

Aroma Care People Ltd

Aroma Care People Ltd

Inspection report

15 The Arches Industrial Estate
Koco Community Resource Centre
Coventry
West Midlands
CV1 3JQ

Tel: 03333583457

Website: www.aromaservices.co.uk

Date of inspection visit:
17 September 2019

Date of publication:
16 October 2019

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aroma Care People Ltd is a domiciliary care agency. It is registered to provide personal care to people in their own homes. At the time of our inspection the service supported 100 people. 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 felt safe with the care staff who visited them, and risks associated with people's care had been assessed. Staff knew how to keep people safe and protect them from avoidable harm. Procedures for managing medicines and recruitment of staff required improvement to ensure people remained safe and well.

There were enough staff to provide the care and support people required. However, some people did not receive their visits at the times expected and the procedure for monitoring staff arrived at people's homes required improvement.

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. However, the procedure to assess people's capacity to make decisions was not always clear or completed accurately.

Staff received training to be effective in their roles, but it was not clear from training records if staff new to care had completed the recommended training and competencies. Where required, people were supported with their nutritional needs.

People described staff as kind and caring. Staff respected people's privacy and dignity and supported people to maintain independence. People felt involved in their care and made decisions about their care and support.

Staff knew people well and people received care that met their needs. Care plans provided staff with enough information about what people required on each call, but plans were not always personalised. People knew how to complain, however how complaints were recorded and managed required improvement.

There were quality monitoring systems to enable the provider to have oversight of the service, but these had not always been implemented consistently. Some quality assurance processes and records management required improvement. The provider had an action plan and had implemented some initiatives to improve the service.

Rating at last inspection: The last rating for this service was good (published on 7 July 2017).

Why we inspected: This was a planned inspection based on the previous rating. We also needed to review concerns received about the standard of service provided to people, which we had referred to the local authority and to the provider to investigate. The overall rating for the service has changed to requires improvement.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

The service was not always 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.

Good ●

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 ●

Aroma Care People Ltd

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

This inspection was carried out by two inspectors, and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience supported the inspection by making phone calls to people who used the service.

Service and service type

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

A registered manager was not in post. The previous registered manager had left the service in June 2019. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed in August 2019, who was in the process of applying to register as manager of the service.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 27 August 2019 and ended on 17 September 2019 when we visited the office location to meet with the managers, speak with staff; and to review care records and policies and procedures.

What we did before the inspection

Prior to the inspection, we reviewed the information we had received about the service since the last inspection. This included concerns and complaints we had received and information the provider must

notify us about, such as allegations of abuse. We contacted the local authority commissioners for the service. The commissioner told us, following concerns they had received they visited the service in July 2019 and identified improvements were required in several areas of the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with eight people who used the service and a relative by telephone to obtain their views of the service provided. We spoke with the provider, the manager, the compliance/HR officer, a care co-ordinator and seven care staff.

We reviewed a range of records. This included, five people's care records, including daily records, risk assessments and medicine records. Four staff personnel files, including recruitment and training records and the provider's quality audits and checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included staff training data and reviewing people's call schedules.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment

- There were enough staff to allocate all the visits people required.
- We had received concerns from people about staff arriving late to provide their care. The provider told us they had identified issues with late calls and were in the process of rescheduling calls to people, to minimise this.
- The provider had implemented an electronic system for call scheduling, which also monitored the time staff arrived and left people's homes. However, care staff were not routinely logging in and out of people's homes, so this could not be monitored by staff in the office.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character.
- Records confirmed checks and references had been obtained before staff started to work with people. However, references were not always requested from present or previous employers, which is good practice.
- Recruitment documents were not always completed in full such as education or employment history, to ensure staff were safe to work with people.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that visited them. One person told us, "Yes I feel safe with them, they look after me very well. I would speak to my family if I was not happy."
- Staff knew how to keep people safe and had completed training, so they knew how to recognise abuse. Staff understood their responsibilities to report concerns to the managers.
- The managers knew the procedure for reporting concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management

- An assessment was completed at the start of the service that identified any potential risks to people's care and support.
- Where risks associated with people's care had been identified, plans were in place to manage those risks. Such as, helping people to move, and administration of medicines.
- Staff knew about risks associated with people's care and had completed training to manage people's risks safely.

Using medicines safely

- No one we spoke with required support to take their medicines.
- Most people administered their own medicines or had family members that supported them to do this.

- Where staff supported people to take their medicines, this was recorded in their care plan.
- Staff completed training to administer medicines and recent competency assessments had been completed to confirm they could do this safely.
- Care plans included a list of medicines people had been prescribed. Some records had not been dated so there was no way of knowing if these were up to date.

Preventing and controlling infection

- Staff completed infection control training and told us there was a good supply of disposable gloves and aprons for them to use to maintain good infection control practice.
- People confirmed staff wore protective clothing to prevent the spread of infection. For example, one person commented, "Yes they wear gloves and aprons, they are very clean and hygienic."

Learning lessons when things go wrong

- The provider had a procedure for recording accidents and incidents.
- The management team reviewed accidents and incidents and identified any actions required. However, there was no record of what action had been taken or if there had been any learning from the incident.

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

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. We checked whether the service was working within the principles of the MCA.

- The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People's capacity to consent was considered when planning their care.
- The providers assessment process included a capacity assessment. This assessment required reviewing. Questions on the assessment were numbered 1 to 16 but some questions were missing and it was unclear why.
- The MCA forms viewed had not been completed consistently or accurately. For example, one person had been assessed as lacking capacity, but the form had not been completed to identify decisions they were unable to make.
- People made daily decisions for themselves, or with the support from relatives and staff.
- People told us they had signed their care plan to consent to the care being provided.

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

- People's needs were assessed before they started using the service to ensure these could be met. Assessments included people's care and support needs, and any specific health conditions.
- Information from assessments was used to develop care plans that were kept under review to identify any changes.
- People remembered having an assessment at the start of their service. A relative told us, "We had an assessment and the social worker was involved in it."

Staff support: induction, training, skills and experience

- People and their relatives said staff had the skills and training to look after them. For example, one person

told us, "I do think they are well trained, and they know how to look after me well. They do everything I need."

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- There was no evidence that staff new to care completed the Care Certificate. The Care Certificate is a nationally recognised induction standard to provide new staff with the skills and knowledge to carry out their roles effectively.
- The provider told us new staff completed induction training and senior staff observed their practice for competency during shadow shifts. The provider was aware this did not follow the principles of the Care Certificate and was seeking guidance about this.
- Staff completed ongoing training and received individual meetings, to support them with their work. This included checks on their practice in people's homes. One staff member told us, "We have spot checks with feedback, they tell me if I make any mistakes."
- Training records confirmed staff training was up to date.

Supporting people to eat and drink enough to maintain a balanced diet: Supporting people to live healthier lives, access healthcare services and support

- Where people required support with meal preparation, eating or drinking this was recorded in their care plan.
- People who received support told us, this was done how they liked. One person said, "They do some meals for me, it depends how I feel. I choose what I fancy at the time. They always check if I have a drink before they leave."
- People made their own healthcare appointments or had family who supported them to arrange these.
- Staff knew to contact the GP or district nurse if they were concerned about people's health.

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

- The management team and staff worked with health and social care professionals to improve outcomes for people. Such as social workers, GP's and district nurses.

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 now 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 were happy with the staff that visited them and described care staff as caring in their attitude. Comments included, "Kind and considerate", and, "Kind and caring."
- Staff knew how to treat people well. One person told us, "I have a lovely young man who is very pleasant and helpful." Another said, "They [care staff] all have lots of patience and nothing is too much trouble for them."
- People felt valued by staff, one person told us, "They do take an interest and make me feel important. I am not just a number."
- Staff said they felt valued and appreciated by the managers.

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

- It was important to people to have regular care staff who they could build trust and relationships with.
- Staff worked with the same people, they knew them well and had developed friendships with people. One person told us, "They [care staff] are all very interested in me and my family, they always ask about them."
- People were involved in their assessment process, care plan reviews and made everyday decisions about their care.
- People felt involved in their care. A relative told us, "I do feel involved in (person's) care. The carers always involve me and ask my opinion of things."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity.
- Comments from people included, "They [care staff] speak to me very respectfully, and always knock and shout out before they come in." And, "They do respect my privacy, they will make sure curtains are closed when I get washed and dressed."
- The care and support people received supported them to maintain independence and remain living at home. People told us, "Yes they do encourage me to move around and make sure I am safe," and "I am an independent person and do a lot for myself. It is just re-assuring they pop in to check on me."

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

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or concerns raised.
- People knew how to raise complaints and had been provided with complaints information when they started to use the service. People told us, "I would ring the manager if I was not happy with anything."
- Some people were not happy with how complaints had been responded to. One person told us, "I have spoken to them about the carers not having enough time to do everything, but nothing changes."
- The provider told us in May 2019 they became aware that several complaints had not been recorded or responded to by the registered manager. They had tried to redress this and had contacted the local authority about concerns received so they could follow these up.
- The complaints folder contained three complaints since March 2019. There was information about the complaint and statements from staff where necessary. However, there was no information about the outcome of the investigations or any actions taken and no evidence of a response to the complainant.
- There was no index at the front of the folder to identify how many complaints had been received or to provide an overview of the nature of the complaint.
- The provider told us people had lost confidence in raising concerns about the service as "nothing happened", but people were regaining confidence and trust in them again.

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

- People's care and support was planned with them when they started using the service. This included agreement of the times their calls were to be provided.
- Some people had experienced late calls and told us staff did not always stay the full time allocated. A relative told us, "We do have an issue with the time, not so much being late but the length of time they stay. It should be 45 minutes in the morning and it is usually between 15 to 20 minutes. It is not long enough to do everything (person) needs, to wake and get going before they start."
- The provider was in the process of reviewing and rescheduling calls to people to ensure people's needs were met.
- People were visited by regular care staff who knew how they liked their care provided. Comments from people included, "Yes they are generally the same team. I know them all," and, "Yes (person) has built a good relationship up with the regular ones, they all get on very well."
- Some people told us staff had time to sit and talk with them. For example, "They often sit and chat for a few minutes and I do appreciate that, it helps pass the day."
- People had care plans in their home for staff to follow.
- We reviewed five people's care records that included care plans and risk management plans.

- Plans provided staff with information about the tasks required on each call but were not very personalised and some plans had not been dated. The manager told us this was being addressed as people's care was reviewed.

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.

- The provider was meeting the AIS standards. Information was available in different formats, such as large print if required.

End of life care and support

- At the time of this inspection no one supported by the service was at the end stage of life.
- Care records contained information about people's end of life wishes, if they chose to share it.

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 now deteriorated to 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: 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

- In the past 12 months we had received concerns about the service. These related to late or missed calls, the standard of care provided and management of the service.
- We shared the complaints with the local authority who contract with the service and where appropriate referred them to the registered manager or provider to investigate.
- We reviewed the action taken by the provider during this inspection.
- The provider had taken time away from the service from December 2018 returning in May 2019 due to personal circumstances. They acknowledged during this time they had lost oversight of the service.
- On their return they identified policies and procedures had not been followed, complaints had not been recorded or investigated, staff call schedules were not effective and quality monitoring processes not implemented.
- The registered manager left the service in June 2019. Other members of the management team and some care staff also left the service at that time.
- At the time of this inspection a new management team was in place.
- A manager had been appointed who was in the process of registering with us. It is a condition of the providers registration to have a registered manager for Aroma Care People Ltd.
- A care co-ordinator and compliance manager had also been recruited.
- There were procedures in place to review the quality of the service, but these were not always effective or consistently implemented. For example, records returned to the office were checked for errors and compliance. Where audit forms had identified issues, the 'action taken' on the audit had not been completed.
- There was no clear analysis of accidents and incidents, safeguarding, or complaints to show patterns and trends so the provider had an overview and could monitor concerns and act upon these.
- The provider had implemented an electronic system to improve call scheduling, which also monitored the time staff arrived and left people's homes. However, care staff were not routinely logging in and out of people's homes, so this could not be monitored effectively by the office. For example, week beginning 9 September 2019 one person had 24 planned calls but only four had been electronically recorded.
- Staff had been reminded to use the electronic system and the managers were confident staff compliance

for logging in and out of calls would improve within the next week.

- The provider had an action plan from the local authority to drive forward improvements in the service.
- The provider shared a copy of the action plan with us. They told us, "The visit focused on client satisfaction and safety (timing of visits). People now have consistency of care staff, staff have regular days off, and 60% of calls are now running as expected."
- The provider estimated it would take three months for the improvements to be fully implemented and in-bedded in their systems.
- The provider understood their regulatory responsibilities, such as, what they needed to notify us about and displaying their ratings as required.
- The provider had recently employed an external auditor to carry out an annual audit of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the care provided they told us, "I think it is well managed," and "I am happy with them. They are all very pleasant and we get on well."
- Staff felt supported in their role and received regular individual meetings and observations of their practice to make sure they worked in line with the provider's policies.
- There was an 'on call' system at evenings and weekends so staff working outside office hours always had access to support and advice. Staff told us the 'out of hours' worked well.
- People were provided with telephone numbers, so they could contact the office staff if they needed to.
- People could not remember being asked for their opinions of the service. The provider told us they did make satisfaction phone calls to people and this process has been increased recently to gain people's feedback. The provider had a procedure to send surveys to people, but these had not been sent out in the last 12 months.

Working in partnership with others

- The service worked in partnership with other organisations and health professionals to support the needs of people and keep up to date with current best practice.