was carried out for a member of staff not having a spot check.

Staff told us they received supervision and these were recorded in staff records. This provided staff with support to provide effective personal care to people using the service.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS safeguards are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

There was evidence that the provider had relevant procedures in place to assess people's mental capacity. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people and this was confirmed by people we spoke with. They had training

about the operation of the law.  This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

People told us that the food prepared by staff was good. One person said, "The carers I have are great cooks. They cook the food I want and they cook it from scratch." A relative told us, "Fresh food is prepared by staff and it is very tasty."

Staff members told us that people's food choices were respected and they knew what people liked to eat and drink. They told us that people had drinks and snacks whenever they wanted to make sure they were not hungry or became dehydrated. We saw evidence of people's preferences in their care plans. For example, a person wanted a light lunch of a sandwich, a slice of cake and a cup of tea. For their teatime meal, they wanted traditional English food. The person's relative confirmed that choices were respected. The person had a risk assessment regarding nutrition in place which included information as to any allergies, food supplements and special dietary items. This planning ensured that people's nutritional needs were effectively promoted.

We saw evidence that staff contacted medical services if people needed any support or treatment. A staff member told us that a person was having difficulty swallowing. The specialist team were contacted and involved at looking at this person's changing needs. We saw that they had issued guidance for staff to provide a more effective service for nutritional needs. This was an example of staff acting to provide effective care to meet people's needs.

Good

# Is the service caring?

## Our findings

All the people and relatives we spoke with said that staff were friendly, polite, caring and positive in the care they provided. One person said, "Staff are wonderful. They could not be better."

People and their relatives also told us that staff listened to them so they felt able to express their views. A person told us, "Staff do whatever I ask them." Another person said, "Staff are always asking what they can do for me." A relative told us, "My father could not be treated with more respect."

A staff member told us that she knew that a person she provided care to was passionate about football and cars, so she made a point of talking about these subjects. It was not certain from looking at the person's care plan and daily records that all staff did this. The registered manager said she would follow this issue up so that staff spoke to people about their interests and hobbies to provide more stimulation for them.

People and their relatives told us their care plans were developed with them. We saw evidence in plans that this had taken place. They said this process had been respectful, and took into account people's wishes to make sure that people's needs were included. A person receiving a service told us that he had a problem with his care plan as it had not properly reflected his needs. He contacted the agency and the plan was reviewed and he was now satisfied with it. This showed us that people had been given the opportunity to produce and change their care plans so it met their care needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, whether they wanted to go out, what food they wanted to eat or the clothes they wanted to wear. A person said that when he wanted to use the telephone or the internet, staff respected his privacy.

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, independence and cultural needs. The staff handbook contained detailed information as to how staff should respect people's cultural needs. There was also detailed information as to how staff should approach cultural issues in relation to providing personal care. We spoke with a relative of the person from a cultural community. They said staff fully respected their religious beliefs. For example, the person and their family were vegetarian so staff made sure they did not bring in any meat products into the person's home when they had a meal break. The relative told us that their relative only wanted to have personal care provided by female staff, and this wish was also respected. These are examples of where people's cultural wishes were respected by caring staff.

In one person's care plan, it stated that staff needed to encourage the person's independence. However, there was no detail specifically in place for staff to encourage this. The registered manager said that people's care plans would be reviewed to ensure that staff were specifically aware of how to respect and maintain people's independence.

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their bedroom. One staff member told us, "We always respect people. We are in their homes

after all."

This presented as a strong picture that staff were caring and that people, their beliefs and culture were respected.

We looked at the provider's statement of philosophy, which emphasised that staff should treat everyone with respect, dignity and fairness. This set a good model to ensure people were treated in the caring and respectful manner.

Good

# Is the service responsive?

## Our findings

A person told us, "When I had a clash of personality with a care worker, I had a word with the office and they changed the worker which I was satisfied with." Another person told us, "I wasn't feeling well one day and they called the GP to see me." A relative told us, "They take proper action if we raise issues with them."

We found that people had an assessment of their needs and a personal profile in the care plan. All the people using the service and relatives we spoke with said that management properly assessed people's needs before providing a personal care service. Assessments included relevant details such as the support people needed. There was also information as to people's history and people's preferences such as their food and drink preferences and how they liked to spend their time.

In another care plan, there was information for staff to respond to if a person's skin became inflamed as a result of having equipment attached in order for them to have food.

We saw that the assessment of a person's moving and handling had identified that equipment was needed to help the person go to the toilet and to have a shower. An occupational therapy assessment had been made.

These were examples of management responding effectively to people's individual care needs.

People and their relatives told us that care plans were reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence of this in people's care plans.

We looked at a care plan for a person from a minority community. There was information regarding the person's religious preferences. This helped to ensure that a responsive service would be delivered to all communities, irrespective of culture or religion.

People and their relatives told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so. Other people and relatives told us that they were confident that the registered manager and senior office staff would be responsive to any issues that they raised.

A person we spoke with raised concerns about a staff member not observing proper food hygiene by not tying up their hair when dealing with equipment used to provide food to their relative. They also said a staff member had been often late for a call. When we informed the registered manager she said these issues would be followed up.

We saw in records that when there were instances of people expressing concerns about staff, action had been taken to rectify the issue. However, we also saw an instance where staff had expressed concerns about the practice of another staff member in a staff meeting. Office management staff had spoken with the staff member concerned. However, there was no evidence that the specific concerns raised had been discussed

and responded to. This meant there was a risk that the alleged practice of the staff member had not been addressed and could lead to poor care standards continuing. The registered manager said this issue would be reviewed and followed up as needed.

Staff told us that they had never received any complaints from relatives but that they would report any issues to the registered manager or senior office staff and they were confident the issue would be dealt with speedily and effectively.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This included relevant information on issues such as how to contact us the local government ombudsman should they have concerns that there complaint had not be being investigated properly from the local authority.

We looked at the complaints file. We found that complaints had been investigated and the respondent sent to the complainant. For one complaint, the complainant had not been satisfied with the investigation. We saw that the issues raised had not been completely covered by the investigation. The registered manager said this would be reviewed to see whether any further action was needed. This would then provide assurance that complainants received a comprehensive service responding to their concerns.

A complaint had been raised in September 2014 regarding staff not being available to provide care. A relative told us on this inspection that on a small number of occasions, management from the agency had asked her to care for her father when no staff member was available. She said this was not acceptable as the care contract specified that the agency needed to provide this cover. The registered manager no complaint had been raised, nor had the relative contacted the office, but said that she would follow up and respond to this issue.

A person told us that staff had contacted other professionals, such as medical professionals when her mother had been unwell. Another person told us that when he had felt unwell, staff had responded by contacting his GP so that he could obtain treatment.

A staff member said that she had been involved with specialist speech and language staff when a person was noted to be struggling with swallowing food. The guidance received enabled the person to eat more comfortably. This told us that staff had liaised with other agencies to ensure that people had received care responding to their needs.

Requires Improvement

# Is the service well-led?

## Our findings

A person told us, ''Yes. I think the agency seems to be well run." Another person said, "I have had no problems. If you ring the office up there is always someone there to help you and they treat you like a human being."

A relative told us, "Very happy with the service. No complaints."

We identified an incident in October 2015 where a person's partner had made an allegation regarding potential physical abuse. Although the registered manager had reported this to the local authority safeguarding team, we had not been informed of the incident as legally required. The registered manager stated that all allegations in future would be reported to us.

Staff were provided with information as to how to provide a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that the registered manager expected them to provide friendly personal care to people, and to meet their individual needs.

We also saw in a memo to staff that staff had been thanked for their commitment and hard work, which showed recognition and support for the work staff carried out. However, there was one comment from one staff member who said that office staff only had a positive attitude to them when they needed a favour such as working extra days. This attitude was then replaced by an indifferent attitude on other occasions. Another staff member said that there was too much pressure put on staff by senior office staff to work long hours when they had other commitments. The registered manager said these issues would be followed up by feeding the comments back to the team and discussing at the next office meeting. However, most staff told us they could approach the registered manager or senior office staff about any concerns they had. One staff member said, "If I have a query I know I can ring the manager and talk about it."

We saw a stated policy of the agency to have six monthly staff meetings, though there was no evidence that this had recently occurred. The registered manager said this would be reviewed and she quickly supplied us with information stating this would be carried out. This would provide staff with more support to carry out their task of supplying quality personal care to people.

Staff members we spoke with told us that they would recommend the agency if a relative of theirs needed this service, as they rated to care provided as very good.

Staff said that essential information about people's needs had always been communicated to them.

Staff had received support through supervision meetings. This meant that staff were supported to discuss their competence and identify their learning needs and staff received support through supervision.

We saw that people had been asked about their views about the running of the agency through a satisfaction survey. These had been very positive in the questionnaires that had been returned. Everyone

had stated that they were satisfied with the service. Where an issue had been identified in the survey, an action plan was in place to follow this up.

We saw quality assurance checks in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, and performance such as respecting people's privacy and dignity.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place. These included auditing of recruitment procedures, staff training, care plans, reviews of people's care, medication, complaints and health and safety.

Essential systems had been checked to ensure a quality service had been provided to people using the service. However, some audits were not comprehensive as they had not picked up there had been insufficient information in managing risks to people. The registered manager said she recognised that care files had not been audited in detail and she would ensure this was carried out in the future. This will then help to develop the quality of the service to indicate a fully well led service.