

Artemis Domiciliary Care Limited

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Inspection report

Room 38, Carlisle Enterprise Centre
James Street
Carlisle
Cumbria
CA2 5BB

Tel: 01228592926

Date of inspection visit:
04 August 2016

Date of publication:
29 September 2016

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

This unannounced inspection took place on 4 and 12 August 2016. We last inspected this service in January 2014 under the regulations that were in force at that time.

Artemis Domiciliary Care operates throughout North Cumbria and provides care and support services to people living in their own home. Domiciliary services are available on a 24-hour basis throughout the year.

The services provided by the agency include assistance with personal care, social support, help with meals and domestic tasks. In addition they provide a rapid response service to assist people in low level emergency situations that do not require a 999 emergency services response.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People told us that staff were caring and that their privacy and dignity were respected. People were treated with kindness and respect.

Care plans were person centred and showed that individual preferences were taken into account. Care plans were subject to regular review to ensure they met people's changing needs. This meant people received personalised care.

People were supported to maintain their health and to access health services if needed.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights.

There were effective management arrangements in place. The registered manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided including monitoring the performance of staff.

The service had sufficient appropriately recruited staff available to support people. The staff were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

People who required support with eating and drinking received it and had their nutrition and hydration

support needs regularly assessed.

The service was commissioned to provide support to some people with their medicines. Where this was the case we saw that medicines were managed appropriately.

Staff knew how to treat people with dignity and respect and were aware how to act appropriately in people's homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to provide the support people required.
New staff were checked to ensure they were suitable to work in people's homes.

The registered manager and their staff took appropriate action to protect people from the risk of abuse.

Risks had been identified and managed to protect people from harm.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People told us they were treated in a kind and caring way.

There were policies and procedures in place to ensure that people's privacy was protected.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their support. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good ●

The service was well-led.

People who used the service and staff told us they admired the fact that the registered manager was 'hands on'.

The registered manager and the nominated individual had a vision for the future of the service that was based on providing good and responsive care.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

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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 was 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 the 4 and 12 August 2016 and was carried out by one adult social care inspector

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about this location and the service provider. For example, the inspection history and any complaints and notifications received. Notifications are events that the registered provider has a legal duty to inform us about.

During our inspection we spoke with 12 people who used the service and their relatives. We looked at the care records of seven people. We also spoke with 10 staff including the registered manager and the nominated individual.

We looked at seven written records of care and other policies and records that related to the service. We looked at three staff files that included supervision, appraisal and induction. We reviewed the record of training and the training plan. We looked at quality monitoring documents and a full range of audits.

We also contacted local social work and commissioning teams to obtain their views about the service.

Is the service safe?

Our findings

Everyone we contacted told us that people were safe receiving support from the service. People told us that they did not have concerns about their safety. One person told us, "I feel safe."

We spoke with staff who told us there were sufficient staff to meet people's needs. We found no evidence to indicate that staff were significantly late or failed to arrive at people's homes. People who we spoke with confirmed this. One person who used the service commented, "I'm very satisfied [with the amount of staff]."

Other people and their relatives told us they usually received care from a small team of care staff. Rotas we looked at confirmed that staff cover was well organised and where staff became unavailable due to sickness arrangements were in place to provide cover in order to avoid missed calls. These arrangements included staff volunteering to work additional hours or senior staff covering shifts.

We spoke with the registered manager and her deputy and asked how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on the hours that they had been contracted to provide support for people. If people's needs changed the service was able to provide additional support if necessary while contracts were reviewed. We spoke with people who used the service about whether they had consistent staff attending. They told us that they usually knew the staff members that supported them and they were given a weekly rota so that they knew who was coming for each visit.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw that, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example where some people were at risk of slips, trips and falls staff had access to their door keys to avoid them having to mobilise to answer the door.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures.

Staff had identification badges and wore a company uniform. People told us they were reassured by the use of ID badges as this meant they knew these were members of staff from the agency which was helpful for security reasons. One person commented, "They always introduce themselves."

There were contingency plans in place to deal with emergency situations such as inclement weather conditions. The registered manager and her deputy were able to give examples of how they had coped

during the recent floods in Cumbria.

We looked at the recruitment records for three staff members. We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in with vulnerable people. The registered provider had obtained evidence of their good character and conduct in previous employment.

Where staff were responsible for assisting people with taking medicines we saw that accurate records were kept of the assistance provided. The staff we spoke with told us they had completed training in how to handle people's medicines in a safe way. We looked at documentation relating to medicines including medication administration record (MAR) charts. We saw that these charts had been filled in correctly by staff. Some people were able to take their medicines independently. Where this was the case, this has been appropriately risk assessed and staff were clear about the level of support to give the person. People we spoke with confirmed they were satisfied with the way they were supported with their medicines.

Is the service effective?

Our findings

We spoke with people who used the service about the care staff who visited them and whether they had the skills and the knowledge to provide their care. People told us that the care staff seemed well trained and competent.

One person said, "They are good at their job." Another person told us, "They are all trained to a certain standard, they are more than quite good, they are brilliant."

All of the staff we spoke with told us that they had received training that the provider deemed necessary before working in people's homes. This included moving and handling and infection control. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. The registered manager confirmed all staff underwent an induction including a probationary period. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care for example catheter care.

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. She showed us a clear training record that showed who had completed training and when training updates were due. We noted that the majority of staff were up to date with their training. Those that were not had been noted as being on long term sick or on maternity leave. In addition to the training that the provider deemed mandatory additional training was available, for example end of life care. This helped to ensure that the staff had the skills to provide the support that people needed.

We looked at supervision and appraisal records for staff. We saw the registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included training needs and personal circumstances. When we spoke with staff they told us that they found these sessions helpful in terms of their development and performance.

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. We checked whether the service was working within the principles of the MCA.

We examined how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was

aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us they occasionally required support with eating or drinking. Some people told us that the staff who visited them helped them by preparing meals or drinks. One person said, "If necessary they help us, they always ask if we want a cup of tea." Any support that people required in relation to eating and drinking was clearly recorded within their care plans. Staff were aware of the assistance that people required and people told us that staff supported them in the way they needed.

We saw that individuals' care records also included guidance for staff about how to contact relevant health care services if an individual was unwell. People who used the service could be confident they would be supported to access appropriate health care services, as they needed. When we spoke with people who used the service they told us that staff monitored their health and wellbeing and if they required any assistance they either contacted family members or assisted them to seek appropriate medical attention.

We spoke with people who used the service and staff about communication. People who used the service told us they could contact the office if they had any queries or issues. They told us that the office always contacted them to let them know if their staff member was going to be delayed or there was a change in the member of staff attending their home.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and asked if staff were caring. One person told us, "They go above and beyond what you would reasonably expect, they are compassionate, I could not manage without them." Another person told us, "They look after us very well."

During this inspection we did not visit people in their own homes and observe the care being provided. However we spoke with several people who used the service and some relatives via the telephone to gain their feedback about the service. We also heard the care staff in the office speaking with people who used the service during our inspection. We noted that they were respectful and keen to deal quickly and professionally with any issues that arose.

Staff told us they had worked hard to build positive, caring relationships with people who used the service. They told us the provider, wherever possible, tried to ensure the same staff looked after the same people. People we spoke with confirmed this and comments included "We work with a small group of staff, some of them go beyond what you would reasonably expect". This helped to ensure that people received consistent care and support from staff who knew them well..

People told us they were happy to express their views about their care and their likes and dislikes. One person told us, "We phone them [registered manager and senior staff] directly, they do listen to you." Another person we spoke with had raised an issue about the care they had received the previous day. With their permission we informed the registered manager who immediately contacted them in order to resolve the issue.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. They were also able to tell us about people's histories and family connections. This showed that staff worked to build strong relationships with the people they supported in order to build trust.

We looked at people's written records of care and saw that where possible, care plans were devised with the person who used the service or their relatives. This meant people were actively involved in making decisions about their care treatment and support.

We looked at how staff respected people's privacy and dignity. People told us that staff always acted respectfully within their homes, one person said, "They always knock and let me know they are here." We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. We spoke with staff about the ways that they respected people's privacy and dignity. They told us that they treated people how they themselves would wish to be treated. When we spoke with people who used the service they told us they felt that staff were mindful of their dignity and ensured when delivering personal care or any intervention, this was done in the way they wanted and

preferred.

We spoke with staff about confidentiality and they were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with senior staff or other agencies in order to keep the person safe.

When we spoke with people who used the service they told us that an important element of receiving support was to maintain their independence in their own homes and that staff promoted this wherever possible. We saw that care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example care plans relating to personal care were very specific about what people could do for themselves.. Staff told us that wherever possible they would encourage people to do things they were able for themselves and would offer support only where it was required. Where people were unable to manage tasks independently, staff described how they ensured that people were given choices to enable them to retain some control, for example with the clothes they wore, taking medicines, or the meals they were supported to eat.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. At the time of our inspection none of the people who used the service were being supported by an independent advocate.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us that they were making sure that more staff had in depth training in this area. The service worked alongside other providers to ensure that this care was carried out correctly. This included GP's, district nursing teams and hospice services.

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. We asked people how they would go about contacting the provider if they had a comment, compliment or complaint about the support they received. One person told us, "I have no reservations about this service as they are 99.9 percent spot on." Another person stated, "If I had a reason to complain, which I don't, I would contact the office directly."

When people were first referred to the service an assessment of needs was carried out. This included what support they required to mobilise, their personal care needs and nutritional information. This information was then used to write a support plan. This was then further developed and reviewed on a regular basis. It was also reviewed if people's needs changed. We looked at the written records that were in place for people. We saw evidence that these covered the support that people may have required in all aspects of their life as well as their likes and dislikes.

We looked at the standard of support plans in the service. We found evidence that the service was formulating clear and concise care plans that were easy to understand. Copies of people's support plans were kept both in people's homes and at the office. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The support plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

When we spoke with people who used the service and relatives they confirmed that they had been part of the process to put the support plans together and that these were regularly reviewed. They also confirmed that they had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

Wherever possible, we could see evidence within the support plans that people had exercised their choice. The registered manager explained how call times were usually arranged to suit the person and any routines they might have. They also told us how they tried to be flexible so that if people's needs changed, or they needed support at a particular time or for a particular purpose they could ensure that appropriate support was provided. The registered manager described how they tried to ensure that the service provided was personalised to the individual.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that no complaints had been received since our last inspection. Those received prior to that demonstrated that a response had been sent to the complainant, and where it was appropriate apologies had been made. Where changes were required, these had been acted upon appropriately by the service. The registered manager explained that wherever

possible they would attempt to resolve complaints informally.

Where appropriate, some people were supported to take part in activities outside of the home. The calls allocated to people took this into account. Staff also told us that call duration was sufficient to ensure that they could spend time talking with people as well as carrying out care tasks in order to ensure that people did not become socially isolated.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service if applicable to ensure that there were clear lines of communication and responsibility in place. Where a person was cared for by a family member, the service tried to ensure that any relevant updates or discussions were held with the family member. This ensured that the main carer for the person was fully up to date with what was happening with the person.

Carers made notes at each visit in relation to the support that had been delivered. This included any medicines given, any food or drink, personal care and any other support delivered. These records were written respectfully and factually, ensuring that it was clear what support had been given to the person during the call.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. It was clear that people knew the registered manager and senior staff well. One person told us, "Senior staff come out and do hands on care." Another person described the management team as, "Wonderful."

We spoke with staff during the inspection. They were complimentary about the leadership in the service and told us they had a good working relationship with the registered manager and her deputy. We observed staff interacting with the registered manager and her deputy. We saw that staff were able to raise issues and suggest resolutions to them. For example covering someone's shift. One member of staff was pleased that the registered manager was 'hands on' stating, "I don't think [the registered manager] can comment on what we do without doing it herself."

People told us that they valued the service provided and said the registered provider and registered manager were committed to providing a good service. They told us they were asked for their views about the support they received. They told us they had received quality monitoring questionnaires within the past six months to share their experiences with the registered provider. The questionnaires asked people what they thought of the service overall as well as whether they were satisfied with particular aspects of it, such as good time keeping. Where people had asked for changes to the support they received, they told us the service tried to accommodate the changes they requested. The registered manager told us that they had changed the way they monitored staff who were new to people who used the service because of feedback they received. The service also had designed a questionnaire for staff to complete which would help establish if they were happy with the support they received.

We spoke with the registered manager and the nominated individual and asked how they saw the service developing in the future. They told us that they were looking to work closely with other providers in the area to provide a good and responsive service to older people within Cumbria. As an example of this they explained they had been liaising with the local acute hospital to provide short term assistance to people who were discharged home in order to alleviate winter pressures. If successful this meant people could be discharged safely from hospital as there would be support in place for them in their own homes.

The service was also continuing to develop its rapid response service which assisted people in low level emergency situations that did not require a 999 emergency services response. There was 24 hour support available to people who had opted for this service. Office staff triaged all contacts to ensure that people received the correct response. Anybody deemed to be high risk was called an ambulance. There were no recorded incidents of anyone receiving the incorrect level of response to meet their needs. The service were looking at ways to develop how they measured the success of this service. This included liaising with the local ambulance trust.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and training and was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing

care safely and as detailed in people's care plans. The registered manager and her deputy carried out audits of this nature on a weekly basis. All audits and checks were sent to the nominated individual who regularly visited the service and was in contact on a daily basis. The nominated individual analysed all information she received and devised improvement plans. We looked at the most recent improvement plans and saw that the service had recently improved its recruitment processes to make them simpler and less prone to error.

During the inspection the registered manager and senior staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.