

Aroma Care People Ltd

# Aroma Care Northampton

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Aroma Care Northampton is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, the service was supporting 41 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risk assessments were not always in place to provide information and guidance for staff on the risks associated with people's care and how to mitigate those risks. There was no system in place to review people's care plans, to ensure the information recorded was reflective of people's current needs including identified risks.

People's care plans and risk assessments were not updated following accidents or incidents.

Medication Administration Records (MAR) did not evidence that people had received their medicines as prescribed. The system in place to audit medicines management was not effective and did not identify the concerns found during the inspection.

There was no system in place to monitor staff call schedules to ensure people received the duration of their calls.

People told us they received support from regular carers who were recruited safely. Staff had received training for infection control and understood the personal protective equipment (PPE) requirements when supporting people. People told us staff wore the appropriate PPE.

Staff understood how to recognise and report abuse. People and their relatives told us they felt safe when being supported by staff.

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. However, where a person had been identified as lacking capacity, the provider had not completed mental capacity assessments or best interest discussions as required.

People's needs were assessed before they started using the service to ensure these could be met. However, not all information from the assessments was used to develop care plans and risk assessments to support people's needs. Care plans were not always person centred.

People and their relatives spoke positively about the care and support they received from staff and staff demonstrated they knew people well. Staff completed training relevant for their role which included safeguarding, moving and handling and medication.

The management team and staff worked with health and social care professionals to improve outcomes for people. People told us that they received regular contact from the office and felt confident to raise any concerns or issues

Staff team meetings were not taking place due to the COVID-19 pandemic however, staff received supervision meetings and told us that they had good communication with the manager and other staff members.

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

This service was registered with us on 11 August 2020 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment and management oversight. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Aroma Care Northampton

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 30 March 2021 and ended on 7 April 2021. We visited the office location on 30 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including the provider, manager, compliance manager, senior care workers and care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

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

- Risk assessments were not always in place. For example, people who required support from staff to move with a hoist, did not have a moving and handling risk assessment in place that provided information and guidance for staff on the risks associated with the person's care and how to mitigate those risks. This put people at risk of harm.
- People's care plans and risk assessments were not updated following accidents or incidents. For example, one person had suffered two falls and a falls risk assessment had not been carried out to reduce the risk of further incidents.
- Medication Administration Records (MAR) did not always evidence people had received their medicines as prescribed. For example, one person's MAR detailed that they required two medicines to be administered twice a day. Records showed these were administered once a day. We could not be assured these medicines were being administered as prescribed.
- Systems were in place for staff to notify the management team of medication changes. However, we identified on two occasions, newly prescribed medication had not been added to the MAR therefore, there was no evidence these had been administered as prescribed.
- PRN protocols for 'as required' medicines were not in place and administration of prescribed creams was not always recorded.

We found no evidence that people had been harmed however, the provider had failed to assess all risks to service users and to ensure the safe and proper management of medicines. 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.

Preventing and controlling infection

- The provider had an infection control policy and procedure in place to protect people from the spread of infections. However, this had not been updated to reflect current government guidance in relation to COVID-19.
- Staff had received training for infection control and understood the personal protective equipment (PPE) requirements when supporting people, as per government guidance. One staff member said, "I did infection control training before I started. I had to complete this before I could go to customers. I have lots of gloves, aprons, masks and I have a visor. I use different gloves for different tasks."

- People told us staff wore the appropriate PPE. One person said, "They always come with masks gloves and aprons. They take them off as they leave. When they come in the first thing they do is wash their hands."
- Staff were being tested regularly for COVID-19 to protect themselves and the people they supported.

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

- People and their relatives told us they felt safe. One relative said, "We have a hospital bed, a commode and a hoist and they all seem confident using the equipment which makes us feel safe."
- Systems and processes were in place to protect people from the risk of abuse and we saw evidence of referrals being made to the local authority safeguarding team.
- Staff received training on safeguarding and understood how to recognise and report abuse.

#### Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People told us they received support from regular carers.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- MCA assessments and best interest discussions were not completed by the service for people who were deemed to lack capacity. Following the inspection, the provider advised these would be implemented where required.
- Staff received training in the MCA and Deprivation of Liberty Safeguards (DOLs) and they demonstrated a knowledge of choice and consent.

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

- People's needs were assessed before they started using the service to ensure these could be met. However, not all information from the assessments was used to develop care plans and risk assessments to support people's needs. For example, one person's assessment detailed they were at risk of skin damage and falls. Risk assessments had not been implemented for these identified risks.
- People and their relatives were involved in the assessment of care. One person told us, "The initial assessment was done over the phone. We were in the depths of COVID-19."

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff before working on their own.

- Staff told us they receive the training required to carry out their roles effectively. We saw evidence that staff had completed training relevant to their role including safeguarding, moving and handling and medication.
- We saw evidence of competency assessments for staff administering medicines however, we did not see evidence of competency assessments for moving and handling practices to ensure staff used the equipment safely.
- One relative told us, "They always send a new carer with a more experienced one with our double up visits. You get introduced before they start doing the care."

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

- Where people required support with meal preparation, eating or drinking this was recorded in their care plan.
- One relative told us, "Sometimes they will help us prepare meals and they will feed [person]. They do it gently and sit down to help [person]."
- One staff member told us, "I have to sit with [person]. I help [person] with the spoon. I treat [person] with dignity I never rush them."

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

- The management team and staff worked with health and social care professionals to improve outcomes for people including social workers and GP's.
- People and their relatives told us the service supported people to access the care and support they needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives spoke positively about the care and support they received from staff. One person told us, "When [staff] are here I am their focus. I feel I can speak openly and frankly to them and they genuinely care for me. You can tell if that is forced but it feels natural to me. They show an interest in me and how my day has been and respect me and my home."
- The provider had an equality and diversity policy in place for staff to follow and care plans detailed people's gender, religious beliefs and ethnic origin. Staff demonstrated they knew people well, including their likes and dislikes and routines. One staff member said, "[Person] likes to listen to classical music." Another staff member told us, "I treat people as individuals. They all have different ways in which they like things to be done."

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

- People told us they received regular contact from the office and felt confident to raise any concerns or issues. One relative said, "Every couple of months they phone to check we are ok. I would say if I was unhappy."
- People and their relatives were involved in the assessment and planning of their care however, implementation of a new online care planning system meant not all people and relatives had access to their care records.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they protected people's privacy and dignity and how they promoted people's independence including closing curtains and doors when supporting with personal care.
- One person said, "The carers try very hard and are really good and helpful to me. They always check I am ok before they start helping me. One day I wasn't feeling so well, and the carer helped me back to bed which was very kind of her. They also give me time to do what I can myself."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

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

- People had care plans in place however, information recorded within them was not always person centred or reflective of people's current needs. For example, one person's care plan detailed 'support required' for washing, toileting and dressing. Another person's care plan for mobility detailed 'staff to assist with mobilising.' This information was not personalised and did not detail or consider the person's needs and preferences.
- Staff spoken to demonstrated they knew people well including the support they required at each care call.
- The provider had recently implemented a new online care planning system which required further development. The provider informed us people and relatives had access to the system however, we received feedback they had not seen their care plans and did not have access to review the information recorded. One person told us, "I don't have a copy of the care plan and there has been no discussion or mention of a review of the care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider demonstrated an understanding of the AIS including working with multi agencies to achieve good outcomes for people with communication difficulties.
- People's communication needs were assessed and detailed in care plans to ensure staff communicated with people effectively. Two people supported by the service did not have English as their first language. Their care plans detailed staff were able to communicate and translate via their relative.

Improving care quality in response to complaints or concerns

- Complaints had been received and appropriately responded to with actions recorded to improve the care provided.
- People and their relatives told us the manager was approachable. They felt confident to raise any concerns or complaints and these would be dealt with. For example, one relative told us they did not want a male carer attending the care visits which was listened to and actioned.
- Staff told us they would inform the manager if people made a complaint about the care received.

#### End of life care and support

- At the time of inspection, the service was not supporting any person at the end of their life. The provider assured us people's wishes would be recorded in a care plan when required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

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

- There was no system in place to review people's care plans, to ensure the information recorded was reflective of people's current needs including identified risks. We identified a lack of personalised information within people's care plans that conflicted with their current needs. For example, staff had recorded in one person's daily records they had supported them to move with a hoist however, the person's care plan and risk assessment detailed they mobilised with a walking frame.
- The system in place to audit medicines management was not effective and did not identify the concerns found during the inspection. For example, one person's MAR chart indicated their medicines had not been administered on three separate occasions. This had not been identified by the current auditing system.
- There was no system in place to monitor staff call schedules to ensure people received the duration of their calls or to ensure staff received adequate travel time. We identified a number of occasions where staff had logged out of a call whilst being logged into the next call and occasions where travel time had not been included. Following feedback, the provider advised staff call schedules will be audited to identify any concerns.
- There was no system in place to monitor accident and incidents to identify any trends or patterns to improve the quality of care.

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives spoke positively about the service and felt improvements had been made with the appointment of the new manager. One person told us, "Since the new manager started things are running more smoothly. Before the new manager, the phone would often ring and ring in the office or go to answerphone. Now I can get through straight away and speak to someone."
- Staff spoke positively about the manager and the support they received. One staff member said, "[The manager] is really helpful. If I have questions [manager] answers straight away. [Manager] is really open and

friendly."

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 provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- The provider was open and honest during the inspection and took action to address the concerns identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were contacted on a regular basis to gain their feedback on the care they received. Where improvements had been identified, an action plan was created to make the improvements required.
- Staff team meetings were not taking place due to the COVID-19 pandemic however, staff received supervision meetings and told us they had good communication with the manager and other staff members.
- The service worked with external professionals when required including social workers and GP's.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess all risks to service users and to ensure the safe and proper management of medicines. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm.</p>