

Artius Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Artius Care Limited is a domiciliary care agency providing personal care to adults living with families or in their own homes in the community. 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. At the time of our inspection the service was supporting 38 people living with frailty and other health related conditions, with the regulated activity of personal care.

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

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, staff were unfamiliar with the Mental Capacity Act (2005).

We have made a recommendation for the provider to seek further guidance on the Mental Capacity Act (MCA) from a reputable source to improve staff knowledge.

Staff had not consistently completed refresher training on topics such as safeguarding, moving and handling practical and other training the provider had assessed as mandatory. This was an area needing improvement. Staff had a good knowledge and understanding of people's specific care needs and how they wished to be cared for and supported.

The quality assurance system contained an audit, although the provider had not yet fully utilised this. Improvements were needed in how the provider assessed, monitored and used their systems to drive improvements. The leadership in the service had recently changed and the current management team acted openly and responsively during the inspection ensuring they took immediate action to remedy any areas of improvement identified.

Staff received supervision and appraisals to support them in their role and identify any learning needs and opportunities for professional development.

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance.

People were given every opportunity to be valued and equal partners in decisions around their care and support. This was reflected in the good quality care and support people received, from a committed, passionate and caring group of staff. One person said, "I really appreciate the care. They do the things that suit me in the way I like them done. We do it together, so I feel I have the power. I'll say, 'I'm not safe doing that' and they listen to that. It works for me." One relative said, "It's brilliant. I've got no complaints. [Person]

loves them all and they love him. They always say, 'Do you want me to do anything else.'

Staff liaised with health professionals and looked at ways to improve people's life experiences. One person had a health condition that quickly deteriorated, saying, "[Carer] said, 'You're very unwell, you need to go to the hospital.' I said I didn't want to go to the hospital, so they phoned [relative] with my consent and told them. They spoke to me and I went in. They (staff) were spot on. They saved my life. They're very, very good."

Senior staff carried out spot checks on staff to monitor the quality of the service provided and to seek the views of the people who were supported.

People, relatives and staff were encouraged to offer feedback. Staff felt well supported and people were confident in the service they received. One relative said, "I've done questionnaires in the past. They're happy for us to contact them if we've got any concerns and they have a positive response. Our feedback is 99% positive. They like to know how they're doing."

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

Rating at last inspection

The last rating for this service was Good (published 26 October 2017). Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating at this inspection.

Why we inspected

We received concerns in relation to the skills and qualifications of staff. Concerns were shared regarding the provider's quality assurance systems. As a result, we undertook a focused inspection to review the Key Questions of Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Effective and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Artius Care on our website at 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Artius 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

This inspection was carried out by two inspectors 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.

The service did not currently have a registered manager as the previous manager had left the service. It is a condition of the provider's registration that the service has a registered manager in post. However, an acting manager was in place who intended on applying to become the registered manager for the service. The provider and registered manager are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 24 September and ended on 25 September. We visited the office location on 24 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, acting manager, two care coordinators, one senior care worker and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records. We looked at twelve staff files including the providers (as the provider also delivered personal care) in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from the local authority and professionals who work with the service. We looked at training data and quality assurance records.

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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. 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.

- Some staff had completed training in the MCA, but others had not completed their annual refresher training as assessed as mandatory by the provider. Staff were unclear about how the principles of the MCA applied to their day to day work. For example, one staff member said, "I don't know what the MCA is. To me it means to do with people and their mental health issues." In response to being asked what this legislation mean's in practice, another staff member said, "I couldn't tell you to be honest."

We recommend the provider seek further guidance on the MCA from a reputable source to improve staff practice and knowledge.

- At the time of our inspection the provider said no one using the service lacked capacity to make decisions regarding their care and treatment.
- Without exception people said staff asked their consent and permission before providing any assistance. One person said, "Of course they do, it's definitely a partnership. I've got no complaints." Another person said, "Yes, they do. I can ask them if they'd mind doing something and they do it. They're very obliging. I've had nothing but good support." Another person said, "Oh, yes. My condition changes and we have to adapt. I tell them what they need to do and they always say yes. They're very amenable and they're always very thoughtful." A relative said, "Yes, they do. It's up to [person] how they want things done." Another relative said, "They ask what [person] wants them to do. They're very good." This showed people were asked for their consent before care was provided by staff and offered choice.

Staff support: induction, training, skills and experience

- Staff undertook mandatory training in subjects including moving and handling, medication, safeguarding and first aid. Mandatory training is training the provider thinks is necessary to support people safely.
- Best practice guidance states certain areas of training requires annual refreshment to ensure staff stay up to date with best practice guidance in those areas. Not all staff had completed their refresher training including the provider, who also provided personal care. Although there was no impact to suggest people's needs were not being met, improvements were needed to ensure staff and the provider were supported to maintain their skill and competence to keep up to date with best practice. The provider gave assurances staff and himself would not provide any further personal care until this training had been completed. Following the inspection the provider informed us he's training was now up to date, we will not be able to assess this area until our next inspection.
- People and relatives said they were confident staff demonstrated the skills required to support them or their loved one. One person said, "Extremely (confident with how staff support the person). I feel completely safe with them all the time. They never rush you. They're very caring." Another person said, "I'm very happy with them. They're very professional and they do the job incredibly well." One relative said, "They are well trained and very kind. [Person] is very happy. We're very pleased. They always do things in the same way, I find that reassuring. They have a method of doing things; I'm learning a few things from them."
- All newly employed staff received an induction, which consisted of mandatory training and shadowing a more experienced member of staff so they could get to know how the person liked to be supported. The induction included an observation to check staff knew how to use moving and handling equipment, to ensure people's dignity and privacy and to promote independence. One staff member said, "I wasn't allowed out until I had completed the theory of the training. I spent a whole week shadowing a carer. I wasn't allowed to work alone until I was confident enough and assessed as competent. Once I was confident, I was introduced to people who needed two staffs support with mobility. Then I went out on what they call 'alone'. You're not really alone though, someone is always at the end of the phone 24/7."
- New staff were completing the 'Care Certificate' or an equivalent. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff felt supported and had regular supervision. Supervision is a one to one meeting between a staff member and their supervisor and includes a review of performance and an opportunity for discussion around any problems and achievements. One staff member said, "I definitely feel supported in my role, if I did have a problem, I would ring the office straight away. I have done this, and the office staff sorted it straight away. I can get very attached to people. The management team are good at making sure I am ok, especially in times of supporting people who are really poorly."

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

- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were recorded. This is important information to inform staff and to prevent the risk of discrimination. This ensured staff were made aware of people's diverse needs and could support them appropriately.
- People said they were involved in developing their care plans. Records demonstrated relatives were also involved when appropriate.
- Care plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and their cultural background. Care plans provided clear guidance for staff to deliver care according to the people's needs and preferences. For example, specific directions supported staff to provide care safely for a person who was visually impaired.

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

- Where required, staff supported people with their nutritional and hydration needs and supported people

with meal preparation and the provision of drinks and snacks at the times they needed them. Care plans included strategies for supporting people to remain as independent as possible with eating and drinking. For example, a care plan guided staff to leave food in an accessible container for one person.

- There were good strategies and guidance for carers to encourage people to accept and take fluids. For example, one person was assessed to be independent with eating and drinking but can often require encouragement. The care plan stated staff were to encourage fluids on each visit. If person refused, to be patient and keep trying. Guidance stated if the person refused to contact the family so that they can try again later. Records indicated staff had communicated with the family to ensure fluids were still encouraged.
- We saw people were given a choice of what they would like to eat and drink and a variety of meals had been consumed as evidenced by people's daily records. One person said, "They (staff) prepare it for me and leave it for later. That's nice. I am in charge of what I eat."

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

- Information about people's health and medical history were included in their care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff. One person's personal care instructions were clear providing step by step guidance. For example, how to support their catheter care at night, while providing personal care.
- People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required. For one person with a physical condition that prevents them being able to arrange their own health appointments, arrangements had been made, with the persons consent, for staff to contact GP to arrange appointments and obtain test results. Where appropriate, relatives were informed of any changes in their family member's health.
- Staff knew to contact the district nurse if a person's skin integrity had deteriorated. Body charts were used to identify and monitor which part of a person's skin was affected. One person said, "They (staff) keep an eye on me. The district nurse is very happy with the care they give me." A relative said, "They (staff) are very good and picking up if [person] gets sore. They get things done quickly. The doctor said if [person] sores get worse, bring them in, but they haven't. I've never had to take [person] to GP and that's because the carers check them every day."

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 Good. At this inspection this key question has now deteriorated 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

- The provider had purchased an electronic care management system. This included tools to support the provider to monitor the quality of their service. The inbuilt audits had not been used to their full capability, and there was a lack of completed audits since July 2019. Actions taken following audits were unclear.
- The audit system being used was relatively new and the provider was still working out the best ways to use the systems to ensure compliance with the regulations. Subsequently, audit information was not readily available. The acting manager and provider said they constantly evaluated what they were doing but this was not always recorded. We will not be able to assess the provider's improvement plan in this area until our next inspection.
- The audit systems identified staff had not completed their refresher training on time and staff were booked to complete this training in October 2019. The provider said, they were in the process of appointing a new training and quality assurance manager who would take responsibility of training compliance moving forward.
- There had been a recent change in management and the service does not currently have a registered manager. The last registered manager deregistered in September 2019. An acting manager was in post who was in charge of the day to day running of the service. We were informed of their intention to apply to become the registered manager.
- Staff had a very clear understanding of their roles and responsibilities. For example, staff understood their role was to assess and promote independence. One staff member said, "It's our role to support people to live in their own homes, for as long as it is possible. To ensure we can make them happy and ready for their day or evening. To ensure they have what they need and delivered in a way personal to them."
- The staff understood the provider's visions and values. They were able to tell us they included being person centred, supporting independence and respecting diversity. Staff said they made sure they followed these values when they supported people. New staff had been inducted to fully understand the service's aims and objectives. One staff member said, "We go into people's home and I would like to think I have made their experience of seeing me, as happy and as comfortable as their last time. I am the friendly face they look forward to seeing and for most of the people I support, they don't have many other people going in." Another staff member said, "The point of us, is to promote independent living. We go in and care for the individual and support them in the way they choose. I always come out feeling I have done a good job."
- The management team carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure staff were effective in carrying out their role, this

included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Where issues had been identified and recorded, the management team confirmed these were discussed in supervision with the staff member.

- The provider demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The provider had followed the requirement to ensure the most current inspection rating was on display.

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

- People said they found all staff to be approachable, from care staff to management. One person said, "All carers are brilliant. Couldn't fault them." Another person said, "They do an excellent job." A relative said, "I'm really, really pleased. They are all lovely. I always give them good reviews. I can't fault them." Another relative said, "They are good, very good. [Person] is happy with them all. They are so friendly with her. She likes all of them." Another relative said, "I know people in the office. I have a good relationship with them"
- Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team. One staff member said, "What we do, is so rewarding. You could be the only person people see all day. Their face lights up when they see me, that's why I do it." Another staff member said, "The management here are very approachable, they listen and generally care about the wellbeing of all us staff and the people we support."

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 understood their responsibilities under duty of candour. He said, "It is about being open and honest." The provider had a policy which included how to meet this Regulation, by sharing information with the relevant people, relatives and professionals.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.
- Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

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

- Staff said they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to. One staff member said, "We can all contribute however much we want to. The management team encourage us to share and communicate information at these meetings. We can discuss concerns and also share good ideas of what might be working for a person." Subjects discussed at staff meetings included the Care Certificate, safeguarding and the appropriate use of paperwork.
- A complaint received from a member of the public indicated a person was left in a wheelchair in the community unsupported. This was the person's choice, but this would not have been clear to a passer-by, so the care coordinator stated, at a staff meeting carers needed to be more aware of the perception of those around them and double check consent even if it has already been given. Staff reiterated this was a good discussion point and an area of continuous learning for when people are supported in the community.
- People's feedback was regularly sought through reviews, 'spot checks', telephone calls and questionnaires. Records indicated people were asked if there is anything else the service could do to improve. People and relatives were sent 'Review Us' forms so that people can submit reviews to homecare.co.uk.

- There had been four reviews submitted since July 2019, all of which were very positive. Three had been completed by relatives and one by a person in receipt of the regulated activity personal care.
- Relatives feedback included, 'I can be confident that when [person] is being washed and dressed by an Artius Carer, I can relax and enjoy "my" time. [Person] is always advised what is going on and enjoys being engaged in chat. They are patient and professional. I can approach them. I look forward to our daily morning visit.' Another relative said, 'Excellent service from friendly, reliable, caring professional staff. Also, good handover of information, when new staff visit. Care tailored to the person's needs and provided mainly by a small number of regular carer's, who are therefore familiar with the person and their particular needs.' Another relative said, 'They are always happy to come to us, very helpful. All the girls that come are really lovely. Always ready to do anything we ask.'
- A person's feedback included, 'I have been and am currently very happy with all the carer's that come to help me, male and female. They are kind, efficient, courteous and make sure I am comfortable and happy. Their timekeeping is very good unless traffic at certain times is bad.'
- A healthcare professional told us, 'We have recently received three positive Friends and Family test forms two extremely likely to recommend the provider and one person likely to recommend. There were positive comments the only negative was a reluctance to alter call times.' The provider had acted on this feedback and people and their relatives told us there had been positive changes.
- For example, one person said, "They got the different times sorted out. They were often too close together or too wide apart. It's difficult when you join a company and they have to fit you in to get the timings right, but they did their jolly best to sort it out and it's fine now." A relative said, "[Person] is in a better routine, they used to be awake through the night, but now sleeps and we wanted the carers to come earlier. They were responsive and able to suit [person's] requirements. We're desperate to keep them." Another relative said, "[Person] wouldn't have a shower, but now they have one, but likes [carer] to help. If [carer] is off working somewhere else, they make sure she's there on Thursdays to help [person] have a shower. They did that because I asked them to." This demonstrated the provider was flexible in their approach and adaptable to ensure peoples choices, preferences were respected and met.

Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, the local district nursing teams, GPs, occupational therapists and physiotherapists. This was to meet and review people's needs.