

Aroma Care People Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aroma Care People is a domiciliary care service providing personal care to 84 people at the time of our inspection. The service supports adults and children who live in Coventry and Warwickshire and who have a range of health care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they were provided with safe care and treatment. Risks to people's health had been identified, assessed and monitored to ensure people received safe care and treatment. Records contained guidance for staff on how to manage risks to keep people safe. Care staff knew about people's individual risks and how to minimise these. Where necessary, people received their medicines as prescribed. Care staff understand their role and responsibilities to promote good infection prevention and control and maintained high standards of cleanliness and hygiene.

The provider had a robust recruitment process which prevented unsuitable care staff from working with vulnerable adults. People told us care staff were always on time and stayed for the full length of allocated time. People received care from reliable and consistent care staff.

The registered manager completed regular checks to ensure the service was meeting their legal requirements. This included checks on call times, people's health care and the quality of care provided. Where improvements were identified, action had been taken. People and relatives knew how to provide their views of the care they received and were confident they would be listened too. Staff provided positive feedback about the management of the service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 17 October 2019).

Why we inspected

We carried out an announced comprehensive inspection of this service on 17 September 2019 and we identified improvements were needed.

We undertook this focused inspection to check improvements had been made and sustained. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. Although we found improvements had been made the overall rating for the service has remained the same.

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

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was 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 Care Act 2014.

Inspection team

The inspection team consisted of 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. Both inspectors visited the service and the Expert by Experience gathered feedback about the service from people and their relatives via the telephone. Following the visit to the service one inspector gathered additional feedback from members of care workers via the telephone.

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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 May 2021 and ended on 21 May 2021. We visited the office location on 20 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to their recruitment and training. 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. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found people did not always receive their care calls at the arranged times . At this inspection we found the provider had made improvements to how care calls were planned and monitored.
- People and relatives told us they received their calls on time. One person said "They arrive at exactly the right time that I expect ." A relative explained how things had improved since our last inspection "We had a problem when we first started with Aroma as they didn't come on time and we were concerned that we would have the same people. I had a word with the office and the problem was resolved quickly "
- The provider had an electronic system in place for call scheduling. This was used to monitor the time staff arrived and left people's homes. This was monitored by staff in the office to ensure calls were not missed and people received care at the times they wanted .
- We found the provider had systems in place to ensure enough care staff were available to meet people's needs.
- The provider's recruitment process ensured all staff were recruited safely. Records confirmed Disclosure and Barring Service (DBS) checks and references were obtained before staff started working. The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff. One person told us, "I feel very safe when they use the hoist."
- Staff knew how to keep people safe and had completed training about how to recognise and report abuse. Staff understood their responsibilities to report concerns to the managers.
- The managers knew the procedure for reporting concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management

- An assessment was completed at the start of the service to identify any potential risks to people's care and support. One person told us, "I had an assessment and they really listened to me. I was very involved with the planning. "
- Where risks associated with people's care had been identified, plans were in place to manage those risks. Such as, helping people to move around their home safely, and administration of medicines.
- Staff knew about risks associated with people's care and had completed training to manage people's risks safely.

Using medicines safely

- Most people administered their own medicines or had family members that supported them to do this.

- Where staff supported people to take their medicines, this was recorded in their care plan.
- Staff completed training to administer medicines and recent competency assessments had been completed to confirm they did so this safely.

Preventing and controlling infection

- People confirmed staff wore personal protective equipment (PPE) to prevent the spread of infection. For example, one person commented, "They wear face masks, visors, use gloves and aprons and wash their hands frequently."
- Staff completed infection control training and understood their responsibilities. They told us there was a good supply of PPE to use to maintain good infection control practice.

Learning lessons when things go wrong

- The provider had taken on board feedback from us and the Local Authority following our last inspection and had taken action to make improvements to how the service was delivered.
- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our previous inspection there had been a period of instability within the management team which had led to poor oversight. At this inspection we found improvements had been made.
- The provider told us following our last inspection, "We looked at ourselves and how we worked, initially we were defensive which didn't help us. Then we listened and identified we needed to improve communication, we were too focussed on the processes and not seeing people. We have aimed to reduce the amount of bureaucracy to spend more time speaking to service users. We built on the quality assurance to help us become more person centred."
- People and relatives were positive about the registered manager and improvements made. One person said "It is really well run and the office ring me up to see if I am ok." A relative told us "They have had a re-organisation and things have improved."
- The registered manager completed regular checks to ensure the service was working in line with the regulations. These included regular checks where care staff were observed to ensure people received high quality, compassionate care.
- The registered manager provided us (CQC), with notifications about important events and incidents that occurred at the service. The rating of the last inspection was displayed on the provider website and at the office as required by the regulations.

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

- People and their relatives were encouraged to share their views and provide feedback about the service. The registered manager regularly contacted people to seek feedback about the care being delivered.
- A relative told us, "I asked the office about getting female carers for Mum and they sorted this out."
- People were also asked their views via an independent questionnaire. We saw a high level of satisfaction recorded by people using the service.
- The quality assurance systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and making people's lives better.
- Staff told us they were supported by the registered manager and this support had increased since the start of the Covid-19 pandemic. One staff member said "The managers have increased contact with us over the phone, to check in. They have been really good, I like that we can always get hold of someone, if they miss a

call, they get back to me very quickly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.
- The registered manager kept up to date with the latest good practice guidelines by attending meetings with registered managers of other services owned by the provider and received regular legislative updates.
- The registered manager had developed strong links with the local authorities and had worked with them to make improvement to the quality of care they provided.
- A representative of the local authority told us after quality monitoring visits, "They were able to demonstrate an embedded improvement in their oversight and monitoring systems." The representative of the local authority also told us they had received a number of compliments about the service and the care provided.