

Aroma Care People Ltd

Aroma Care Northampton

Inspection report

Brook House
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Tel: 01604926066

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Aroma Care is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. At the time of the inspection there were 115 people receiving personal care and support.

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

Quality monitoring checks lacked details about the areas of concern and there was no action plan in place to monitor planned improvements. . We continued to receive concerns from some people and relatives that communication was not always effective. Following our feedback to the registered manager they informed us they had a meeting with staff and put plans in place to improve communication with people.

Improvements had been made to accident and incident reporting so action could be taken to promote people's safety. However, systems in place to learn lessons when things went wrong needed to be strengthened.

Improvements had been made to the systems and processes in place to seek people's views. We were unable to find a record of any actions taken as a result of people's feedback. The provider had made improvements to how they responded to complaints. People we spoke with were happy with how their complaints or concerns had been dealt with.

Improvements had been made to the risk management systems to ensure staff worked safely with people and understood what risks may be present in their lives. We found the systems and processes for administering people's medicines had been improved. Staff administered people's medicines safely and quality checks of medicines were undertaken.

The provider had made improvements to their recruitment procedures to ensure people were protected from staff that may not be suitable to support them. Improvements had been made to the timings and consistency of people's calls to ensure they received their care when they needed it from staff that knew them.

Infection control measures were robustly followed, and staff had access to sufficient PPE.

People received safe care and support from staff. Staff understood safeguarding procedures and were confident in reporting any concerns.

People were consulted about their care before the services were provided. Staff received appropriate training for their roles and people felt staff had good knowledge and skills. People's care plans included all information needed to support people safely and in accordance with their wishes and preferences. Staff had received an induction into their role and the management team monitored this to ensure training remained up to date.

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.

People told us they were treated with kindness and compassion and their privacy was respected. They told us they were fully involved in the care planning and reviews of their care.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 26 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aroma Care on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Northampton

Detailed findings

Background to this 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 carried out by two inspectors and two 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 and specialist housing.

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

This inspection was unannounced.

Inspection activity started on 13 July 2022 and ended on 14 July 2022. We visited the location's office on 13 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service about their experience of the care provided and eight relatives. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had discussions with three staff on site that included the administrator, a senior carer and a care and support worker new to the service. We contacted 27 care and support staff via email for feedback and received responses from five staff members.

We reviewed a range of records. This included six people's care records and numerous medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance documents, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at four complete case files for people using the service, a further care plan and associated risk assessments, the staff training matrix and governance information.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and to ensure the safe and proper management of medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Improvements had been made to the risk management systems to ensure staff worked safely with people and understood what risks may be present in their lives. For example, we saw risk assessments in place for the use of hoists and moving and handling needs, nutrition, health needs and medication.
- Environmental risk assessments were completed. These reviewed potential risks within people's homes to ensure people and staff were safe.
- Improvements had been made to the processes in place for the safe administration of people's medicines. Staff administered people's medicines safely and quality checks of medicines were undertaken. However, these needed to be strengthened to include the actions taken where areas for improvement had been identified.
- Improvements had been made to accident and incident reporting so action could be taken to promote people's safety. However, the systems in place to learn lessons when things went wrong needed to be strengthened. The registered manager said they shared learning with staff from accidents and incidents and they would introduce a formal system to record any lessons learned.

At our last inspection the provider had failed to ensure that people received timely and consistent care. This was a breach of Regulation 18 (Staffing) Safe Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvement had been made and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- The provider had made improvements to their recruitment procedures to ensure people were protected from staff that may not be suitable to support them. All staff files we looked at contained the necessary employment checks.
- Improvements had been made to ensure people received more consistency of staff. A relative told us, "We usually have the same two people. The consistency of the carers is brilliant". Other comments included, "I

have the same carer, when possible, I much prefer that." And, "At the moment we just have one carer. We have good continuity."

- Improvements had been made to the timings of people's calls and most people told us they were happy with the time of their calls. A relative commented, "Timekeeping is always good. I as a relative was going to contact the office to tell them how happy we were."
- One person told us there had been problems with the timings of their calls. They told us they had raised this with the management who were working to resolve the issues.
- Most staff told us they felt staffing numbers were sufficient to meet the needs of people using the service. One said, "Staffing is good. I don't have to rush." However, one staff member said their care runs were not geographically arranged so they had a lot of travel time and were often late.
- We tracked the care calls for people to check they were receiving the time allocated to their care. We found that on some occasions staff did not stay for the allotted time. However, people we spoke with told us staff never left before the completed all the task required and this did not affect their care. One person commented, "They don't always stay for the full time, but they do all that they need to do before they go. I don't mind at all."

Systems and processes to safeguard people from the risk of abuse

- People were positive about the staff that supported them, and they told us they felt safe when they were receiving care. One person said, "The company is keeping me safe by wearing masks." A relative commented, "Two staff come each time to hoist my [family member]. They feel safe with them doing this."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew how to report concerns.
- There were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 last comprehensive inspection, 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
Supporting people to eat and drink enough to maintain a balanced diet

- People's physical, social and wellbeing needs were assessed before they started to receive care from the service. Where appropriate, their relatives were involved in developing their plans of care.
- People were supported with food and drinks. People's needs in relation to eating and drinking had been assessed and information was available to staff included people's dietary likes and dislikes.
- Care plans documented any support people required with food. For example, one person was at risk of forgetting to prepare and eat their meals. Staff were guided to support the person to do this ensuring they were able to do as much as possible themselves.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One person told us, "I think the carers have the right amount of training to carry out my care successfully" A relative said, "The carers are well trained, and they deal with my [family members] medication in a professional way."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff completed an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, "The induction has been good. It's been helpful shadowing others. I've learned some good approaches."
- Staff told us they were supported through their one to one meetings with a line manager. One told us, "I do have supervision so I can discuss any issues or what training I need."

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

- People were supported to access a range of healthcare services and support. One person told us, "They called the doctor for me when I wasn't feeling well." Another person described how staff had supported them in an emergency situation and then stayed with them until healthcare professionals attended.
- Records showed the service communicated with various professionals, such as mental health services, district nurses and GPs. We saw that recommendations from health professionals were followed.

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.

- People told us that staff always asked for consent before they undertook any task. One said, "They [meaning staff] always ask for my consent before carrying out any specific care."
- Staff confirmed they always obtained consent for people's care and support where possible. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- People's capacity to make their own decisions had been considered as part of the initial and subsequent assessments. At the time of our inspection there was no one subject to a Court of Protection order.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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 felt that staff treated them in a kind and caring manner. One person said, "They take pride in everything they do and are very caring. They [meaning staff] are not rushed and can talk and laugh with me. We have a good banter." Another person commented, "We have a laugh and they are very jolly and lift up my spirits. I can't fault them. They are just like close friends."
- Relatives echoed these sentiments and one relative told us, "I think the carers have a great personality. They are caring, committed and professional." Another said, "They [meaning staff] are always happy to talk if my [family member] needs a chat." They [meaning staff] do it because they care about the welfare of my [family member] not just for the job."
- The provider had an equality and diversity policy in place for staff to follow and staff had received training in equality and diversity. Care plans recorded people's cultural and religious needs where required. For example, in one care plan there was guidance for staff to allow a person time to pray before meals.
- We saw a compliment from a person's relative to thank a staff member who had supported their family member with their diverse cultural needs. It read, "[Staff member] has been able to plan and cook native meals with [person] on their social visits, especially ones that [person] has been craving for a while.' The relative thanked the provider for 'matching [family member] so perfectly with someone who was able to understand their cooking methods and heritage and has taken the time to form bonds with their [family member].'
- We saw a card from a person to thank a staff member for their care and support. It read, '[Name of person] wishes you [name of staff] to accept the enclosed miraculous medal. It is for your kindness, sensitivity, understanding and support.'

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

- People and relatives were involved in planning and reviewing their care when possible. One person told us, "I have a care plan and it gets updated and tweaked to meet my care needs. I have the say as to what goes in it." A relative commented, "They are competent in being able to have an open discussion with us."
- People's communication needs were considered as part of their initial assessment and their care plans described the level of support required to support them to communicate effectively. For example, in one care plan it described the actions staff needed to take to communicate with one person whose first language was not English.
- People could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes. At the time of our inspection there was no one using the services of an advocate.

Respecting and promoting people's privacy, dignity and independence

- We found that people's privacy and dignity was respected. One person said, "They [meaning staff] are very respectful. They respect my wishes, my home and me." A relative commented, "I definitely think the carers respect the property and respect my [family member]."
- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. One person said, "I do my own medicines but the carers double check to make sure it's right. They always try to make sure I am as independent as I can be."
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- People told us that care was personalised to them, and that staff knew them well and understood their needs. One person told us, "I feel the carers know me well enough to know my likes and dislikes." Another said, "The carers know what I need and know what I like."
- Care plans we looked at contained information about people's personal and family history, likes, dislikes, and personal preferences. These were recorded in a 'About me' document which provided staff with personalised information about each individual person they were supporting.
- Staff provided continuity of care and this allowed them to monitor and identified any changes to people's needs. A relative said, "It's important to [family member] that they have the same carers otherwise they become anxious."
- Ongoing monitoring and reviews of people's care were held regularly to ensure people were receiving the right support to meet their needs. A relative commented, "We have a care plan and we recently reviewed it and it actively reflects the care my relative is getting. We were all involved."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required the service provided support for people with social activities. For example, we saw that one person had a staff member who took them out for breakfast or afternoon tea and visits to the garden centre.
- The provider had applied to the Volunteer Passport scheme and the registered manager told us they were now able to recruit volunteers who would be utilised to support people with social calls to reduce social isolation.
- The provider had introduced a fish and chip Friday for anyone wishing to have fish and chips delivered. They also purchased a card and cake for people's birthdays and send flowers for milestone birthdays. We saw pictures of these on the wall in the providers office.

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.

- The provider had considered people's communication needs when they first started using the service. People's care plans contained information about how they communicated, and if any communication aids

were used.

- The registered manager was aware of the need to provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or in larger print.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was accessible to people using the service. One person told us, "I've only ever raised one complaint and that has been resolved now."
- All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care if they wished.
- At the time of our inspection no one was receiving end of life care. The registered manager told us they had signed up to the Gold Standards' Framework End of life care and support for homecare specialism accreditation. This is an evidence-based end of life care service improvement programme to ensure people received the right care and support at the end of their lives.
- As part of the Gold Standards Framework staff will receive end of life training. There was an end of life care policy to ensure staff could support people with their end of life care wishes and needs.

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 Requires Improvement. The rating for this key question has remained 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.

At our last inspection the provider had failed to ensure systems and processes were effective or robust enough to monitor the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvement had been made and the provider was no longer in breach of regulation 17. However, some further improvements were required to ensure the providers governance systems were more robust.

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

- Quality monitoring were carried out regularly but they lacked details about the areas of concern and there was no action plan in place to show what improvements had been made. For example, in one medication audit it recorded that the person had missed their medicines on 27 and 28 February but there was no further explanation, or a record of any action taken.
- In an audit for daily it was found that the wording used was not appropriate and the wrong words for incontinent pads and excrement were used. There was no record of any actions taken to drive improvement. In addition, on the quality audit check there is section for the registered manager to comment. We did not see this completed on any of the audits we looked at.
- We continued to receive concerns from some people and relatives that communication was not effective. One person told us, "They sometimes run late, and I would like to be told of this." Following our feedback to the registered manager they informed us they had a meeting with staff and put plans in place to improve communication with people.
- There was no formal system in place to learn lessons when things went wrong so that improvements could be made and shared with staff. The registered manager told us this was done informally by sharing information with staff in meetings.
- Improvements had been made to the systems and processes in place to seek people's views. We saw that an annual satisfaction survey was sent out to people for their views about their care. One person told us, "I did complete a questionnaire. I was very satisfied with everything." However, we saw some responses where people had recorded 'unsatisfied' as an answer to a question. There was no improvement plan in place to show what actions had been taken to resolve the concerns. The registered manager said they dealt with each concern on an individual basis with the person concerned.

- Improvements had been made to how the provider responded to complaints. People we spoke with were happy with how their complaints or concerns had been dealt with. One person said, "They respond courteously to complaints." We saw that complaints were recorded and investigated in line with the providers policy.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The nominated individual (NI) had registered as manager with the Care Quality Commission since our last inspection. People we spoke with praised the improvements made since the NI had taken over as registered manager. One person said, "I do feel the service has improved a lot over the last few months" Another told us, "We did raise complaints at one point about carers in the past, but since the new management took over its improved a lot."
- We received positive comments about the management of the service. One person told us, "I would rate the running of the service very well. The manager is always on the end of the phone when you need them, and they excel in what they do." Another said, "The management is good. I know who the manager is and they are always on hand to help."
- Improvements had been made to the care planning system and we found they were more detailed and contained personalised information so that staff could provide care and support safely.
- The provider had invested in the service. Information about people's care, staff records, and management information had been transferred to a new electronic care management system. This system meant that the registered manager could have better oversight and monitor the service more effectively and identify trends so action could be taken promptly.

Working in partnership with others; 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; Working in partnership with others

- The provider understood their responsibilities in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm.
- The management and staff team worked in partnership with other professionals and agencies such as the GP, district nurses, occupational therapists and the local authority.