

Aroma Care People Ltd

# Aroma Care People Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was the first inspection of the service following its registration with us in November 2015.

Aroma Care People Ltd. is registered to provide personal care to people in their own homes. At the time of this inspection the service supported 45 people with personal care and employed 17 care staff.

The office visit took place on 13 June 2017 and was announced. We told the provider before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post 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 and associated Regulations about how the service is run. The registered manager was also the provider of the service.

People said they felt safe using the service and staff understood how to keep people safe and protect people from abuse. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. The suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

The managers and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions people made about their care and gained people's consent before they provided personal care.

There were enough staff to provide the care and support people required. People told us staff were friendly and caring and had the right skills to provide the care they required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively.

People said staff arrived around the time expected and stayed long enough to provide the care they required. People said they received care from staff they knew. Care staff understood people's needs and abilities as they visited the same people regularly and had time to get to know people and read their care plans. Care plans provided guidance for staff about people's care needs and instructions of what they needed to do on each call.

Staff felt supported to do their work effectively and said the managers were approachable and knowledgeable. There was an 'out of hours' on call system, which ensured management support and advice was always available for staff.

People knew how to complain and information about making a complaint was available for people. People and staff said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

The provider's quality monitoring system included asking people for their views about the quality of the service. This was through telephone conversations, visits to review people's care and satisfaction questionnaires. The management team checked people received the care they needed by reviewing people's care records and through feedback from people and staff. There was a programme of other checks and audits which the provider used to monitor and improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their responsibility to keep people safe and to report any suspected abuse. People received support from staff who understood the risks identified with their care and knew how to support people safely. People felt safe with staff, and there were enough staff to provide the support people required. The provider checked the suitability of staff before they were able to work in people's homes. People who required support received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Care staff completed an induction and training to make sure they had the knowledge and skills to deliver effective care to people. The managers understood the principles of the Mental Capacity Act and care staff respected decisions people made about their care. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered were kind and respectful. People said the support they received helped maintain their independence so they could remain at home. People received care and support from staff they were familiar with and who knew them well.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their choices and preferences. Care plans provided staff with the information they needed to provide care safely and effectively. People knew how to complain if they

needed to.

**Is the service well-led?**

**Good** 

The service was well led

People said they were satisfied with the care they received and were able to share their opinion about the service provided. Care staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The managers were committed to provide a quality service and there were processes to regularly review the quality of service people received.

# Aroma Care People 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 was 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.

The office visit took place on 13 June 2017 and was announced. We told the provider before the visit we would be coming so they could arrange for us to speak with care staff. The inspection was conducted by one inspector.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us and contacted the local authority commissioners to find out their views of the service provided. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract care and support services paid for by the local authority. The service had recently taken over a contract funded by Gloucestershire County Council. The commissioners said there had been some initial problems with continuity of calls when Aroma Care had taken over the contract, but thought these were 'teething' problems. We were able to review the information shared with us during the inspection.

Before the inspection, the provider completed 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. We reviewed the information in the PIR during the inspection and found it was an accurate assessment of how the service operated.

The provider also sent a list of people who used the service; this was so we could contact people by phone to ask them their views of the service. We spoke with eight people, four people who used the service and four relatives.

During our visit we spoke with two care workers, two field care supervisors, an administrator, the branch manager and the registered manager, who was also the provider for the service. We reviewed five people's care records to see how their care and support was planned and delivered. We checked whether staff had

been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits, minutes of meetings and complaints.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the staff who visited them. People told us, "Yes I feel very safe with my carers," and, "I feel safe and have no worries about the carers who visit me." People told us they would ring the office and speak to any of the management team, if they had concerns about their safety.

People were supported by staff who understood how to protect them from the risk of abuse. The provider had a safeguarding policy and procedure to guide staff on how to protect people from harm. This included safeguarding training for staff so they knew how to protect people from abuse. Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. They understood the type of concern they should report and how to report it. For example, they told us this could include unexplained bruises on people, changes in their behaviour, and how they would be concerned if people did not have enough food in their home. One staff member told us, "I know what to look out for, and would make sure any concerns were recorded and reported to the office." Another said, "Protecting people is also about making sure they receive their care, meals and medicines at the correct times." Staff were confident any concerns they reported would be acted on by the managers. The managers understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

Care staff were aware of their duty to 'blow the whistle' about any concerns or incidents of poor practice. They told us they would report issues of potential concern to the managers and that appropriate action would be taken. The provider had a whistleblowing policy and procedure to support staff share their concerns about other staff's practice in confidence.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. Relatives told us staff knew how to move people safely. Comments included, "[Name] has a hoist which the carers use. They know what they are doing and how to use it." Where people were identified at risk of skin damage due to poor mobility, care plans instructed staff to check skin for changes, and report any concerns to the office staff or the district nurse if there was one involved. Medication records showed staff applied protective creams to prevent skin damage when prescribed.

The provider followed safe recruitment procedures to ensure staff were appropriately checked before offers of employment were made. These included checks on, personal identity, past work experience as well as references from previous employers, and clearance from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. Care staff told us they were not allowed to start work until their references and DBS check had been received.

The managers told us there was enough staff to allocate all the calls people required. All the staff we spoke with confirmed there were enough staff and that they were not asked to cover additional calls to people



unless staff were off at short notice. Staff said they had weekly rotas that informed them the people they would be visiting and the time they should arrive. Staff said calls to people remained the same on their rotas to ensure continuity of care.

The provider had an out of hour's on-call system to support staff when the office was closed. One staff member told us, "I have used the on call, it works well." This gave staff reassurance there was always someone available if they needed support.

Care staff were issued with identity badges and uniforms for use when attending people's homes so people could be reassured they were Aroma Care staff. Staff were also provided with personal protective equipment, such as aprons and gloves to enable them to promote positive infection control measures.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, they told us their medicines and creams were administered as prescribed. Comments from people included, "I do that myself, but they always ask if I have taken them in case I forget." and "They never forget to give me my tablets"

Staff told us, and records confirmed; they had received training to administer medicines and had been assessed as competent to give medicines safely. Staff we spoke with were confident they knew what to do. They said they checked medicines against a medicine administration record (MAR), recorded in people's records that medicines had been given and signed to confirm this on the MAR.

MARs were checked by staff during visits to people to make sure they had been completed correctly. In addition spot checks were carried out by field supervisors and completed MARs charts were returned to the office monthly to be checked for any errors. The completed MARs we looked at in the office had been accurately signed and dated by staff when medicines were administered.

## Is the service effective?

### Our findings

People told us care staff had the right skills and knowledge to provide the care and support they needed. One person said, "They know what they are doing. I think they are definitely well trained."

Care staff completed a range of training to make sure they had the right skills to meet the needs of people who used the service. Newly recruited staff undertook an induction that was linked to the Care Certificate. (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.) Staff training records contained evidence of completed courses including, safe handling and administration of medicines, moving and handling people, emergency first aid, health and safety, and infection control. Staff were positive about the training they received, one staff told us, "I think it is good quality training. It gives you the skills to carry out your work." Staff were supported by the provider to undertake a vocational qualification in social care, to enhance their knowledge and skills.

Care staff confirmed they received supervision (one to one meetings) with a manager and had direct observations of their practice, 'spot checks', to make sure they put their training into practice. A staff member told us about their 'spot checks', "You never know when they are coming. They will check how you do the job to see if you do things correctly. They watch how you use a hoist to move people, and give medicines. They check your appearance to make sure you are wearing the correct uniform and that you use disposable gloves and aprons for infection control." Care staff told us one to one meetings with a manager were used as an opportunity to discuss the support they provided for people, together with any training requirements.

People told us they had been involved in decisions concerning their support to ensure they were in agreement with how this was delivered. People's care plans had been signed to demonstrate their agreement and consent to their support. Care staff confirmed they understood the importance of gaining agreement from people about their support.

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.

We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the MCA. They told us some people lacked capacity to make certain decisions but all had somebody who could support them to make these decisions in their best interest, for example a relative. The managers told us about one person who had fluctuating capacity to make decisions about their care, and that a best interest meeting had been arranged by the local authority to make sure they had the correct support to make decisions.

Staff completed training in the MCA and staff we spoke with knew the MCA was about decision making and

that they should seek people's consent before providing care. A staff member told us, "MCA is for people who cannot decide by themselves and need support to make choices. Everyone I visit can make decisions about their daily routines." People confirmed staff made sure they were in agreement before commencing care. One person told us, "Yes they do ask if it is alright with me before they do anything."

People who required assistance with meals and drinks were supported to have sufficient to eat and drink. Most people we spoke with were able to prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals were satisfied with the service they received.

All the people we spoke with arranged their own health appointments or had family who supported them to do this. Staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor and call the GP. They would also inform the family and contact the office staff to let them know, so they could follow this up if needed. Records showed health professionals such as GPs and district nurses were consulted where concerns had been identified.

## Is the service caring?

### Our findings

People said care staff were considerate, kind and treated them with dignity and respect. One person said, "They [care staff] are wonderful girls, they are so lovely and always have a smile." Another said, "They are the most caring people you could ever meet." A relative told us, "They [care staff] are like friends. They are particularly polite and communicate well."

Care staff told us they generally provided support to the same people to enable continuity of care to be delivered. Care staff we spoke with were familiar with people's preferences and how their support should be delivered. Staff understood the importance of maintaining people's dignity. Comments from staff included, "When I am giving personal care I always make sure they are covered up as much as possible."

Field care supervisors who carried out observations of care staff in people's homes told us as part of their observations they watched how staff communicated with people and if they were respectful. During the visit they would ask the person if they were satisfied with how the call was carried out, and if they were happy with their care worker.

Most people we spoke with said their care was provided by staff that they knew and liked. People told us, "Yes I know the carers that call, we have settled into a routine now," and, "I have regular care workers. One lady visits me 90% of the time, I get on particular well with her." Staff said they visited the same people regularly and had the opportunity to form friendships with people and their families.

One staff member told us they thought the service was caring of people because they tried, "To do the best we can for people and to do what the person wants."

Staff said they had sufficient time allocated to people's care calls and did not have to rush. One staff member told us, "I always have time to read the care plan, even though I visit the same people and know how they like things done, I still ask. We have a chat and joke. I like to make them feel as comfortable as possible." People confirmed staff did not rush and said staff had time to sit and chat. One person told us, "They are extremely nice people and very helpful." A staff member told us, "No we don't have to rush. I am a talkative person so like to talk; we have a chat and a sing together while we are doing care."

Staff enjoyed their work and thought the management team were caring and valued staff. A staff member told us, "I think they value me and what I do."

Staff we spoke with said the provider was "a very caring person." The branch manager told us that staff who worked for the previous provider had their accommodation linked to their contract of employment and had lease cars so they could travel to people living in rural areas as there was no public transport. We were told the provider of Aroma Care had provided practical help and support to staff so this could continue.

Staff understood the importance of maintaining confidentiality and said they would not discuss personal information with someone unless the person was authorised for them to share it with. Care records at the

office were kept safe and secure.

## Is the service responsive?

### Our findings

People told us they had been involved in planning their care and had participated in decisions concerning their support. They told us the managers and staff listened to them and understood their individual needs.

People and their relatives told us care was now provided by regular care staff that they knew. Comments from people included, "I usually know them all now, we have settled into a pattern." We were told, when Aroma Care first took over from the previous care provider, people's calls had not been as consistent as they would have liked. However, people told us this had improved recently and they now had care staff that they knew. One person told us, "We did have a bit of a rocky start but it works like clockwork now." A relative told us their family member had Alzheimer's and that continuity of care workers was important to them, "We only have two care workers, they are wonderful with her, very compassionate."

Care staff we spoke with had a good understanding of people's care and support needs. Care staff told us, "I visit the same people every day so I know how they like things done." And, "I have time to sit and talk with people, that way you find out a lot about people and their lives." The registered manager told us, "I do calls to people. I am in the field a lot so I am getting to know people really well. This helps when staff are talking about people as I know who they are, and what their care needs are." We looked at the call schedules for four people who used the service and the rotas for staff that visited them. These confirmed people were allocated regular care staff at consistent times, where possible.

We looked at five people's care records. Assessments of people's support had been carried out when they began using Aroma Care. Care plans had been developed from people's assessments and covered a range of people's needs and abilities to support them with their daily living. Plans provided care staff with information about the person's personal history and their individual preferences. Plans were based on the person and how they wanted their care provided, for example, "I would like staff to ...." People we spoke with said they had a care plan in their home for staff to follow.

A copy of the person's care plan was kept at Aroma Care office and contained details about the person's care needs and how the person wanted to receive their care. Care staff said there was enough information in care plans to inform them what to do on each call. One staff member told us, "Everything is in the care plan. What we need to do step by step, from saying hello to the person, to signing the communication book before you leave." People we spoke with said care staff completed everything that was recorded in their care plan. Care staff told us they reported changes about people's needs and conditions to the office staff, so that people could be reassessed and additional time could be arranged for visits if this was needed.

The branch manager told us initially when people transferred to Aroma Care they were not as happy with their calls times and consistency of staff as with the previous agency. They said, "We needed to explain to people that staff cannot work 17 hours a day, as some were doing, and they need to have a break. So we now have a team of eight care workers going into 'double up calls' (where two care staff are required to provide the care) so we can provide care safely and consistently."

We looked at how complaints were managed by the provider. People we spoke with said they had complaints information in their home. A relative told us, "I have complaints information if I need it but I am happy with everything. People told us they would phone the office if they had any concerns. One person told us, "I made a complaint about a missed call a few weeks ago. I wasn't totally happy with the investigation but it was resolved and I have had no further concerns." A relative said, "I did make complaints to start with about call times and inconsistency of care staff, they listened to me and took action to improve this."

Care staff knew how to support people if they wanted to complain. We were told, "There is information in the folders in people's homes. It tells them exactly who to complain to." Another said, "People have the phone number and know they can phone the office at any time. There is also complaints information if they need it." We looked at the record of complaints. The managers had responded to formal complaints and other concerns and provided written responses to people with an outcome of their investigation.

# Is the service well-led?

## Our findings

People and relatives we spoke with said they were happy with the service they received. Comments included, "I am perfectly happy with the service, no complaints at all." And, "It's working really well now, I couldn't ask for nicer care staff."

The registered manager, who was also the provider of the service, understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and had submitted a provider information return, (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

The registered manager was supported by a management team that consisted of a branch manager who was experienced in providing domiciliary care, two field supervisors and two administrators. Care staff told us that management was approachable and knowledgeable if they needed advice.

Care staff felt well supported by the managers, they understood their roles and responsibilities and what was expected of them. Staff had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely.

Care staff said communication from the office worked well and that they were able to speak with the managers about any issues connected with work or of a personal nature. Staff said, meetings were held to keep them informed of any changes in policies and procedures and they had the opportunity to share their views and opinions during meetings. A staff member told us, "We talk about any problems; you can be honest about everything."

Staff knew who to report concerns to, one care worker told us, "If I had any concerns about anything I would contact the office and let them know." Care staff were confident action would be taken if they reported any concerns to the office staff. People told us they were able to contact the office "at any time" comments included, "We know how to contact the office if The provider and management team operated an 'open door' policy where staff could call into the office at any time.

There was also an 'on call' telephone number staff could contact 24/7 to speak with a manager if they needed to. This provided staff with leadership advice whenever they needed it. Following a complaint about call times the provider had implemented additional monitoring of 'out of hour' calls that diverted to an answer phone. This was to make sure any telephone calls that were not answered directly were recorded and responded to. The on call system would send an email to the provider to let them know a message had been left and what the call was about.

People told us they were happy with the service they received and some people told us they had recently completed a satisfaction survey sent by the provider. We looked at a sample of surveys returned to the office in June 2017. People were satisfied with the service, comments included, "Staff are, first class, very happy with the service., and, "I think the carers try very hard and are very, very good."



Care staff said they enjoyed working for Aroma Care and that it was managed well. One staff member told us, "They are a good company and the clients [people who use the service] are happy." A field supervisor told us, "They try hard to provide consistency of staff so they can build up relationships and friendships with people."

None of the care staff we spoke with could think of anything about the service that could be improved. Comments included, "I am really pleased with everything here." Another said, "It's a new service and they are trying to do their best."

The provider had procedures to monitor the effectiveness and quality of the service. The managers undertook regular checks of the quality of the service. When people's daily records were returned to the office, they checked records matched the care plans and that people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. The managers held regular management meetings and field supervisor meetings to review the service and discuss any problems.

The senior staff spoke well of the registered manager. They told us they were very supportive and kept them informed. The branch manager told us, "[Registered manager] is open and honest, and discusses everything with me. He would never expect me to do anything he wouldn't do himself."

The managers told us they were always looking for ways to improve the service. They told us they planned to implement an electronic call monitoring system in July 2017 to minimise the risk of late or missed calls as they would be able to monitor calls and make sure staff were in the right place at the right time.

The managers told us, "We are not looking at expanding at the moment. We are having a period of consolidation as it has been hectic transitioning people from their previous agency to Aroma Care. We need to make sure everything is working right before taking on any more people."

We found office files were well organised and all the documents we requested to see were made available to us.