

Aregon Care Ltd

Aregon Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aregon Care is a domiciliary care service providing personal care to people living in their own home. At the time of our inspection there were 64 people using the service. At this inspection the service provided care for older people and people living with dementia.

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

The provider's governance systems had not identified some of the shortfalls we found during this inspection process. This meant the systems in place to assess and monitor safety and quality at the service were not always effective.

Staff had limited knowledge of how to record an accident or incident meaning there was a risk that incidents would not be consistently reported to prevent recurrence.

Care plans were not always person centred and information provided within them did not fully reflect people's needs, preferences, and health conditions. People's care was not always reviewed to update information on people's care needs.

We found that people and relatives were not always aware of having a care plan in place or being involved in any reviews around care provided to people. This meant that relatives and people felt any concerns around care were not always actioned. Some people and relatives told us they were happy with the care provided and received care matching the person's needs.

The provider supported staff members to gain skills and development to ensure they were confident to support people with their care needs. We saw examples where the provider identified staff members having limited communication with people and language barriers to effectively communicate with people. However, there were areas where staff didn't have the skills needed to support people safely and effectively. At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group. 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

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

Rating at last inspection

This service was registered with us on 12 April 2019 and this is the first inspection.

Why we inspected

This inspection was the first ratings inspection and took place after the provider changed the registered

address.

The overall rating for the service is requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements.

Enforcement and Recommendations

We found that systems and process in place to oversee the service were not effective or robust to identify shortfalls in staff members compliance which included medicine administration competency, and care plans. This was a breach of regulation 17.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always found to be safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aregon Care

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 team comprised of 1 inspector and 1 Expert by Experience who made telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 not a registered manager in post. A new manager had been in post since July 2022 and had applied to register with us. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was 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 18 April 2023 and ended on 26 April 2023. We visited the location's office on 18 April 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 5 people who have care provided by the service and 7 relatives. We reviewed 6 people's care plans and risk assessments. We reviewed health documents for people. Compliance documents were also reviewed. This included medicines audits, staff competency assessments, training records and recruitment files.

We spoke with 1 director who was also the nominated individual, 1 care manager and 5 staff. We also gathered feedback from 2 local authorities who commissioned care from the service and 1 social worker.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- Staff were not always aware of the guidance contained in people's care plans. This meant people were at risk of not having all their care needs safely and consistently met.
- There was no guidance recorded in 1 person's care plan to enable staff to support them with diabetes. This meant there was a risk that the person's diabetes needs would not be safely and consistently met.
- Risk assessments were not always updated to identify where people required a change in the care provided or where risks around behaviour were identified. Meaning people could be at potential risk of not receiving consistent care that matched their current needs and staff could be put at harm from potential risks around behaviours not being identified.
- People and relatives spoken with informed us that they felt they or their family member was safe and not at risk of any potential harm.

Systems and processes to safeguard people from the risk of abuse, learning lessons when things go wrong

- Staff were not always able to tell us about the processes for reporting safeguarding concerns and the documentation to complete, such as an incident form. Records showed staff had received safeguarding training, however there were no reportable safeguarding incidents recorded to check the reporting process.

Staffing and recruitment.

- The provider had acted on identified recruitment concerns and shortfalls in staffing. At the time of the inspection the service had no gaps in staffing and was able to cover commissioned care.
- Some people told us they did not have consistency in staff who attended to provide their care. One relative told us, "The morning calls are mainly where we do not have consistency". The manager showed us a plan of how they were addressing this concern to ensure that regular consistent staff cared for people. We also saw within care records that this was starting to improve.
- Recruitment checks were undertaken to ensure staff were suitable to work at the service. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained to confirm applicants' character and conduct in previous employment in a care setting. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The management of medicines was effective. Staff had completed medicine competencies where observations were carried out to ensure safe practices were completed. However, 1 staff member's medication competency was out of date. This was raised to the manager and the manager took steps to

carry out the competency assessment during the inspection.

- Staff had received medicines training, one staff member told us, "The medication training provided is very good with lots of information".
- Medicine audits were undertaken. This included a check of people's medical records such as medication administration records (MAR) and prescription guidelines.
- Two people's (MAR) showed medicines were given as prescribed and no missing signatures were present from staff.

Preventing and controlling infection

- Staff told us they had enough personal protective equipment (PPE) and had easy access to PPE stock as required.
- People and relatives told us that staff always wore the correct PPE whilst providing care.
- Clear protocols were in place around infection prevention and control from the provider for all staff to follow.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The manager carried out assessments with people and their families before providing care. However, assessments were not always updated to incorporate changes to care after the first assessment. This meant the guidance in people's care plans was not always accurate and up to date.
- Some people did not have a full comprehensive care plan in place. Some care records only contained initial assessments carried out by the local authority and the provider. This meant some people's care records did not contain sufficient person-centred detail on how the people would like their needs met.

Staff support: induction, training, skills, and experience

- Staff received a full induction that included shadowing of an experienced member of staff.
- Staff told us they gained their knowledge and understanding of a person's needs by completing shadowing.
- All staff had training to enable them to complete their role. However, we have identified shortfalls in staffs' understanding around food safety training, safeguarding and diabetes care. The provider told us they were planning to address these shortfalls with additional training.
- We saw the manager had in place regular supervision of staff members and systems were in place to check the competency of staff. This included regular spot checks that were unannounced.

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

- Staff supported people to have their meals prepared and cooked. One person told us they had a concern about staffs' skills with cooking, they said, "Some carers struggle to use the microwave." A relative told us, "We're not always sure food is cooked." This was raised to the manager during the inspection and the manager took positive action. The manager met with all staff and assured us they were looking at staff completing a refresher on food safety training.
- The staffs' understanding of certain health conditions such as diabetes was not always fully understood. One relative told us "Mum is to avoid sugar due to diabetes, but the carer was asked by mum to buy chocolates and they did". When we spoke to some staff and asked about specific health conditions such as diabetes, they had limited understanding and knowledge.

Staff working with other agencies to provide consistent, effective, timely care

- We saw that the provider and the manager were working with 1 local authority to improve concerns identified. The concerns identified by the local authority were around call times, staffing and the skills of staff. We could put the provider was working towards an action plan to make these improvements.

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.

- At the time of this inspection no people required any restrictions of their liberty to be in place.
- Staff had completed training in mental capacity and deprivation of liberty. Staff were able to tell us what this meant for people who received care and when they should raise with their manager any potential changes that could result in an assessment for a person.
- We saw that the provider gained consent from people around their agreed care. Where a person could not sign to consent to care we saw that an assessment was in place that showed who was able to sign.

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 requires improvement. 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.

- Some staff were able to tell us about the people they cared for, however this was not consistent. This meant some staff were not fully aware of people's needs and were therefore not able to support people with any equality and diversity needs in a consistent manner.

The provider and manager showed us where English was not a staff members first language, they were supporting them to learn and complete training to ensure they could communicate with people minimising any communication barriers.

- People told us they were treated well. One person told us, "I am very happy with the staff, they are very caring."

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

- The provider could not assure us that people were consistently involved in making decisions about their care. Some people only had initial assessments completed by the local authority and provider rather than a detailed care plan formulated by the provider and people who used the service. This meant the provider could not demonstrate they had consistently discussed people's care needs with them.

- Relatives and people gave us mixed responses about their involvement in making decisions about their ongoing care. One person said, "We are asked about how we wish to be cared for". However, a relative told us, "I am involved to an extent, but I don't recall a review being held, only an assessment when the care first started."

Staff told us how they respected and promoted people's day to day care choices and the importance for people to have this in their life.

Respecting and promoting people's privacy, dignity and independence.

- Staff were able to identify when a person requires their own personal space and how to respect this.

- People told us how staff learned about their care needs and made them feel comfortable. One person told us, "We speak to the carers, and they listen to what we want". A further person told us, "The staff are very, very polite."

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 requires improvement. This meant people's needs were not always met.

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

- People who did have a care plan in place had their preferences recorded. For example, people's preference to receive care from staff of a specific gender was recorded and only staff of their preferred gender supported them.

- We saw instances where a person had raised that a staff member did not meet their care needs, and this had been listened to and resolved.

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. 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.

- Some risks identified around communication for people with sight loss and language spoken had not been considered. This meant there was a risk that people's individual communications needs would not be met.

- Information was available to people in different formats including easy read documents. However, we found that some information was not always accessible for people with visual impairments. This meant the provider had not understood their responsibility to fully meet the requirement of accessible information.

- One relative told us, "Staff are very acknowledgeable, they always say hello. Sometimes, if I can't understand them, I'll say I can't understand, and they'll repeat themselves."

Improving care quality in response to complaints or concerns

- We saw that the provider had a process to capture complaints and compliments received. We saw what action following any complaints had been completed to resolve the complaint. One relative told us, "I'd ask my son if I had any concerns. For some reason they left me a long time in between meals, and I told my son. He told them. It didn't happen again."

- One social worker told us, "Issues and concerns identified are dealt with quickly and are addressed by the manager." We saw evidence where a concern had been acted on and actions put in place to prevent future occurrence.

People we spoke with were aware of how to complain. One person told us, "If I was unhappy, I'd get in touch with (named manager) but I've never had to worry about that."

- The manager was aware of the providers complaints policy and timescales to respond and inform appropriately people.

- During the inspection we had feedback from 2 relatives and 1 person about the lack of communication from the office staff. We raised this and the manager took on board the feedback. The manager told us how they had planned to communicate more often with people and relatives.

End of life care and support

- No-one was receiving end of life care at the time of our inspection. People's end of life choices and preferences were not yet recorded.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care, working in partnership with others

- The provider is required to have a registered manager as part of the condition on their registration. We found that no registered manager had been in post since August 2021. There was a manager in place who managed the service. We saw the manager has applied to become the registered manager for the provider.

- The providers systems and processes for monitoring quality and safety were not always robust in identifying the shortfalls we found during this inspection to drive improvement.

- Care plan audits carried out by the manager had not identified missing person-centred details to effectively provide care to people.

- Risks were identified for most people and when risks had been identified, risk assessments were in place. However, where changes or updates had taken place, this was not recorded or reviewed in the risk documentation. The provider's systems had not identified this.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw spot checks in place that were carried out by the manager to ensure staff performance was monitored.

- Systems were in place to ensure effective partnership working with professionals. Where the provider had identified they could not provide the care needs for people, they discussed this with the local authority.

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

- The provider had a service improvement plan in place that identified areas of improvement and how they were working towards achieving the improvements. However, not all areas of improvement that we found during the inspection were recorded on the improvement plan in place.

- Staff told us that they felt supported by the manager and the manager was approachable and knowledgeable.

- Some staff we spoke with showed they were committed in their role and spent time to get to know people's needs. Staff demonstrated that they worked as a team to provide consistent care to people.

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

characteristics

- Systems were in place to gain regular feedback from people, staff and professionals which included face to face meetings and surveys. However, action had not always been taken where feedback suggested improvements were needed. One person told us, "I have filled in surveys and said all this a couple of months ago.". Another person told us, "The manager of Aregon is amazing but on several occasions, she says she will follow something up but there's no change in the behaviour of the staff."
- People we spoke with told us communication with the office was not consistent and some people told us they had not spoken to the manager since the start of their care package. One person told us, "No, I don't know the number. The manager came at the beginning and told me how much I had to pay and what I'd get". A further relative told us, "I've not had anyone contact me. I don't believe (person who used the service) has either."
- Team meetings were held every week. 1 staff member told us, "Meetings are very useful, the manager gives us details to any changes to peoples care and it's an opportunity for us to share any concerns".

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 manager understood their responsibilities regarding duty of candour regulation.
- Where complaints were received, we saw that action had been taken by the manager who was open and transparent when things had gone wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess and improve quality and safety were not always effective.