

Aroma Care People Ltd

# Aroma Care People Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Aroma Care People Ltd is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. At the time of this inspection 93 people 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.

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

The provider needed to take more action to ensure all aspects of the service provided to people were safe. Whilst some action had been taken to improve safety in the months prior to our inspection this had not resulted in enough improvement being made. That meant more lessons needed to be learned.

Staff knew how to provide people's care safely. However, known risks associated with providing people's care had not always been assessed. Care records lacked the necessary information to help staff manage and mitigate some individual risks. Whilst people told us they received their medicines when they needed them, the safety of medicines management needed to be improved.

Managerial oversight and the providers systems to check the quality and safety of the service needed to be strengthened. Completed audits and checks had not identified the shortfalls we found. The management team understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection and took action in response to our feedback.

Staff were recruited safely, and people received their care from familiar staff. However, some feedback indicated people's care calls were shorter than they should be and did not always take place when people expected. Records we reviewed confirmed this. Action was being taken to address this.

People felt safe with the staff who provided their care and the providers safeguarding systems protected them from harm. Staff had completed safeguarding training and knew how to raise a concern if they thought someone was at risk.

People felt listened to and they were involved in an assessment of their needs prior to them receiving care and support to make sure their needs could be met. The service worked in partnership with other agencies to ensure people received the care and support, they needed to live healthy lives. People were supported to maintain a balanced diet and staff knew what people liked to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt appreciated and enjoyed their jobs. They spoke positively about their induction, their training and

the ongoing support they received from their managers to carry out their roles.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 30 June 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We have identified breaches in relation to the safety and governance of the service at this inspection. 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 3 inspectors and 2 experts 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.

#### 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the registered manager 24 hours' notice of the inspection. This was because we needed to be sure that they or the provider would be in the office to support the inspection visit. Inspection activity started on 29 November 2022 and ended on 02 December 2022. We visited the provider's office on 30 November 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We gathered feedback from local authority commissioners who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people and 5 people's relatives via the telephone to gather their feedback about the care and support provided. We spoke with the registered manager, the deputy manager, the referrals manager, the care coordinator, 2 care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 7 people's care records and 8 people's medication records, staff training data, some policies and procedures and a range of records relating to the management of the service. We reviewed the recruitment records of 3 staff to check they had been recruited safely.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Learning lessons when things go wrong

- Risk management required improvement. 4 people had urinary catheters, but their care records lacked the information staff needed to help them identify and manage associated risks. For example, catheter blockages which can cause pain and lead to infections. One person was known to pull their catheter tube out which increased the risk of them developing an infection.
- Risks were not always assessed which put people at risk of receiving unsafe care. Staff assisted 2 people to move around their homes using a piece of equipment, but the risks associated with the use of that equipment had not been assessed. That meant instructions for staff to follow to help them complete the task safely were not in place.
- Risk assessments contained generic information that was not personalised to help staff manage individual risks. For example, moving and handling risk assessments for 3 people instructed staff to 'ensure bed rails were in the correct position.' The correct position for each person's bed was not documented within the assessment.
- More needed to be done to ensure all aspects of the service provided was safe. Lessons had not been learned and opportunities to make improvements had been missed. For example, local authority commissioners had brought similar risk management concerns to the providers' attention for them to address in the months prior to our inspection.

Risks associated with service users' care and treatment were not always assessed and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the management team took action to improve safety. This included assessing known risks and adding further information to people's care records to ensure their needs were met.
- Despite shortfalls in records staff spoken with told us how they cared for people safely. They provided examples of how they used equipment to assist people to move and explained what they would do if they identified concerns with people's urinary catheters.
- Staff had reported accidents and incidents to their managers in line with the providers' expectations. Completed records were reviewed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

Using medicines safely

- The management of medicines required improvement. Some medicines had not been administered in line with prescribing instructions and best practice which was unsafe.

- Completed medicine records showed staff had administered doses of paracetamol to 3 people too close together. 1 person's records confirmed that had happened on 30 occasions in the 4 weeks prior to our visit. This was unsafe because a person's health can be harmed if doses of paracetamol are not administered four hours apart.
- Staff administered 1 person's medicine daily through a patch applied to their skin. Records were not maintained to ensure the patches were applied to different areas of the person's body in line with national medicines guidance. This is important because applying the patches in the same place on the body can cause skin irritation.
- Protocols to inform staff when medicines prescribed 'as required' needed to be administered for 2 people were not in place prior to our visit. That meant those people could have been given too much or not enough of their medicine.

Systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit action was taken to improve medicines safety. This included changing 2 people's call times to ensure paracetamol was administered in line with prescribing instructions.
- People told us they received their medicines when they needed them. Comments included, "They (staff) do medicines correctly," and, "No worries about medicines." Relatives shared that viewpoint.
- Staff spoke positively about their medicines training. One staff member said, "I did my training and my practice was checked."

#### Staffing and recruitment

- People confirmed they did receive their care calls, but their feedback indicated some levels of dissatisfaction with the time staff arrived and the duration of their call. Comments included, "I do not always get the 30 minutes support I should. It's more like 10 minutes, but they (staff) do arrive more or less on time." and, "Mostly they are on time but sometimes they come too early for an evening call."
- An electronic system monitored the times staff arrived and left people's homes and care call records showed some calls had not taken place at the scheduled time. The registered manager told us some people's call times had recently been changed to reflect their wishes and the care coordinator was in the process of updating the system to ensure it was an accurate reflection of the service provided.
- Staff told us they had enough time to provide the care people needed. One care worker commented, "We don't rush people, we stay as long as it takes."
- Staff were recruited safely. Completed recruitment checks ensured staff working at the service were suitable. References had been obtained and Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff. Comments included, "I feel safe as I get on well with them, we have a laugh. I know them," and, "I have been with them for 16 months. I am safe as the care is exemplary." A relative commented, "Mum is very happy with the care she gets. She feels safe with the carers and she has been with the company for several years."
- Effective safeguarding procedures were in place and the management team understood their responsibilities to keep people safe. Information about safeguarding concerns had been shared with us (CQC) as required.
- Staff had received safeguarding training and knew how to raise a safeguarding concern. One staff member



told us, "If I saw a bruise it could be a safeguarding issue. We stay alert to things like that. I would document it and report it to the office."

#### Preventing and controlling infection

- Feedback from people and their relatives confirmed staff followed safe infection prevention and control practice in their homes. One person said, "No problems. My carers wear gloves, aprons and face masks."
- Staff completed infection prevention and control training and understood their responsibilities in relation to this. One care worker said, "I did the training about infection control when I started. It's all safe, we wash our hands, wear gloves, aprons and masks."

# 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 our inspection in 2019 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider was working within the requirements of the MCA. Mental capacity assessments had been completed to determine whether or not people had capacity to make particular decisions about their care. This showed improvement had been made in this area.
- People confirmed staff gained their consent before they provided them with assistance which meant people had choice and control of their lives.
- Staff had completed MCA training to help them understand the principles of the Act.

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

- People's needs were assessed prior to them receiving care and support. Completing the assessments ensured their needs and expectations could be met by the service. When discussing the assessments, the referrals manager said, "The person is involved. They are asked about their care needs and how they wish for it to be delivered." Feedback from people and their relatives confirmed that happened.
- Protected characteristics under the Equality Act were considered during the assessments. For example, people had been asked about their preference of either male or female care workers. Feedback confirmed people's preferences were respected.

Staff support: induction, training, skills and experience

- 9 out of 10 people had confidence in the ability of staff to deliver care effectively. 1 person said, "They (staff) know what to do, they get to know you properly. I get the same ones, so we get into a routine which is

good." Another told us, "I think 1 or 2 are well trained. Others not so, I think they need a bit more training."

- Relatives told us new staff shadowed more experienced staff which helped them to get to know and meet their family member's needs. One relative said, "I have witnessed staff being trained. They talk to Mum; they show interest."
- Staff training was up to date spoke positively about their training. They developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme to deliver care effectively.
- Staff attended 1 to 1 meetings with their managers to help guide them with their work and continually improve their practices. 1 staff member commented, "(Deputy manager) is very honest with me. If I need to do something better, they tell me. It encourages me to do the best job that I can."

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

- People were supported to eat and drink if this was part of their planned care. 1 person said, "Carers heat things up in the microwave and they make me drinks. Sometimes they pop up the road and to get me fish and chips."
- Some staff had received specialist training to help them support people to eat and drink enough to maintain their health. For example, they supported 1 person to receive some of their nutrition through a feeding tube.
- Discussion with staff confirmed they knew what people liked to eat and drink and their preferred mealtime routines.

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

- People told us staff had supported them to access timely healthcare when needed. One person explained they had fallen over, and a staff member had stayed with them and had sought the emergency treatment they had needed.
- Staff worked in partnership with health and social care professionals to ensure positive outcomes were achieved. For example, the referrals manager had liaised with hospital staff to ensure the equipment a person needed was in place following their discharge from hospital.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- The provider had not sustained some of the improvements they had made at our last inspection and the managerial oversight of the service needed to be improved to demonstrate compliance with regulatory requirements.
- Opportunities to make improvements and learn lessons had been missed. For example, the actions taken by the provider to address similar risk management concerns raised by the local authority in the months prior to this inspection had not been effective.
- The providers auditing systems needed to be strengthened to ensure they were always operated effectively. For example, weekly medicine audits had not identified the issues we found which placed people at risk of receiving unsafe care.
- Processes to audit care records had failed to identify they lacked personalised information to help staff manage risks and some risks associated with people's care and support had not been assessed.

The provider had failed to ensure their systems and processes were operated effectively and accurate and complete records in respect of each person were not maintained. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback the management team told us they would take action to make the necessary improvements. Information we received following our visit confirmed some action had been taken and further action was planned. Action taken included strengthening and improving the process for checking medicines.
- People told us staff who provided their care were observed by a member of the management team to ensure they were competent to carry out their roles. 1 staff member said, "Having the checks helps me to improve and makes sure I know what is expected of me."
- The registered manager demonstrated their commitment to continually improving outcomes for people and told us how they kept their skills and knowledge up to date. This included attending registered manager forums which they described as 'helpful and informative'. They also met with other managers within the provider group each week to share best practice.
- We had been notified about important events and incidents that occurred at the service in a timely way and the rating of the last inspection was displayed at the office as required by the regulations.
- Regular team meetings were held. Meetings were used as an opportunity to discuss changes to the

service, reflect on best practice and ensure staff were aware of the providers expectations.

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

- 2 people told us aspects of their service could be improved. 1 person said, "Overall its good but it would be improved if I was notified if my calls are going to be late." Another person told us, "The timing of my visits is not good, they don't always match what I requested." Action was being taken to address this.
- 7 people spoke positively about the leadership of the service and told us they would recommend the service to others. Comments included, "I feel the service runs well. I get the same carers each day," and, "I feel the service is well managed. They phone me up to see if I am happy with the care I get about once a month."
- People felt listened to and their feedback was gathered in a variety of ways. 1 person explained following their request a new staff member was allocated to provide their care call. They went on to say, "I phone (referrals manager) if I have any problems. They would sort it for me."
- Analysis of completed quality questionnaires demonstrated high levels of satisfaction. For example, in May and September 2022 more than 3 quarters of people had been very satisfied with their care.
- Staff enjoyed their jobs and felt supported by their managers. 1 staff member commented, "The managers, have helped me to flourish and grow."
- The provider recognised and thanked staff for their hard work. An 'employee of the month' scheme was in operation and the staff member who had won the award in October 2022 had done so for their dedication and commitment. The staff member told us receiving the award had made them feel special and appreciated.

Working in partnership with others

- The management team worked in partnership with other organisations including occupational therapists and social workers to support people to stay healthy and well.
- The provider was in the process of completing a national training programme to improve end of life care to people living in their own homes. An aim of the training is to improve the coordination and collaboration between care agencies and health professional to ensure people receive high quality care at the end stages of their lives.

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 management team welcomed our inspection. They understood their responsibility to be open and honest when things had gone wrong. Apologies were made to people when needed and learning from complaints had been shared with staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment  12(1)(2)(a)(b)(g) Systems and processes were not sufficient to demonstrate risks were assessed and mitigated. Systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17(1)(2)(a)(b)(c) Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Accurate and up to date records in respect of each service user were not maintained.