

Athena Care Limited

# Athena Care Limited

## Inspection report

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02 October 2019

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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

Athena Care provides care and support to people living in their own houses and flats. The service was supporting 38 people at the time of inspection.

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.

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

People and relatives were happy with the care and support they received and spoke positively about staff and the registered manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

Safe recruitment practices were followed. Appropriate recruitment checks took place before staff started work. Staff received comprehensive training to enable them to carry out their roles effectively. Staff were happy working for the service and felt supported by the registered manager and colleagues. Staff success was recognised and celebrated.

Care records contained extensive, clear information covering all aspects of people's individualised care and support. Their communication needs were assessed and recorded in detail. Risk assessments were comprehensive and information about people was written in a respectful and personalised way.

Staff supported people to access a healthy, varied diet and food they enjoyed.

People and their relatives were involved in the planning and delivery of their care, and regularly asked for feedback which was acted upon when appropriate.

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.

Staff supported people to take part in activities they enjoyed and to access the community.

Staff at the service worked with health and social care professionals to ensure good outcomes for people.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them appropriately and worked to reduce the likelihood of recurrence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 6 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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 is 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.

# Athena Care 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 Care Act 2014.

#### 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2019 and ended on 2 October 2019. We visited the office location on 26 September. We made calls to people using the service, their relatives and staff on 27 September, 1 and 2 October 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, office manager, assessment manager and social care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who cared for them, and trusted them to help. Relatives said they were confident that staff were able to care for people safely.
- Staff completed safeguarding training during their induction and staff told us they knew what to do if they had safeguarding concerns.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that reduced these known risks.
- Staff kept up to date with changes in people's needs, by sharing information during handovers and through care plans.
- Staff promoted independence and minimised restrictions on people's freedom, for example by encouraging people to mobilise using aids when they were at risk of falls.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from staff who knew people well and how they liked to receive their care.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- Care plans contained instructions for staff to follow to ensure good hygiene and infection control practices were followed.
- The management team carried out spot checks on staff to check they were following procedures and using personal protective equipment such as gloves.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support

with their medicines, people received these as prescribed. One person told us, "[Carers] are absolutely competent with helping me with my medicine."

- Staff received training in the safe management of medicines and told us they knew what action to take in the event of a medicines error.
- Managers regularly checked staff competencies to ensure they were managing people's medicines safely. One member of staff told us, "We get lots of spot checks."

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.



# 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 remained the same. 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 they commenced using the service to ensure staff understood people's needs and preferences. One person told us, "[Staff] came out to do an initial assessment." One relative told us, "We were able to be involved in care planning - absolutely. [Staff name] came out to do an assessment."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk tool.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know the people they would be caring for.
- Staff received additional training to meet people's specific needs. For example, when people received nutrition via specialist equipment, such as Percutaneous Endoscopic Gastrostomy (PEG), staff were specially trained to manage this effectively.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the management team was very supportive.

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

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice to ensure people's dietary needs were met.
- Staff had training in food hygiene and supported people to eat balanced meals that helped maintain their health and well-being.

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

- Information in care plans meant staff were able to easily identify when people were supported by other health and social care professionals, and their advice was incorporated into the way people were cared for.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One relative told us staff were vigilant and understood their relative's needs, they said, "They are brilliant at responding to [relative's] changing needs, such as

calling the GP or district nurse."

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

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- There was evidence of mental capacity assessments, when needed, and their outcomes. Best Interest meetings had been held and the right people had been involved. Processes were clearly documented.
- Where people's relatives were acting lawfully on their behalf, this was clearly documented in care plans, and we saw evidence that copies of the relevant legal documents had been obtained.
- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received care from staff who knew them well. They had formed positive relationships which people told us were invaluable. One person told us, "I've built up a good relationship with my carer." Relatives said, "[Person's] usual carer is fab" and "The level and quality of carers is brilliant."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes
- The registered manager was creative in finding ways for people to be involved and have their voice heard. The service had a volunteer 'expert by experience' on their board. This person supported people using the service and aided communication between people and the provider to identify areas for improvement.

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained clear instructions for staff to follow to ensure people's privacy and dignity were maintained. People told us the staff followed these and treated them with respect.
- Care records documented people's wishes to remain living independently in their own homes, and staff supported them to achieve this.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and, where appropriate, their relatives had been involved in creating and updating their care plans. One relative said, "It was a big step to go to 24 hour care – [person] was involved as much as they could be due to their [condition]."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, when people's religious beliefs affected the food they could eat.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and life experiences. One person told us, "They know me very well." A relative told us, "[Person's] current carer is truly off the charts exceptional – she's very proactive and matches [person] perfectly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were helped to pursue their hobbies and pastimes such as swimming, shopping and accessing community activities which enhanced their lives and their well-being.
- Staff supported people to attend religious services which ensured their spiritual needs were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information regarding the service was available in other formats, for example, easy read, large print and additional languages.
- Care plans contained assessments of people's communication requirements and strengths, and identified what support staff should offer to ensure their needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and the registered manager took complaints seriously. They kept records of issues and the action they had taken to reduce the likelihood of recurrence.
- People were confident their concerns would be dealt with appropriately. One person said, "I've not had complaints but I would know how to raise them." One relative told us they had experienced a minor administration issue but it had been quickly resolved by staff.

#### End of life care and support

- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes and in line with their spiritual and cultural beliefs.
- People's care plans included their wishes for the care they would like to receive at the end of their life, and advance care plans had been completed.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.

# 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 remained the same. 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 registered manager promoted person centred care in all aspects of the service and recognised the importance of recruiting and retaining staff who shared the same values. The registered manager told us, "I want to look back when I'm retired and know that I have made a difference to people's lives."
- People and relatives were happy with the service they received. One person told us, "They provide a good service, they are consistent and reliable, and there is good communication between them and me." Relatives said, "Athena have been phenomenally good" and, "Since [care has been provided by] Athena, it's been brilliant."
- Staff told us they were happy working at the service and felt supported by the whole management team. Staff told us, "The office is always available, even out of hours," and "My manager is nice, she's easy to talk to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The service was led by an experienced registered manager and supporting team. The management team told us the provider gave them freedom to make decisions but was there for support and guidance.
- The management team carried out a range of regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked for their feedback during reviews and on an informal basis. Issues and suggestions were acted upon. One person told us, "Their monitoring, record keeping and quality assurance checks are certainly of a high standard." A relative said, "They always keep in contact with me."
- Staff worked in very small teams and were a long way from the office for extended periods of time. The registered manager ensured they were well-supported and kept up to date with policies and knowledge through regular one to one sessions and the use of technology such as team conference calls. Staff told us they were provided with a leaflet along with their wage slip which included information on current best practice and guidance, for example, in relation to safeguarding.
- People's equality characteristics were considered when sharing information, accessing care and activities.

#### Working in partnership with others

- The management developed and maintained links with discharge teams at people's local hospitals. This ensured that if people had been admitted and needed to be discharged at short notice, staff were able to respond quickly and prevent gaps in care.
- The provider worked with healthcare professionals to ensure staff were confident in caring for people with specialist needs. For example, the registered manager had arranged for staff training by a nurse who specialised in caring for people living with Huntington's disease.

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.