

Artius Care Ltd

Artius Care Ltd

Inspection report

Lakeside House
Quarry Lane
Chichester
West Sussex
PO19 8NY

Tel: 01243533605
Website: www.artiuscare.com

Date of inspection visit:
05 September 2017

Date of publication:
26 October 2017

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 was an announced inspection which took place on 5 September 2017

Artius Care Limited provides care for people in their own homes. Currently they were supporting 18 People. On the day of our visit the service was providing personal care to people of varying ages, with a range of needs including people living with dementia and people with physical disabilities.

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 and associated Regulations about how the service is run.

No one we spoke with had any concerns regarding the safety of people who used the service. There were policies and procedures regarding the safeguarding of adults. Staff were aware of the procedures to follow if they considered someone was at risk of abuse.

Risks to people were considered and risk assessments were contained in people's care plans. These gave staff the information they needed to help keep people safe.

There were enough staff employed with suitable skills to support people effectively. Recruitment was thorough and suitable checks were carried out to check staff suitability to work with people who may be at risk.

There was a policy and procedure regarding staff supporting people to take their medicines and this was recorded in their care records. Only staff who had completed training and who were deemed competent to administer medicines were allowed to support people with their medicines.

Each person had a care plan which gave guidance to staff on the support people needed and how this should be provided.

Training and support was provided for staff and there was an induction for new staff which included shadowing an experienced staff member before they started to provide support to people.

Staff and people confirmed that before any care was provided consent was obtained. Staff had received training in the Mental Capacity Act 2005

Each member of staff was issued with a staff handbook to guide them on the agency's policies and procedures.

People were given support to eat and drink in line with their care plan and their individual needs. Artius Care

Limited supported people to access healthcare professionals as and when needed.

People told us that the staff who supported them were kind and caring. They confirmed they were able to express their views and that they were treated with dignity and respect. There was a clear complaints procedure to enable people to raise concerns and a copy was provided to people in their homes should they need to consult it..

People's needs were regularly reviewed to ensure the support they were receiving was up to date and meeting their individual needs.

The provider had a policy and procedure for quality assurance. The registered manager and 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 by the service. Surveys were sent out to people, relatives and staff each year by the provider to seek their views on the service provided.

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.

Safeguarding procedures were in place to help protect people. Risks were assessed and managed with assessments providing information for staff on how risks could be minimised.

Sufficient numbers of staff were employed to meet the care needs of people.
Appropriate recruitment checks were undertaken before staff commenced employment.

Medicines were managed safely

Is the service effective?

Good 

The service was effective.

Staff received training to enable them to support people effectively.

The registered manager understood her responsibilities with regard to the Mental Capacity Act 2005 and staff were aware of the requirements of the Act.

People's nutritional needs were met and staff supported people with meals and drinks as required.

People had access to a range of healthcare professionals and services.

Is the service caring?

Good 

The service was caring.

Positive, caring relationships had been developed between people and staff.

People were involved in decisions relating to their care and preferences on how they wished to be supported were recorded

in their care plans.

People's privacy was maintained and they were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received a responsive service. Care plans were person centred and were individual to the person concerned.

There was a clear complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who promoted an open culture.

People, relatives and staff said the home was well led and that the registered manager was open and approachable.

There were quality assurance systems in place to monitor the quality of the service provided to people.

People and relatives were asked their views on how the service was meeting their needs at regular intervals.

Artius Care Ltd

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 checked 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.

The inspection was carried out on the 5 September 2017. The provider was given 48 hours notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. The PIR was submitted in good time and we used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. This also included any statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as staff rotas, visit records, quality audits and policies and procedures.

We spoke with two people and four relatives to ask them their views of the service they received. We spoke to the registered manager, the Nominated Individual (NI), the care assessor and three members of care staff. We also received feedback from a social worker and an occupational therapist who had involvement with some of the people who received a service from Artius Care Ltd

This was the first inspection of the service since it registered with the Commission in September 2016.

Is the service safe?

Our findings

People told us they felt safe with the staff. People said the staff were good and no one voiced any concerns regarding the staff who provided support to them. When we asked people if they felt safe when being supported by staff, one person told us, "Oh yes perfectly safe" A relative said "Yes very – there are never any concerns".

The registered manager had a copy of the local authority safeguarding procedures and knew what action to take if there were any concerns. The service also had its own safeguarding policy and procedure which was used in conjunction with the local authority policy. Staff received training in protecting adults at risk and knew what action to take if they had any concerns. Staff told us that they would report any concerns they had to the registered manager. The registered manager understood her responsibilities about reporting any safeguarding concerns to the local authority safeguarding team and CQC.

Each person's care plan contained information about the support they needed and also included any risks to people. These were identified and discussed at the initial assessment. Risk assessments included the risks regarding medicines, moving and handling, falls and also risks on the environment. Risk assessments provided guidance for staff on the action they should take to mitigate the identified risk in order to protect the person from harm. For example there was a risk assessment for one person regarding falls from their wheelchair. The risk assessment gave staff information about how the person should be supported and positioned when they were in their wheelchair. Staff were also reminded to check the person was safe and comfortable when staff were leaving. Risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

All staff members received a 'Staff handbook'. This contained information about the provider's policies and procedures. Staff were also provided with an 'employee safety handbook' and a 'driver handbook' which provided information about working safely.

There were sufficient numbers of staff employed to meet people's needs. The registered manager told us and records confirmed that currently the agency was providing 355 hours of care to people each week. There were 18 care staff employed both full and part time, who could provide up to 480 care hours per week. This meant that there were sufficient staff and hours available to support people's care needs.

Each member of staff was provided with a duty rota each week and this gave the names of the people they would be supporting and the times of the care call they were undertaking. Staff confirmed they were given their care rota for the forthcoming week each Friday and this gave them time to sort out any issues with the office team. Staff told us they had sufficient time to carry out the tasks as set out in the care plans and that they were given sufficient time to travel between care calls. This meant that people received the care and support that was planned and at the time agreed.

People confirmed they received a weekly roster, which detailed the time of their care visit and the names of the staff who would be visiting them. One person said "Yes I get a rota each week, never fail".

The registered manager told us that Artius Care Limited carried out thorough recruitment checks on all new staff. Records for staff confirmed this and we saw that staff records contained all of the required information including two references, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. The registered manager told us staff did not start work until all recruitment checks had been completed. Staff confirmed this.

The provider had a medicines policy and procedure which followed the local authority medicines guidelines for domiciliary care providers. This helped to ensure that people received appropriate, safe support with their medicines. The policy detailed the levels of support that could be provided to people. Currently only level one and two support was being provided. Level one was supporting people to administer their own medicines with verbal prompts. Level two was administering medicines to people. Care plans gave staff information on the procedures to follow and the names of the medicines prescribed. Only staff who had completed training and who had been deemed competent by the agency's care assessor were authorised to administer medicines to people. Staff who administered medicines confirmed this. Staff told us they completed a Medicines Administration Record (MAR) when medicines had been administered to people and recorded this on the care plan notes when they supported people to take their medicines. We looked at completed MAR sheets and care records which had been completed as required. These showed people received their medicines safely and as prescribed.

Is the service effective?

Our findings

People said that staff supported them in the way that they wanted. They said the staff were very professional and comments from people included: "I have Parkinson's and I have good and bad days, but staff know what help I need" and "The staff know what help I need and they do everything I need them to".

Each person had a care plan which set out their care and support needs. People were aware they had a care plan and said that they had their needs assessed. They had agreed to their care arrangements before care commenced. One person told us they had their social worker with them when the registered manager came and carried out the assessment and explained everything. One person said, "It was very thorough".

The registered manager said that all staff received supervision four to six times per year. There was also direct observation of care practice at least four times per year. Records confirmed this. The registered manager told us that supervision was an opportunity to discuss any care issues, training or development needs or other issues openly with staff. We asked staff if they received regular supervision and they confirmed they did. One staff member said, "Yes I have had four since I started in May 2017".

Training records showed staff completed training in a number of relevant subjects. These included: moving and handling, safeguarding, medicine administration, personal care, continence care, nutrition and hydration and the Mental Capacity Act 2005 (MCA). The registered manager told us that they would arrange other specialist training to meet the needs of individual people if required. All staff told us they had received training as part of their induction and that they also attended training provided by the local authority. One member of staff said, "Yes training is good; it's all about giving you the skills to give the correct support to people".

The registered manager told us about the staff induction process. All new staff were expected to complete the Care Certificate which is a national qualification covering 15 standards of health and social care topics. All new staff carried out a number of shifts where they shadowed an experienced member of staff. The registered manager told us shadowing was an important part of the induction. This was a flexible arrangement and the period of shadowing depended on the staff member's experience. The registered manager said shadowing could go on until both the service and the staff member were confident to go out and support people independently. The registered manager said observational competency checks were carried out for new staff as part of the induction process to assess practice and knowledge. The new staff member had to be 'signed off' by an approved member of the care team before they were allowed to carry out care tasks on their own. Staff confirmed they carried out a number of shadowing shifts with experienced staff before they were allowed to work alone. One member of staff said "I did some shadowing with the registered manager and senior carer and was assessed to check I could go out on my own. I also had spot checks to see that I was working correctly". Another said, "I had some training from the local authority and did a number of shadowing shifts. The registered manager checked I was confident before allowing me to work on my own".

Staff had received training regarding the MCA and understood that people should be involved in decisions

about their care and support and they should give their consent before any support was given. The 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. The provider had policies and procedures to guide staff and this helped them to ensure they acted in accordance with the legal requirements.

The registered manager told us that as part of the initial assessment they discussed people's consent to care and support. People and or their representative signed a 'consent to care form' to agree to staff providing support. Staff told us they always gained verbal consent before carrying out any care tasks with people.

People were supported with food and drink as required and any support needed was detailed in their care plan together with any relevant information about their nutritional needs. For example, one person required staff to assist them with breakfast and lunch. The care plan guided staff to ask the person what they would like for breakfast. They would decide each morning what they wanted. After breakfast staff had to check what the person would like for lunch as this meal would need to be taken out of the freezer and placed in the fridge in preparation for lunch. The care plan also instructed staff to check with the person before leaving about any snacks and drinks they would like. These should then be placed on the bedside table so they were in easy reach. Daily records were made by staff each time they provided care to someone and these showed people were supported with eating and drinking where this was relevant.

The registered manager told us that staff regularly monitored people's care and health needs. Staff were instructed to call the office if they had any concerns about a person's health. Office staff could then contact a relative or arrange for a GP or other appropriate health care professional to visit if needed. This helped people to remain healthy. One person told us that in February they were feeling ill and when carers visited they phoned a relative and then had to call an ambulance. They said they did not know what would have happened if the care staff had not been there for them.

Is the service caring?

Our findings

People told us that the staff who supported them were kind and caring. Everyone we spoke with was positive about how they were treated by staff. We asked people and relatives if they thought the staff were caring. Comments from people and relatives included: "Yes very much so", "They are wonderful, I can't praise them highly enough", "The ones we have had are definitely caring and kind, they can't do enough for you" and "Oh yes mom thinks they are wonderful she looks forward to them coming each day".

Staff told us they had regular people they supported so were able to develop good relationships with them. Staff said they knew people well and encouraged them to be involved in making decisions about their care, and support.

Staff told us there was good information in people's care plans and this information helped them to understand people's care and support needs. All people and relatives we spoke with knew there was a care plan in place. People and relatives confirmed their views were listened to and taken into account by staff. One relative told us staff gave their relative the care and support they needed but they also helped and support them.

Staff said they always treated people with dignity and respect and understood they were supporting people in their own homes. Staff confirmed they were issued with a copy of the staff handbook, which reminded staff of the importance of treating people with dignity and respect. One member of staff told us, "Any personal care is always in private, keep people covered as much as possible. Allow people to do as much of their own personal care as they are able. Maintain people's dignity and treat people as if they were your own family member".

We asked staff how they supported people to maintain their independence. One staff member said, "I help when needed but let people do as much as they can for themselves. Assist when asked. The people I support like to be as independent as possible, it's important to them so you need to be tactful when asking people if they need any help". Another told us, "It's important to let them do what they can, I support one lady who can feed herself but she will ask me to help her. I am happy to help but encourage her to at least do some things herself so she does not lose the skills she still has".

When talking to staff they showed they had a caring attitude towards people and a commitment to providing a good standard of care. An occupational therapist we contacted said ".Every carer that I have met from this company has been well presented and caring, looking at the needs of the patient".

Is the service responsive?

Our findings

People received care and support which was responsive to their needs. All people we spoke with were happy with the care and support provided. People told us that staff arrived when expected and stayed the correct amount of time.

The registered manager and people confirmed that people's needs were assessed before any care or support package was agreed. The initial assessment was normally carried out at the person's home and included input from relatives or friends as well as from the person who would be receiving care and support. The assessment included details about the person's background and brief history. It had details on the preferred time of care calls, duration of any visits, what support the person needed, current health, mobility, and agreement to consent to care. There were also details of any other support they needed, such as support with medicines or with food and drink. Care plans were made up with the information gained at the initial assessment and were structured with the person's needs and preferences as being central.

Each person had an individual care plan and a copy was kept in the person home. Care plans detailed the support the person needed and guided staff on how the support should be provided. We saw care plans included information regarding personal care, washing and dressing, support with medicines, meals and drinks and any other relevant information.

For example the care plan for one person stated they needed support to get up each morning. This included support to use the bathroom and to wash and dress. The care plan gave a step by step guide to care staff on what they should do at each stage of the process. It instructed staff to assist the person to have a strip wash and explained what days the person liked to have a bath/shower. The care plan explained what the person could do for themselves and what support was needed from staff.

We asked staff if care plans gave them the information they needed to support people. Staff told us the care plans gave them good information when providing care and support. Comments included "I have worked for other care agencies and the care plans here are very good they explain things clearly". "Yes they are really good, explain clearly what you need to do at each visit" and "Yes they are very good and provide the information you need to give the support people want"

Each person had a care schedule sent to them each week. This detailed the times of care calls and the names of the staff who would be providing the support. The registered manager told us that if there were any changes to this then people would be informed of the changes by phone. People confirmed this and said they always knew who would be calling to support them. One person told us. "I usually have the same staff coming each week unless they are on holiday so I know them".

We asked the registered manager how they managed if a care worker was sick or on holiday. They told us they would contact other staff to arrange cover. They said if there was no one available or if this was at short notice then one of the office staff who were trained, would go out to cover the call to ensure it did not get missed. No one we spoke with had experienced any missed calls. Staff told us If they were allocated

additional care calls they would be informed by phone. Staff said this was not a problem and they were always given enough time, if asked, to do additional calls.

Staff completed a care record book each time they supported people. These had a separate page for each day and showed the time the care worker arrived and left the person's home. There was also information recorded on the care tasks that had been carried out. We saw completed record books that were kept in the agency's office and these showed people received care as set out in their care plans. Staff confirmed they recorded all relevant information to evidence the care and support that had been given at each care visit.

People had their care needs reviewed every six months or earlier if their care needs changed. Staff told us they had regular people they supported so would notice if anyone's needs had changed. They said if they noticed a change in a person's needs they would contact the office who would then arrange for a new assessment to be carried out to review the person's care needs. The registered manager told us if any changes were needed a new care plan was made up and a copy left in the person's home. People and relatives confirmed they were contacted to check if care plans reflected their current needs and preferences. One person said, "Yes they visit and phone to discuss how things are going". Another said "They ask me if everything is working well for me".

People told us the provider and staff listened to them and responded positively to requests. People said communication was good. The registered manager told us that she always endeavoured to respond positively to requests from people. She said that she would listen and try to reach a satisfactory agreement with people to meet their needs and preferences.

Artius Care Ltd had a policy and procedure regarding complaints. The registered manager told us they had had some grumbles which had been quickly dealt with but had not received any formal complaints. A copy of the complaints procedure was given to each person at the initial assessment. People confirmed they had a copy and said they knew what to do if they had a complaint. Staff told us they would assist anyone to make a complaint if they so wished.

Is the service well-led?

Our findings

People told us that communication was good and they said they could speak with the registered manager or staff in the office when they needed to. One person said, "If I phone or leave a message they always get back to me". Another person told us, "I have never had any problems".

Staff were positive about how the agency was run and said the registered manager and staff team were very approachable. Staff told us they could contact the office if they needed any advice or support. Staff said communication with the registered manager and office staff was good and they worked well with them.

The service had an 'on call system' which was used for when the office was not manned. This was available for people and staff who needed any help or support. People confirmed they had the telephone number for any advice and support outside of the office working hours. One staff member told us, "I have had to call it once and it was answered quickly and I got the support I needed". Another said, "I think it works fine, I had to call early one morning call and was answered quickly; I got the advice and support I needed".

The registered manager told us they operated an 'open door' policy and welcomed feedback on any aspect of the service. She told us the agency employed the services of an independent company to provide human resources and health and safety support and advice to ensure that they complied with all legal matters in relation to those concerns.

The registered manager was committed to providing a good service to people. She ensured her own personal knowledge and skills were up to date. She said she had attended all the training which staff undertook so she kept her skills up to date. She also attended training organised by the local authority training teams. The registered manager said she regularly monitored professional websites to keep up to date with best practice. She was aware of the requirements to send CQC notifications as required to inform us of any important events that took place.

The registered manager told us that regular spot checks were carried out to observe staff care practice. This entailed a senior member of staff visiting a person in their home so they could check that staff arrived on time, carried out their care duties correctly and interacted with the person receiving care in an appropriate manner. The registered manager said these checks also presented an opportunity to speak to people in their own homes and see how the service was meeting their needs and if any issues needed to be addressed. Staff told us they were subject to spot checks. People and records confirmed these spot checks took place. Comments from staff included: "Yes they check that you are dressed correctly, arrive on time, have your identity badge and carry out your duties correctly", "They check that moving and handling is done correctly, we use personal protective equipment and follow the care plan and check that records are completed accurately". and "I have had two so far, just checking that everything is going well – quite reassuring".

The registered manager organised staff meetings each month to share information with staff and to enable staff to put their views forward. The nominated individual also sent out a monthly newsletter to staff to keep them up to date.

The provider had a policy for quality assurance and checks and audits were carried out to monitor the quality of service provided to people and to drive improvements. We saw review forms that had been completed by people and relatives. These asked their views on the overall service provided, the care and support provided and communication with the office. Responses could be Excellent, Good, Satisfactory or Poor. We looked at six responses and these were all either excellent or good. The reviews also asked: 'Is there anything we could do better to improve the service to you. Has anything changed we need to be aware of? and Is there anything else you would like to add?' No negative comments were recorded.

The registered manager and nominated individual carried out a range of audits and these included: Concerns or complaints, audits of care plans, recruitment records, risk assessment, medicine competencies, staff supervisions and staff spot checks. Completed care record books were also audited to check that the care provided was in accordance with care plans.

We asked people relatives and staff if they thought Artius Care Ltd was well led and organised. Comments from people and relatives included: "Yes this is a really good service for me" "So far yes, anything we have asked for they have provided". "I know my dad was not happy with the previous care provider but he is very happy with Artius". And "Yes everything has been working well since we started using the service". Comments from staff included "100% yes". "Yes this is run much better than the last agency I worked for" and "Yes, it's only a small service at the moment and they are not trying to run before they can walk".