

Aroma Care People Ltd

Aroma Care - Cotswold

Inspection report

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03 April 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

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 - Cotswold is a domiciliary care agency that provides personal care to people living in their own homes and flats in the community. The service was supporting 18 people who required personal care.

People's experience of using this service:

- People told us they had established relationships with their regular care workers and were satisfied with the care they received from these care workers.
- Improvements had been made and people's care visits had not been missed. People, however, still experienced late care visits and they told us this impacted negatively on their experience of their care and meant they were often waiting for their care. They were not always told their care was running late and at times did not know who was attending to their visits.
- The provider monitored the quality of the service and asked people for their feedback about their care. We found what people told us about their experience and satisfaction of the service did not correspond with the positive feedback that had been recorded by the service.
- The provider's action plan following our previous inspection had addressed some shortfalls but had not made the required improvements to the timeliness of people's care visits.
- Recruitment processes had improved and people were supported by staff that had been appropriately vetted to ensure they were suitable to support people.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- The service assessed risks to people's personal safety, as well as staff, and plans were in place to minimise those risks.
- People were supported by staff that had received the training and support to provide effective care.
- The information in people's care plans had improved and gave staff guidance about people's care tasks. The service was planning further improvements to ensure some information about people's preferences and wishes would also be included.

Rating at last inspection: At the last inspection on 18 and 20 December and 8 January 2018 the service was rated Requires Improvement. (This report was published on 18 February 2018).

Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions, Is the service safe, effective, responsive and well-led? to at least Good

We met with the provider in March 2018 who told us they were introducing an electronic planning and monitoring tool to ensure there was a system in place to monitor missed and late care visits and ensure areas of concern found at our last inspection would be monitored effectively.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Requires Improvement rating. We also followed up on progress against agreed action plans to address the breaches in regulation we found at our previous inspection in December 2017 and January 2018. Previous CQC ratings and the time since the last inspection were also taken into consideration.

The overall rating for the service remains rated as Requires Improvement.

Follow up: We will ask the provider to complete an action plan to show what they would do and by when to meet the legal requirements and to improve the key questions 'Is the service Responsive?' and 'Is the service Well-led?' to Good.

We found what people told us about their experience and satisfaction of the service did not correspond with the positive feedback that had been recorded by the service. We asked the Services Manager to contact people and explore the reasons for this conflicting information and to report back to us their findings.

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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?

Requires Improvement ●

The service was not always 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 - Cotswold

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

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

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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 19 February 2019 and ended on 20 February 2019. We visited the office location on 19 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We also visited the office to meet with the registered manager and the Services Manager on 4 April 2019 to discuss people's feedback about late care visits.

What we did:

Before the inspection we reviewed the Provider Information Return (PIR) completed by the provider as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious

injuries and deaths.

During our visit to the service's office we looked at four people's care records and files relating to staff development and the management of the service. We spoke with three care staff, and the registered manager. We also spoke with four people and five relatives by telephone and received feedback from one health care professional. We also looked at recruitment records, records of incidents, accidents and complaints and audits and quality assurance reports.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were not always met.

At the last inspection on 8 December 2017, we asked the provider to take action to make improvements to their recruitment procedures and ensure they always notify us of allegations of abuse. This action had been completed and the provider met the requirements of these two regulations.

Staffing and recruitment

- Improvements had been made and the provider followed safe systems for staff recruitment. This including the taking up of references and disclosure and barring service (police) checks. This helped ensure only people of suitable character were employed.
- There were sufficient numbers of staff to meet people's needs and people's care visits had not been missed. People did however, experience some late care visits and we have reported on this in more detail in the 'Is the service Responsive' key question.
- Unexpected staff absences were covered by the office staff and senior staff to ensure safe staffing levels were maintained.
- The provider continued to recruit more staff that lived locally to reduce travel time and the impact of traffic disruptions on people's care visits.
- Systems were in place to ensure staff safety when working remotely. The service had a lone working policy and assessments identified any risks, for example from pets, people smoking or poor street lighting when parking.
- New staff received an induction which included on-going assessment of their suitability.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care and people's relatives did not have any concerns about abuse or bullying from care staff.
- Staff had received training on safeguarding adults and on the provider's relevant policies and procedures. Staff knew how to identify and report concerns they may have in relation to safeguarding people or about the practices and behaviours of colleagues.
- Staff encouraged people to accept care and would report to the registered manager if people refused their care and were at risk of self-neglect.
- The registered manager worked appropriately with the provider and relevant agencies to safeguard people. Improvements had been made and the registered manager ensured they notified CQC of any alleged or suspected abuse.

Assessing risk, safety monitoring and management

- People told us their care was delivered in ways that supported their safety and welfare.
- Guidance informed staff how to enter people's homes securely and how to safely provide care in people's

home environment.

- Changes in people's needs were noted in people's communication folders so that any new care instructions were immediately shared between staff. Staff were aware of how to report any changes to people's needs and could call for additional support from the office at any time if someone was found to be unwell or required medical attention.
- Assessments were in place to identify risks from people's care, their home environment and healthcare conditions they were being supported with. Assessments included information on actions to take to minimise falls risks to people when supporting them to move safely.

Using medicines safely

- Those who required support with medicines received assistance by staff who had been trained and assessed as being competent to do so.
- Each person's medication needs were clearly recorded within their care plan so that staff would know how to support people with their medication. One person's risk profile for medication stated, '[The person] self-medicates and has not given consent for care staff to support with any medication and this must be adhered to at all times.'

Preventing and controlling infection

- Staff were trained in infection control. People told us staff washed their hands and used disposable gloves and aprons when delivering personal care.
- Staff had access to protective personal equipment such as gloves and people's care plans highlighted the importance of using these.
- Each person's care plan gave specific guidance for staff in relation to infection control procedures. One care plan stated, 'Care staff should ensure they are wearing the correct PPE whilst cleaning areas and dispose of them in the appropriate outside refuge.'

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.
- The registered manager and staff reviewed their working practices when incidents occurred to help prevent future occurrence. A team meeting was held in January 2019 and it was discussed how communication and training in completing medicine administration records (MAR) could be improved.

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

Good: 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

- People's needs were assessed before they received care from the service to ensure staff had the skills and capacity to meet their needs.
- People, their relatives and the local authority (if the care package required funding by the local authority) were all involved in the assessment process. This helped to identify people's support needs, goals and levels of independence. Assessments informed people's care plans and provided staff with the information they needed to effectively support people.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to carry out their role.
- Staff told us they felt well trained and had received relevant training either by E learning or by the in-house trainer to ensure their practices were current.
- The provider's training records showed new staff had received an induction and there was a high compliance of staff with the required training.
- Staff were competent to support people effectively. Staff told us their colleagues, senior staff and management were supportive. Records showed that staff received supervision meetings to discuss their well-being, professional development and training needs.
- Spot checks were completed to check that staff followed the provider's policies when delivering people's care.

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

- Staff provided people with choice and encouraged them to have a healthy diet when support with meals and drinks was a part of their care package.
- Staff were familiar with people's allergies, dietary requirements and preferences. Care plans stated, 'Care staff should always offer choice and variety at every call.'
- People's swallowing difficulties and risk of choking were identified and closely monitored by staff.
- People's care plans gave guidance for staff regarding people's dietary and nutritional requirements. One person's care plan stated they required support with food preparation but were able to eat independently and had no incidents of choking. Staff were familiar with people's food preferences.

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

- Staff worked with other health care services and professionals to help prevent unnecessary hospital admissions and maintain people's health.

- People and their relatives told us staff took prompt action if there was a change in their health and well-being and reported any changes directly to the main office and sought advice and direction.

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.

We checked whether the service was working within the principles of the MCA.

- People told us they were involved in decisions about their care from Aroma Care – Cotswold.
- Staff had a good understanding of the principles of the MCA and explained how people were supported wherever possible to make their own decisions.
- Staff understood how and when to assess whether a person had the capacity to make decisions about their care. They followed the provider's policy and procedures and would inform the registered manager if they felt a person did not have the capacity to consent to their care arrangements.

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

Good: 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 Respecting and promoting people's privacy, dignity and independence;

- People and relatives told us they had built positive relationships with their regular care workers. One relative told us, "When carers have more time they get to know him." Another relative said, "They look after mum very well."
- People told us, care staff treated them with dignity and respect. One person told us, "Timing is an issue but staff who I know well are lovely." worker
- People were asked in their care planning if there was a specific gender of carer that they preferred. This information was transferred into people's care plans and the registered manager told us; where possible people were told who would provide care in advance and gender of carer workers were taken into consideration where possible. One person told us, "I requested female carers, and I generally get females."
- Two people we spoke to told us they felt respected and were treated well when they had their regular carer workers.

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

- People told us they were involved in care planning and were asked every month how things were with regard to their care and support and if any changes were required.
- People told us their dignity was maintained and respected when staff supported them with personal care. For example; when being supported to dress or have a shower. One person said, "My main carer is really good, they help me and talk to me."
- Each person we spoke with confirmed they were able to communicate with their care staff and engage with office staff directly if needed.

People told us late care visits impacted on their positive experience of staff's care. We have reported on this in more detail in the key question; 'Is the service Responsive?'

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

At the last inspection on 8 December 2017, we asked the provider to take action to make improvements to the information in people's care plans and the timeliness of people's care visits. Some improvements had been made but this action had not been fully completed and the provider continued not to meet the requirements of the regulations.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care visits had been planned and agreed for specific times in the day that best suited their needs and preferences. The service had agreed with people a visit window to make allowances for potential travel delays. However, despite this agreement some people still experienced late visits.
- There were mixed reviews regarding whether staff arrived on time for care visits. Some people reported that staff generally arrived within the expected allocated time and stayed for the scheduled amount of time. However, some people stated that staff, sometimes, arrived later than expected and they were not always informed that staff may arrive late.
- Visit records showed staff did not always stay for the allocated time. Some people told us when they had regular carers they were happy with the support they received and late calls were managed effectively however; when their regular carers were not available they had staff, who lived far away and they were often late. The registered manager told us staff sometimes cut care visits short because people told them they did not want them to stay for the whole length of the planned visit. This had not been recorded to support the monitoring of people's care delivery.
- People told us they did not always receive a phone call or communication if care staff were running late. People told us at times staff would turn up who they were not expecting and did not know.
- People also did not receive a copy of their staff rota in advance and so they would not know if their regular carers were coming. A health professional we spoke to told us, "Its mixed reviews, if people know who is visiting them in advance and care staff live in the local area, it seems stable but often carers turn up who people don't know which causes them distress."
- On the second day of our inspection we arranged a visit with one person but we were unable to visit them due to staff being over an hour late. Three people told us staff appeared 'rushed' and did not always have the time to talk with them.

People's care had not always been delivered as planned. This demonstrated a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plan information had improved and gave staff guidance regarding their support, communication, medication, dietary needs and risk profiles in these areas which meant staff had all of the information they required to complete care tasks safely.
- Some information was still required about what was important to people, activities people liked to do,

their background, families, things important to people or their cultural needs. The registered manager explained that an 'All about me' document detailing those areas were being implemented for each care plan.

Improving care quality in response to complaints or concerns

- The registered manager told us they had received one complaint since January 2019 and this had been dealt with effectively.
- Following our previous inspection, a quality assurance officer had been employed to improve communication between people and the management team. People told us when they rang the office there was generally someone to speak to and this had significantly improved since our last inspection.
- People and their relatives gave us mixed feedback about whether their concerns were listened to and told us they were not always told what action the service was taking. One person said, "About a month ago, I was so upset. Things have improved slightly and I did raise concerns." One relative said, "There were a couple of problems, that were resolved, but there was no explanation, I know they listen, they just don't inform us of the outcome." Three relatives told us they felt listened to and had no complaints.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- Staff had received training in end of life care and told us they had been able to support people at their end of life with dignity and respect.
- People's care plans did not show how people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences would be met. Staff might therefore not know how people would want to be cared for at the end of their life.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection on 8 December 2017, we asked the provider to take action to make improvements to the monitoring of the service. This was in relation to the quality and safety of staff recruitment, people's care plans, notifying CQC of all required incidents and monitoring and improving the timeliness of people's care visits. Some improvements had been made but this action had not been fully completed and the provider continued not to meet the requirements of the regulations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was jointly registered for another Aroma Care service based in the Midlands and shared her time between services.
- The registered manager told us they were able to manage their time to ensure both services were managed effectively with the support of the provider's Services Manager.
- The registered manager told us the service had improved since our last inspection and the service was working towards improving areas of concerns to ensure people received person centred care as planned.
- We discussed people's concerns about late care visits with them and they told us they were aware that people's visits did run late at times especially when they were supported by care workers traveling down from the Midlands and travel delays occurred. They were actively recruiting local care staff and prioritised the care visits of people who required their visits at specific times.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Following our previous inspection some quality assurance systems had been effective in identifying and improving aspects of the service. For example, recruitment practices, information in people's care plans and the notifying of incidents to CQC had improved. However, people continued to experience late care visits.
- An electronic care visit system was in place to support the registered manager to monitor the timeliness of people's care visits and monthly charts had been completed to summarise and monitor visit times. We found the provider's systems had been effective in identifying when people's care visits had been late and when staff had failed to enter people's care visits on the system. However, the provider's action plan had not been effective in improving the concerns regarding late care visits we found at our previous inspection. The provider's call monitoring logs showed all but one person had experienced late care visits in February and March 2019 and people continued to tell us that their care visits were late.
- Records were not available of how the service had assessed people's risks in receiving late care visits.

Although people were phoned to gain their satisfaction of the service these calls had not explored the impact ongoing late care visits had on people so that action could be taken to mitigate any potential risks.

- The registered manager had additional quality assurance system in place to assess and monitor the service delivered. They continued to carry out visits to people, review their care and seek feedback from people and their relatives to help them monitor the quality of the service people received. One person said, "I feel listened to and I'll ring if I have a problem".
- We found what people told us about their experience and satisfaction of the service did not always correspond with the positive feedback that had been recorded by the service. We asked the Services Manager to contact people and explore the reasons for the conflicting information and to report back to us their findings.

The above constitutes an on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider told us they held meetings with staff to discuss work practices, training, development needs and staff's well-being. All the staff we spoke to told us they were happy in their job roles and had all the required training to do their job effectively.

Working in partnership with others

- Staff worked with external agencies, other professionals and companies to source the support equipment needed by people. A health and social care professional we spoke with told us the service provided them with the information they needed however they felt carers at times appeared rushed and are at times late for people's care visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of service users was not always appropriate, met their needs and reflected their preferences. (9)(1).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established and operated effectively to ensure areas for improvements would always be identified and addressed properly (17) (1).