Arion Care Ltd

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Inspection report

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Date of inspection visit: 21 April 2015
Date of publication: 05/06/2015

Ratings

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

Overall summary

This inspection took place on 21 April 2015. We gave the registered provider notice of the inspection to make sure that the manager was available on the day of the inspection.

Arion Care Limited provides personal care to people living in their own homes. At the time of our inspection we were informed that they were providing a service to 32 people. This was the first inspection carried out by the Care Quality Commission at this location.

There was a registered manager in post but they were on leave at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff and relatives told us that people were safe. However, systems in place did not ensure that people would be protected from the risk of harm. Improvement was needed to make sure people received their medication safely.

We were told by people who used the service and staff, that people were supported at each call by the number of staff identified as necessary in their care plans. There were sufficient numbers of staff available to meet people's individual needs but some people told us that the staff who supported them often changed and they had to get used to new staff.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure that the rights of people who may lack mental capacity to make decisions are protected including when balancing autonomy and protection in relation to consent or refusal of care. We did not find anyone being deprived of their liberty but not all staff understood their obligations under the MCA and how it had an impact on their work.

Improvement was needed to the induction system for new staff to make sure they had the training and support needed to carry out their role effectively.

People who used the service told us that they were confident that care was provided in accordance with their needs. People described the staff as being kind and caring and staff spoke affectionately about the people they supported.

People told us that they had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. However we received mixed comments from people about the quality of the communication they received from the provider about how the company was performing and any changes to how their care would be delivered.

Care staff knew how to support people to ensure they received enough food and drink and when it would be necessary to approach other healthcare professionals for additional support.

There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern. People were generally happy with the quality of the management. The senior management team was approachable however some relatives told us that they did not always respond effectively.

The service did not always have effective systems to monitor and improve the quality of service people received. Although people's views were sought, they were not always acted upon. We identified that the law had not been complied with. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Care staff could not protect people from the risks of harm because they did not have sufficient information about the medication that they were prompting people to take.

There were sufficient numbers of staff available to meet people's individual needs.

People told us that they felt the provider took their safety seriously.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider's induction arrangements did not ensure staff had the right skills and knowledge to carry out their role effectively.

Staff were not fully aware of how to support people in accordance with the Mental Capacity Act 2005.

People received appropriate support to eat and drink enough to keep them well.

Is the service caring?

Good

The service was caring.

People received care that was respectful of their need for privacy and dignity.

People were supported to live independently and make decisions about their daily lives.

Is the service responsive?

Good

The service was responsive.

Care and support was delivered in line with people's wishes.

People were regularly supported to comment about the service and people knew how to access the provider's complaints process. However the provider did not always act on people's views.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider did have an audit process in place, however the provider was not making the best use of the information it collated to improve the quality of the service. The provider did not always take action in order to improve the quality of care people received.

Arion 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 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 21 April 2015. It was carried out by one inspector. We gave the provider 48 hours' notice of our visit so that we could make sure that the relevant people would be available to facilitate the inspection.

Before the inspection we looked at the information we already had about this provider. The provider was asked 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. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We had also previously received some concerns about this service which we passed to the local authority. The local authority commissioner provided us with information about recent monitoring visits to the service. We used this information to plan what areas we were going to focus on during our inspection.

During this inspection we spoke to the acting manager, the provider, care co-ordinator and six care workers. We also spoke with five people who used the service and with the relatives of six people.

We reviewed the care records of four people who used the service and three staff recruitment and training files. We also reviewed records relating to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

People who we spoke with told us that they felt safe whilst care workers were in their homes. One person told us, "I would recommend this company to others, I'm definitely safe with them." Staff also told us they could raise concerns with the management team and felt that the service kept people safe. One care staff told us, "I would report to the office staff and I'm very confident they would respond."

Staff were knowledgeable in recognising the signs of abuse and understood their duty to report any concerns. Staff confirmed that they had received training in how to safeguard people and the provider had safeguarding procedures in place. The acting manager was aware of their responsibility to make safeguarding referrals to the Local Authority.

People and their relatives told us they received the majority of their care visits when they expected, although some people had received calls which were later than they expected. One person told us they had experienced a missed call but that this had occurred several months prior to our inspection. Comments included: "They are usually on-time, there has only been one time when they have been late." "They arrive at the times they are supposed to, they are not too early or too late."

The staff who spoke with us were confident about how to manage emergencies in people's homes. One care staff told us that if they could not access a property or the person was not at home they would always contact the office staff who would then contact people's relatives. Another staff told us they always carried a supply of incident forms in case they needed to record any incidents that occurred during their visits.

There were sufficient staff employed to meet people's individual needs. We were told by people who used the service and staff that people were always supported by the number of care staff identified as necessary in people's care plans. One person told us, "I always get two staff, never just one." One care staff told us there had been one occasion when they had to work on their own when they should have been two staff. They told us this had not been recent and was an isolated incident and that staffing had since improved. All of the staff we spoke with confirmed they received their rota in advance so they knew who they would be providing support to.

People who used the service and relatives of other people using the agency told us that the staff that supported them often changed and they had to get used to new staff. One relative told us, "The carers are always changing, However all the carers we get are nice." The staff list we were provided with during the inspection showed that of the 17 staff currently working for the agency only four had been employed for longer than six months. The acting manager told us that the provider had looked at ways of retaining staff and had previously implemented a review of the salary and that other incentives to retain staff were under consideration.

The provider had a system in place to assist them with recruiting staff who were suitable to support the people who used the service. The staff we spoke with felt the provider's recruitment system was robust and confirmed that it included checks such as a Disclosure and Barring Service check (DBS) and checking people's employment history by gaining references from previous employers. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The manager told us and records confirmed that the provider made further enquiries when checks raised concerns with an applicant's suitability to work with people.

The acting manager told us that all staff who administered medication had been trained to do so and this was confirmed by the staff we spoke with. Staff knew how to administer people's medication safely but told us that most of the people they supported administered their own medication or their relatives gave them their medication.

Each person had a specific plan detailing how their medicines should be given but we noted there was no information about what the medication was for or any possible side effects that care staff should be alert to. This meant that care staff did not have sufficient information about the medication that they were prompting people to take.

We looked at how the agency checked that each person received their correct medication in order to keep them well and saw that care staff filled in daily records to record any medication they had prompted the person to take. Some of the records had gaps and so we could not be sure

Requires Improvement

Is the service safe?

that people had received their medication as prescribed. This had also been identified by the provider who had arranged for care staff to undertake refresher training in medication administration.

Requires Improvement

Is the service effective?

Our findings

The majority of people and their relatives told us that staff were competent to do their jobs. The staff told us that they had been trained to do their jobs and were well supported. One care staff told us, "I did lots of shadowing and felt very supported." Another care staff told us, "I had a full week of induction when I started, this included moving and handling and the use of the hoist."

We discussed the agency's induction and training processes with the acting manager and checked the information against three staff files. We were told that previously, new staff had received a five day induction with an external training company. This had now changed and new staff received an in-house induction from the provider's trainer. As part of the induction staff were expected to complete an induction booklet however the acting manager was unable to provide any evidence to show that the completed induction booklets had been assessed to ensure staff had the required knowledge and skills for their role.

The provider did not have the facilities to provide practical training to staff in the use of hoists. One relative told us that some of the new staff were not fully trained in all aspects of the tasks they needed to help the person with and the acting manager told us this was something that was being reviewed and consideration was being given to provide practical moving and handling training.

Following their induction, each new starter was assigned to work with a more experienced member of staff before working on their own. Most of the care staff currently employed by the provider had been in post for under six months. This meant that often new staff were shadowing staff who were themselves, relatively new in post. On some occasions we saw that new staff had shadowed staff who had only been in post a matter of weeks and so lost the opportunity to learn from experienced members of staff.

We saw that people's care files recorded if they had capacity to make their own decisions. During our visit we heard the acting manager speak with a social worker about the needs of a new person referred to the agency for personal care. As part of the discussion about the person's needs the acting manager checked with the social worker in regards to the person's capacity to consent.

The provider had not made any applications to the Court of Protection for approval to restrict the freedom of people or to deprive them of their liberty. The acting manager told us they were not aware of anyone using the agency who was being deprived of their liberty. We spoke with care staff about the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). Not all of the staff were aware of what this legislation was, or how it may apply to people they supported. Therefore there was a risk that staff would be unaware if they were supporting people in ways which restricted their liberties.

People received appropriate nutritional support and staff monitored people's health and wellbeing. One relative told us, "If [person's name] is short of food, the staff will pop to the shops and get more for her." Another relative told us, "The staff encourage [person's name] to eat and have a cup of tea."

We saw that people's care records gave staff information about the support needed to help people to eat and drink their meals. This included instructions to assist people with the cutting and eating of their meals. One of the care staff we spoke with told us that if they were concerned that a person was not eating enough they would report their concerns to the office staff.

We saw that staff monitored people's health and wellbeing and liaised with professionals involved in their care. A relative told us, "They always let me know if [person's name] is unwell." One person had specific health needs, which were clearly noted in their care assessment. The provider had not ensured that information on this person's health needs was made available to care staff. This meant there was a risk that care staff would not recognise the signs of this person becoming unwell and how to respond.

Good

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. People told us, “The staff are really nice and helpful,” “The staff always stay their allotted time and if they have done all the tasks they need to do they stay and chat with me” and “The office staff can be very sharp but all my carers are good and caring.”

All the staff we spoke with said they enjoyed supporting people and spoke affectionately about the people who used the service and it was clear that they valued their relationships with the people they supported.

Some people told us they did not always know who was going to help them and some people had experienced frequent changes of care staff. This had prevented some people from building up relationships with the staff who supported them with their personal care. However, other people told us this had recently improved and that they now had a consistent team of care staff. Care staff told us how they were given time to build relationships with people when starting their care and because they were given time to shadow other care staff so that they could get to know the people they were supporting.

It was evident from the staff we spoke with that they knew the people who used the service and had learned their likes and dislikes. They knew what was important in the lives of the individuals. Care records contained details which enabled staff to deliver care in line with people’s wishes and preferences. Staff told us they understood the need for dignified care and supported people with their independence. Care records identified when people wanted to be supported by staff of the same gender and both staff and relatives told us this was respected.

Staff also told us that they understood the importance of people making their own decisions about their care and supported this by giving people daily choices about their personal care. One care staff told us, “Because we see people regularly we get to know them, we become aware of any slight changes in their needs.”

The provider regularly checked that people were receiving care which met their needs and were happy with the quality of the service they received. They conducted spot checks to observe how staff supported people in their own homes and regular quality review surveys. This supported people to have their needs regularly assessed and express their views about the service.

Good

Is the service responsive?

Our findings

People and relatives of people who used the service told us they were happy with the care provided. One person told us, “The agency is much better than all the other companies I have tried.” Another person told us, “They do everything I ask of them.”

The acting manager told us that they conducted an initial assessment in a person’s own home when they were initially referred to the service. During the assessment they discussed the person's care needs and conducted risk assessments for the environment and the person who needed the care package. Copies of these assessments were kept in people's care files and care staff told us they provided care in line with these assessments. They told us that if people’s needs changed they contacted the office staff to arrange for a re-assessment of people’s needs to ensure that people continued to receive care which meet their specific needs.

People told us that the service met their needs and that they had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. One person told us, “I have a care plan, my relatives have seen it and were impressed by it.” People's care plans had been reviewed by senior care staff and people and their relatives, if appropriate, were involved in these reviews. People told us they were asked if there were any changes they needed around their care and that these were made by the provider.

People who used the service and their relatives told us they felt comfortable to complain if something was not right and that they had been given a copy of the provider’s complaint procedure. People told us they had not made any formal written complaints but some people had raised concerns. Two relatives we spoke with were not entirely happy with how concerns they had raised had been dealt with. One relative told us their concern had been responded to but that the issues had re-occurred. Other people were happy with how their had been responded to. One person told us, “Any problems they are excellent to deal with.”

Requires Improvement

Is the service well-led?

Our findings

We saw that the provider completed a log of accidents and incidents that occurred in the course of providing care and support to people. Some of the reports recorded the action that had been taken in response to an incident occurring, but this was not the case for all incidents. One incident in February 2015 recorded a person had received a late call due to carer error. The incident report did not record any lessons learned from this or action taken to reduce similar incidents from re-occurring. We also noted that the provider did not complete an analysis of incidents and accidents to identify if there were any patterns and trends where action was needed.

The provider had a system of spot checks to check to review the quality of care people received in their homes. People's views were sought, however these views were not always acted upon. For example, 50% of respondents to a quality audit that had been sent to people in February 2015 said they were not always informed when care workers were arriving late to provide their personal care. There was no evidence of how the provider had used this information to make improvements to the service following people's comments. Some of the people we spoke with told us they were still not informed if their staff were arriving late.

We saw that a previous survey completed in December 2014 had also recorded similar concerns and one person indicated they had experienced a missed call. The provider and acting manager were unable to provide any evidence that they had investigated the issue. They informed us they had a folder to log any missed calls but were unable to locate the required file at the time of our visit. The provider's process for monitoring and responding to missed calls was not sufficient to prevent them from reoccurring. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a registered manager in post but they were on leave at the time of our inspection. In their absence there was an acting manager in place. The acting manager was not fully aware of all their responsibilities under current health and social care legislation. They told us they had not notified us of a safeguard referral they had made to the local authority as they were unaware of the legal requirement that all allegations of abuse had to be reported to the Care Quality Commission. The acting manager was not aware of recent changes to legislation and was still working towards achieving compliance against standards which were no longer applicable.

Most people who used the service were positive about the management of the agency and the approachability of the acting manager. One person told us, "I would be able to tell the manager if I was not happy about something." Three of the six relatives we spoke with raised some concerns about the way in which the agency was managed. One relative commented that the agency had been managed more effectively when the registered manager was there. They told us, "She was responsible, she was always checking things were okay." Their main concern was that they were not always informed if care staff were going to be late. Two relatives told us they did not feel office staff were always honest with them in regard to the reasons given when care workers were late arriving. The provider had not ensured that they had developed open and honest relationship with people who used the service.

Care staff spoke positively about the support they received from the provider, acting manager and senior care staff at the office. They felt they had the information they needed and that senior staff were approachable. Staff meetings were arranged on a regular basis with staff so that the provider and acting manager could feedback any issues to staff to help improve the service people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not ensured that effective quality monitoring systems were in place.**