

ArtGeorge Service (UK) Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

ArtGeorge Service (UK) Limited is a domiciliary care agency which provides personal care to older people living in their own home. At the time of our inspection there were two people using the service. 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.

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

People who used the service were protected from harm and abuse. There were systems to ensure risks in relation to people receiving personal care were assessed and plans were put into place to manage such risks. Overall, the service recruited potential care staff safely. The service had systems to ensure medicines were managed safely. Sufficient staff were deployed to meet people's needs. The service had systems to protect people from the risk of infections.

The provider assessed people's needs prior to providing care and support to ensure the service was able to meet their needs. The registered manager had a plan in place to ensure prospective care workers received training needed to support people effectively. The service had systems to manage emergencies effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain their independence. People's relatives told us about how care workers took time to support people to participate as fully as they could. People received person centred care. Their needs were met through good organisation and delivery. Their needs assessments showed they had been involved in the assessment process.

Care delivered to people was based on their needs and a person-centred plan ensured care staff had the required information to support individuals responsive to their assessed needs. Systems were in place to respond and act on complaints.

The service monitored and assessed the quality of care which meant ongoing improvements to the quality of care could be made.

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

Rating at last inspection and update

This service was registered with us on 14 January 2021 and this is the first inspection.

Why we inspected

The service was newly registered and was not rated.

Recommendations

We have made two recommendations regarding the Accessible Information Standard and safe recruitment practices.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Artgeorge Services (UK) Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We looked at information we have received from the provider since registering with the CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one relative of people who used the service to help us understand the experience of people who could not speak with us. We also spoke with one person using the service. We spoke with the registered manager. We reviewed the care records of two people using the service, personnel files for one prospective care workers and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- While the provider followed safer recruitment practices, we noted in a recruitment folder for a potential care worker who hasn't started work yet. The service did only obtain basic disclosure and barring check (DBS). DBS are carried out to ensure people are protected from being supported by unsuitable staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. We discussed with the registered manager that all staff providing personal care to people were required to provide an enhanced DBS check.

We recommend the provider consider and implement current guidance for safe recruitment of staff.

- The care was currently only provided by the registered manager and no permanent care workers were employed with the agency. However, the registered manager told us that she had plans in place to recruit more staff once she received more permanent care packages.
- People who used the service and relatives told us that there were sufficient staff to ensure people's needs were safely met. They told us that staff turn up on time and stayed the allocated time. One relative said, "[Name] is always on time and is also flexible if we want to change the time a little bit."

Systems and processes to safeguard people from the risk of abuse

- People who used the service and relatives told us that they felt safe and were protected from harm and abuse. One person said, "My carer is a very experienced person, I am 100% safe and that is why I am with the agency. They are excellent."
- The service had systems in place to ensure staff had the correct information to respond to harm and abuse. We viewed the provider's safeguarding procedure, which was up to date, had sufficient detail of the various forms of abuse and how and whom to report harm and abuse to when observed.
- The registered manager demonstrated a good understanding of her role in responding to allegations of harm and abuse. The registered manager said, "I take anything around harm and abuse seriously and would report it to the local authority, the CQC and/or the police."
- The service had a plan in place to ensure potential care workers received the appropriate training around harm and abuse once employed.

Assessing risk, safety monitoring and management

- Risks in relation to people who used the service were assessed and plans were in place to manage such risks.
- We viewed in people's records that risk assessments in relation to the environment and to personal care tasks had been carried out. Risk assessments were detailed and provided robust information in how to

manage such risks. One relative said, "I spoke with the manager about my relatives care and the risks, which have been looked at and my relative is safe with the care they receive."

Using medicines safely

- The service had systems in place to ensure people who used the service were assisted with their medicines safely.
- Currently none of the people receiving support required assistance with their medicines.
- We viewed the service's medicines policy which was found to be comprehensive and relevant to the service provided.
- A staff training programme and competency assessment was in place to ensure staff assisting people in the future with their medicines had the right skill and were competent to do this safely.

Preventing and controlling infection

- Systems were in place to protect people from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- The service had an up to date infection control procedure and arrangements had been made to provide training on infection control and prevention for care workers once successfully recruited.
- People who used the service told us that the registered manager wore masks and gloves when providing personal care. One relative said, "[Name] always wears gloves and washes her hands and leaves the room clean and tidy after she is finished supporting my relative."

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. The registered manager told us that since registering with the CQC there had been no accidents and incidents. The registered manager said, "If there would be an accident or incident, I would document it and if necessary, report it to the local authority or CQC. I also would have a conversation with the member of staff and service user."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).
- People's assessments covered a wide range of areas including their choices and preferences. People told us they received the care they needed, and their choices and preferences were responded to. A relative told us, "[Name] does exactly what my relative needs, she is very helpful, and nothing is too much for her."

Staff support: induction, training, skills and experience

- The service had a system to ensure staff would be provided with the relevant training to have the skills to support people who used the service.
- The registered manager told us that she had an arrangement with an external training provider who she will approach for training once care workers had been recruited.

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

- People who currently used the service did not require any support to eat or drink. However, one person told us, "[Name] will always make sure that I have a drink nearby before she leaves."
- People's care records documented what assistance people required to eat or drink. One care record viewed stated, "The family looks after [name's] food."

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

- People who used the service and relatives told us that they arranged their own healthcare appointments and did not require any support from the agency.
- The registered manager told us, "If clients needed help to make a hospital appointment, I would be more than willing to assist them" and "In case of an emergency I would call the ambulance service and stay with the person until they have arrived and have taken over."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- As part of the initial needs assessment people's capacity had been assessed. All people who used the service had the capacity to make their own decisions.
- During the assessment people were asked to give consent to sharing their information with external professionals such as the CQC.
- People who used the service told us, "[Name] will always ask me before she starts supporting me and we discuss what help I need."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service and relatives told us that they were well cared for and staff understood and respected their equality and diversity.
- One person told us, "I am very well looked after, I previously have been with another agency but since I am with ArtGeorge everything has been spot on. [Name] understands my needs and considers my background."

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

- The service had systems to engage and involve people in making decisions about their care.
- People who used the service and relatives told us that they were fully involved in their care. One relative told us, "[Name] and my relative have a good relationship, my relative feels very comfortable with [Name]. [Name] always will ask how my relative want to be cared for and we have a care plan."
- The registered manager told us that it is very important to ask people how they want to be cared for. She said, "I am always talking to people to find out what they want."

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's privacy, dignity and independence.
- People who used the service told us that the staff supports them to maintain their independence. One person said, "[Name] does exactly what I need, she knows I am able to do certain things for myself and that has never been an issue."
- The registered manager said, "I will always ensure curtains are closed when I support people, it is important that they have privacy."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who used the service had no specific communication needs. Care plans highlighted people's communication needs.
- We viewed the service's service user guide, which included pictures and symbols to help people who cannot read to have a better understanding of the document.
- The registered manager demonstrated a limited understanding of the AIS and the implication to health and social care providers. We discussed this with the registered manager and signposted her to the available guidance.

We recommend the service seek and implement further information and guidance about the implications for health and social care providers in relation to the Accessible Information Standard.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service had person centred care plans.
- People who used the service and relatives told us that they had been involved in developing the care plan. One person said, "I met with [name] at the start and we discussed the help I need. [Name] wrote it all down and I have a care plan in my house."
- Care plans viewed were of good standard. They included detailed information about the care needs of people and how these were best met. Care plans have been reviewed and updated after people's needs had changed to ensure the service continued to meet people's needs.

Improving care quality in response to complaints or concerns

- People who used the service and relatives told us they had no complaints or concerns regarding the care and support they received from the agency.
- Since registering with the CQC the service had not received any complaints. People told us that they would talk to the registered manager if they had any concerns. One person said, "I will speak to [name] if I have any concerns, but I have no issues at the moment."
- The service had a robust complaints procedure, which clearly explains the stages of the complaint process and how complaints will be responded to.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted a positive person-centred culture which achieved good outcomes for people who used the service.
- People who used the service and relatives spoke very positively about the care they received from the agency. They said, "The care is excellent" and "I would recommend them 100% to my friends."
- People told us that they had been fully involved in the formulation of their care plans and told us that their needs were met."

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 registered manager described the importance of ensuring that people, family members and other key professionals were always informed when there were any issues or concerns.
- The registered manager explained that she was required to inform the CQC of particular incidents such as the death or a person or safeguarding concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems to monitor and assess the quality of care, which included spot-checks and quality assurance surveys.
- The registered manager told us, once the agency has grown in terms of more people who used the service, she will ensure that documents such as medicines records and care plans were regularly audited to ensure continuous quality improvements can be made.
- Since registering with the CQC the service had sent out one quality assurance questionnaire to people who used the service and the feedback received was very positive and complimentary about the care people had received from the service.
- The registered manager demonstrated an understanding of protected characteristics and confirmed that new potential staff will receive training in equality and diversity.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with the local commissioning team and the registered manager had taken part in regular provider engagement calls arranged by the local authority. The registered manager

told us, "I find the regular provider calls very useful, it's a good way to make new connections and learn new things, I can use to improve my service."

- The registered manager was a qualified registered nurse and she told us that she was currently looking into enrolling in the management in care diploma Level 5. A qualification in management of care and health service will ensure that the registered manager had the appropriate skills to manage such services and that the service provided good quality of care to people who used the service.