Athena Care 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

Athena Care Limited provides personal care for adults and children living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 35 people receiving care from the service.

A registered manager was in place. 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.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to promote people's health needs.

Risk assessments were not comprehensively in place to protect people from risks to their health and welfare. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Staff had received training to ensure they had skills and knowledge to meet people's needs. Staff did not comprehensively understand their responsibilities under the Mental Capacity Act 2005 (MCA) to ensure people had effective choices about how they lived their lives.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. They said they had been involved in making decisions about how and the type of what personal care they needed. to meet care needs.

Care plans were individual to the people using the service and were in place to ensure that their needs and preferences were met, though they did not include all relevant information such as people's past histories.

People and relatives told us they would tell staff or management if they had any concerns, and they were confident these would be properly followed up. Complaints had been properly investigated.

People and their relatives were satisfied with how the service was run. Staff felt they were supported in their work by the senior management of the service. Management carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

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.

People and their relatives thought that staff provided safe care and that people felt safe with staff from the service. Staff recruitment checks were been in place to protect people from receiving personal care from unsuitable staff. People had received care at agreed times to safely promote their health. Risk assessments to protect people's health and welfare were not fully in place to protect people from risks to their health and welfare. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had, in the main, been supplied as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained, in the main, to meet people's care needs, though further training was needed to cover all of people's care needs. Staff had received support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on people's

histories was limited. Care calls were within time to meet people's assessed and needs. People and their relatives confident that any concerns they had would be properly followed up by the registered manager. Staff had contacted other relevant services when people needed additional support.

Is the service well-led?

Good

The service was well led.

People and their relatives thought it was a well-managed and well led service. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet assessed needs. Systems had been audited in order to measure whether a quality service had been provided.

Athena Care Limited

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 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.

This inspection took place on 24 February 2017. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We asked the provider to send us 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. They gave us information about how they provided a quality service to people.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the service. We were told that the result of the last inspection they undertook, was that they had no concerns about the provision of personal care to people using the service.

During the inspection we spoke with five people who used the service and three relatives. We also spoke with the registered manager, the office manager and three care workers.

We looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Good

Is the service safe?

Our findings

All the people we spoke with and their relatives thought that personal care had been delivered safely. They were unanimous that staff kept people safe. A person told us, "I feel safe. They stay with me when we go this shopping to make sure I don't fall." Another person said, "They are good. I always feel safe with them." A relative told us, "They keep him [my family member] safe at all times."

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. They also knew how to escalate concerns if they did not think they had been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency. The registered manager was aware of this and we had evidence that this had been carried out.

The whistleblowing policy contained in the staff handbook directed staff to a relevant outside agencies, such as the local authority safeguarding team and CQC, but not the police. The registered manager said this procedure would be amended. This would help to ensure that staff have all the information they need to then supply staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service.

Staff told us they were aware of how to carry our checks in people's homes to ensure they were safe. For example, they checked rooms for tripping hazards, and checked that equipment was in a proper working condition when assisting people to move. Staff also told us that management staff always ensured that people had the equipment needed to assist them to move safely.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was information in place which directed staff to support a person's head in the bath on a pillow to prevent the risk of them slipping down into the water, as they could slip down into the bath, which was a drowning risk. There also was a risk assessment in place which directed staff to support a person who was at risk of to prevent choking. This told staff to provide them with a blended food diet and the need for the person to have an upright position for eating and drinking and for keep this position for 30 minutes after finishing their food or drink. This information helped to keep a person's safe by reducing choking risks.

Care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, it was stated that a person at times displayed behaviour which was challenging to the service. The risk assessment only stated that staff should take steps to avoid being struck, rather than try other preventative methods such as using distraction techniques. The registered manager said this issue would be reviewed and a full risk assessment put in place to protect the safety of the person

and staff members. She sent us this information after the inspection visit.

There was information in place with regards to checking risks in the environment in order to maintain people's safety, For example with regard to utilities, such as gas and electricity supplies. However, there was no checklist in place to indicate what had been assessed. The registered manager explained that if any issues were found in the environment which needed preventative measures, a risk assessment was set up to manage this. However, without information in place, there was a risk that the staff member carrying out the assessment may have missed other risk factors. The registered manager recognised this and said that a checklist would be put into place. She later supplied us with a template of a comprehensive risk assessment to be carried out to check issues. This information would assist staff to ensure that facilities in people's homes were comprehensively safe.

We saw that safe staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start work for the service, checks had been made with previous persons known to the respective staff member. Neither of the references was from a previous employer who provided care services. The registered manager said this issue would be followed up so that references from previous relevant employment would be sought. She sent us this information after the inspection visit.

All staff records we looked at had a completed Disclosure and Barring Service (DBS) check in place. DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

People and relatives we spoke with said that staff were on time when they came to their homes so there had been proper timeliness of calls to deliver care. We also saw evidence in people's care records that calls were at or near agreed times, so there was no risk to their safety due to staff being late.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about this. A person told us, "Staff make sure I have my tablets."

We saw evidence that staff had been trained to support people to have their medicines and to administer medicines safely. There was also a medicine administration policy in place for staff to refer to and follow so they could assist them to safely provide medicines to people.

We saw evidence in medicine records that people had received their prescribed medicines. There were a small number of instances where the medicine had not been supplied, but the specific reason why had not been not recorded. The registered manager said this issue would be followed up with staff to indicate why people had not taken their medicine. She sent us this information after the inspection visit. This clarified that other care providers were providing care and were responsible for medicine administration.

In the incident file, we saw there had been a medication error. Swift follow-up action had been taken to ensure the person was safe by ringing 111 and speaking with the pharmacist. Action was taken to discuss the medication policy with the staff member and carrying a spot check to ensure the staff member had been properly following the medication procedure, plus discussing the issue at the next staff supervision. This showed that systems were in place to quickly rectify medicine issues in order to safely manage people's medicines.

Good

Is the service effective?

Our findings

People using the service and the relatives we spoke with said that the care and support they received from staff effectively met assessed needs. They thought that staff had been properly trained to provide effective care.

One person said, "Yes, they seem to know what they're doing." Another person said, "I need carers with initiative and good communication skills. The carers have these qualities and know how to help me."

Staff told us that they thought they had received the right training to meet people's needs. A staff member said, "I had lots of training when I started. This was for three days and there is refresher training as well." Another staff member said, "The training has helped me provide care to people. If I need any more, I just contact the office and they will point me in the right direction to get it."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse. There was relevant information in people's reviews. For example, a review stated that speech training was needed for staff providing personal care to a person and the registered manager said that this was being organised.

We saw evidence that staff had been supplied with training about people's health conditions, such as training in dementia. If a person had a health condition, there were guidance notes in place for staff to provide information about this condition such as the symptoms of multiple sclerosis. We spoke with a relative who said staff did not always read this information. The registered manager said this would be followed up, and confirmed this had been acted on after the inspection visit.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control. There was also evidence in communication memos that staff training issues were raised to remind staff to complete training on essential issues. We also saw evidence that new staff received Care Certificate training. Staff members we spoke with confirmed they had undertaken this training. The Care Certificate is nationally recognised comprehensive induction training for staff.

Staff told us that when they began work, they had not been shadowed by experienced staff on shifts. This is useful to gain experience of how to meet people's needs. The registered manager said this would be followed up and later confirmed that staff had received shadowing in most cases at the beginning of their employment and this would always be put in place for the future.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Supervision with staff had taken place and this included relevant issues such as staff training, staff performance and any issues staff had. This helped to advance staff knowledge, training and development.

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.

There was evidence of assessments of people's mental capacity. We saw relevant information in care plans such as the person had, "Full mental capacity to make decisions." The assessment in one care plan stated staff had spoken to a person on a number of occasions and at different times of the day to see whether the person had capacity at other times. This followed what the law advises which states, to give people the opportunity to make decisions at times when they had capacity.

There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they were providing. People confirmed that staff always asked for their consent when they were provided with personal care. Staff were not fully aware of their responsibilities about this issue, though they told us that they asked people their permission before they supplied care. We saw evidence that some staff had also received training about the operation of the MCA. Two staff told us they had not yet received training. The registered manager stated this was not the case and sent information to staff to ensure people's rights to make decisions were protected.

Understand this information, would mean that staff were always in a position to assess people's capacity to make decisions about how they lived their lives.

People and their relatives were satisfied with the support staff provided when they assisted with meal preparation, provision and making choices offered. A person told us, "Staff cook from recipes so I get home cooked food of my choice and they are very good at cooking." A relative told us, "The food prepared is fine."

People and relatives told us that food choices were respected and staff knew what people liked to eat and drink. We saw evidence that people's nutritional needs and choices were promoted. For example, a care plan stated that a person wanted to be offered a banana and a food supplement at 3pm in the afternoon. People confirmed that, as needed, staff left drinks and snacks between calls so that they did not become hungry or dehydrated.

We also saw information in people's care plans about the assistance some people needed to eat to promote their nutritional needs. For example, a person needed food to be of a thin pureed consistency. This had been explained by stating that this is when the prongs of a fork do not make a clear pattern on the surface of the food. This level of detail ensured people were effectively provided with food that they needed.

People told us that staff were effective in responding to health concerns. For example, one person said, "When I did not feel well, staff rang the surgery and called the doctor for me." A relative told us, "They are very good. They call in medics if needed." Care records showed staff contacted medical services if people needed any support or treatment. For example, we saw incident reports where staff had called the emergency services when people had fallen and had an injury. They then had gone to hospital for treatment.

A relative said that her family member had not been well and staff had rung the GP surgery and obtained treatment. This showed that people's health needs had been protected because of the effective care that staff had provided.

We saw a care plan which set out what staff needed to do if the person had seizures or weak or shallow breathing. This meant there was specific information in place to ensure staff effectively protected people's health needs.

Good

Is the service caring?

Our findings

People and their relatives we spoke with all thought that staff, were kind, caring and gentle in their approach. They said that staff always gave people time to do things and had not rushed them. A person said, "They (the staff) are lovely. We are so pleased with them." Another person told us, "All the staff are good. I can't speak more highly of them." Another person told us, "They (staff) are very caring. They sit down and chat to me, which I like. I have no concerns about privacy and dignity because they respect me." A relative told us, "Staff respect her choices. They are very friendly and caring."

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and their relatives considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed with them at the start of their contact with the service and that they were involved in reviews and assessments when they happened. We did not see evidence that people had signed care plans to agree that their plans met their needs. The registered manager said this issue would be followed up. She later stated that care plans are with assessments which contain people's signatures to consent and agree the contents of the plan.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff used preferred names and gave a choice of food, drinks and clothes. We saw evidence in the care plan that a person had fallen and staff had offered to call for an ambulance but the person had chosen not to have this service. The registered manager explained that the person was not seriously injured or there would have been more encouragement by staff to have the emergency services called to assess the person. It showed that staff had respected the person's choice in this matter.

One care plan outlined a person's choices. They had a soft diet but they did not want staff to blend pasta, "Please do not blend pasta as it tastes disgusting." A person told us they only wanted care from staff of their own gender. They said this choice had been respected by the service. These were examples of people's choices being sought and encouraged.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and having their cultural needs met. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. One person said, "Staff always make sure that I can do the things I am capable of. They don't take over."

Care plans we looked at stated that staff needed to encourage people's independence. We saw evidence of this in the plans. For example, a plan stated that a person could eat and drink independently. People said

that being independent was very important to them. The staff handbook emphasised the importance of promoting people's independence. People gave us examples of staff encouraging this such as being supported to wash themselves.

This showed that presented as an indication that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences so as to provide information to staff on respecting people's beliefs. One person told us, "Yes, staff respect my cultural and religious needs. I pray and this is important to me. I have told staff about this. They are very understanding of my religion." Another person told us, "I am spiritual. I've given up food for Lent and they respect this food choice."

Good

Is the service responsive?

Our findings

People and relatives told us that staff responded to people's needs. They said that staff took the time to check whether there was anything else they needed before leaving at the end of each call. All the people and their relatives told us that staff would do anything asked of them. A person said, "Staff are keen to make sure I am all right and comfortable."

A person told us of how the service had worked with the local authority to ensure they had the right equipment in place to meet their needs. This showed that people's needs had been responded to.

We saw that people's needs had been outlined in their care plans and responded to. For example, a person wanted staff to clean their teeth after having food. The person also wanted staff to add or remove clothes depending on their body temperature as this changed frequently. The person's relative confirmed that staff had responded and taken these actions. In another care plan we saw a section entitled 'key issues'.' This described how a person had difficulty in understanding communication. There was information available to staff informing them to speak clearly, slowly and in simple phrases and to draw attention to memory aids. This responded to the person's communication needs.

A person told us they did not get on with two staff members and they contacted office management. The person said the issues had been swiftly resolved and replacement staff members had been provided. They were appreciative of this quick response to their concerns.

People told us that if staff were going to be significantly late, they were informed of this. They understood why this happened and they said it had not had any negative impact on their care.

People and relatives we spoke with told us that their care needs had been reviewed and we saw evidence of this in care plans. Records showed both people and their relatives had been included in reviews. Actions had been taken as needed. For example, a letter had been sent to the person's GP asking for confirmation of prescribed medicine.

We found that people had an assessment of their needs. Assessments included relevant details such as the support people needed, such as information relating to their mobility and communication needs. There was some information as to people's personal histories though this was limited. The registered manager showed us a new template that was going to be introduced, so that more information would be available about people's backgrounds. This would help staff to engage with the people they supported and get to know them better.

We saw detailed information about people's preferences, such as a person wanting very strong tea at regular intervals. The relative confirmed that their family member received this. This information helped to ensure that people's individual needs were known and responded to.

Staff told us that they always read people's care plans so they could provide individual care that met

people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. For example, a staff member told us that for a person who was not well, there were frequent changes to the person's medication and these were recorded in their care plans so the staff member had up-to-date information. We also saw evidence of information about people's changing needs being that had been sent to staff so staff could respond to these needs.

Staff told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with. One person using the service said, "I have never complained. I would speak to the office. I'm sure they would do something about it."

People told us that the registered manager and office manager had responded well to their requests and made changes where needed. This made them feel positive about raising any issues of concern. Relatives told us that they were kept informed of any significant changes in their family members care circumstances. People told us they had written information about how to complain in the information folder left with them by Athena Care Limited.

The provider's complaints procedure gave information on how people could complain about the service. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. It also provided information about referral to relevant agencies such as the complaints authority and the local government ombudsman. However, it indicated that the local government ombudsman would investigate the complaint. This is not the case as the role of the ombudsman is to check whether the correct process had taken place, rather than reinvestigating the complaint. The registered manager sent us the amended procedure.

We looked at a small number of complaints that have been made since the last inspection. There was evidence that all complaints have been properly investigated. The complainant had been informed of the outcome of the complaint, with action taken and apologies made as needed. This provided assurance to complainants that they would receive a comprehensive service responding to their concerns.

Good

Is the service well-led?

Our findings

When asked if they would recommend Athena Care Limited, people and relatives we spoke with said they would. One person said, "Staff are very good. It's really well run." Another person said, "There is nothing not to like about it." One relative told us "Yes, I would recommend them. It's a really good service."

People and relatives we spoke with who had contact with the registered manager and office management staff said, in the main, that they were impressed with their commitment to providing a quality service. One relative said they had not always received the service responding to their concerns. This was discussed with the registered manager who stated this would be followed up.

People and relatives told us that initial assessments of the personal care needed were made. They said they had received visits by senior staff to observe the care staff at work and review the care provided. They were satisfied with their packages of care which, they said, had met their needs.

People and relatives told us that Athena Care Limited had tried to provide them with a stable staff group. They said that this was important to them, as staff knew them and their preferences. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

The registered manager was aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse. We saw evidence that these incidents have been also reported to us, as legally required.

We looked at how staff managed serious incidents at the service. Records showed they completed 'serious incident reports' whenever these occurred. The reports we saw were detailed and included body maps if any injuries had occurred. Staff then submitted the report to the registered manager. Proper action had been taken following each incident.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people.

All the staff we spoke with told us that they were supported by the management of the service. They said that management were always available if they had any queries or concerns. We saw evidence of staff being thanked for their work in a memo sent to them. There was also evidence of awards being made to recognise exceptional care provided to people. This was set up to encourage staff to always provide quality care to people.

Spot checks had been made by the management of the service to observe staff performance. This enabled checking to ensure that staff had always provided a quality service to people. The registered manager stated

that staff meetings had not taken place due to staff being dispersed as the service covered a national area. However, memos were sent to staff informing them of any relevant information. We saw these which included issues such as information outlining the rights of people receiving a service and a booklet on how to observe effectively to ensure people's needs were met.

All the people and their relatives told us that they had care plans kept in people's homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited. They also said that management staff rang them from time to time to check that the service was meeting assessed needs.

We saw evidence that a survey had been sent to people in 2016 using the service asking them what they thought of the care and other support they received from the agency. This gave people will have an opportunity to state their experiences of the care and whether this needed to be improved. The result of the survey was mainly very positive. An action plan had been in place to cover a small number of issues, such as care plans being in people's home and people being aware of them. The registered manager said surveys would be also provided to relatives and staff so that these relevant views could be taken into account in organising the service.

We saw quality assurance checks such as medicine audits and care records audits to check the quality of the care provided. A comprehensive auditing process assisted in developing the quality of the service to meet people's needs.