

Aroma Care People Ltd

Aroma Care - Cotswold

Inspection report

Room 44 Council Offices
High Street
Moreton In Marsh
Gloucestershire
GL56 0LW

Tel: 01451502555
Website: www.aromaservices.co.uk

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26 August 2020

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Aroma Care-Cotswold (the service will be referred to as Aroma Care throughout this report) is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 34 people at the time of the inspection.

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 and their relatives were positive about the caring nature and approach of staff. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. Appropriate numbers of staff were employed to deliver the care and support people required. Where people were supported with medicines, they received support from staff who had received training around this and medicines were managed safely.

Infection prevention measures had been established within the service. Staff had a good understanding of these procedures and people confirmed staff were wearing protective equipment when visiting people in their homes.

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.

The manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The manager had developed a variety of quality assurance systems to monitor the overall quality of the service provided to people. These systems had led to improvements in the quality of the service being provided to people.

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 11 March 2020) and there were multiple 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

We carried out an announced comprehensive inspection of this service on 27 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe Care and Treatment and, Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. 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. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aroma Care-Cotswold 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 - 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. 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

Service and service type

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

There was no registered manager working at the service. The service had employed a manager who was in the process of registering with CQC at the time of the inspection. A registered manager along with 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 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 August 2020 and ended on 1 September 2020. We visited the office location on 26 August 2020.

What we did before the inspection

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.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple 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.

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.

Using medicines safely

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

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

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).
- The people and relatives we spoke with confirmed they received appropriate support from staff with their medicines and they received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- The people we spoke with told us they felt safe. One person said, "Absolutely feel safe with the staff here. I never feel afraid, they are all so kind". Another person said, "Oh gosh yes, I feel very safe with the carers."
- Relatives we spoke with told us they felt their family members were safe. One relative said, "Generally we feel very safe with the staff that come to support my partner. I was worried things would break down during Covid but they have done a good job and sustained a good service." Another relative said, "They seem very good, my parents were happy with them."
- Staff received training on safeguarding and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to people. There were guidelines for staff on how to support people who required assistance with moving and handling.

- We saw risk assessments had been developed in partnership with healthcare professionals. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.
- We saw evidence of appropriate action being taken to manage people's risks when their needs changed. One person's mobility had declined, and they were no longer able to move around their home safely. Staff had promptly escalated this to the manager who had worked closely with relevant health care professionals to ensure this was managed and the person was safe.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The service used a call monitoring system to ensure people received their care calls as agreed. People and their relatives told us they received their care calls as agreed and they did not have concerns around staffing levels.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. Staff had received further infection control training in light of the Coronavirus pandemic to minimise risk to themselves and the people they were supporting.
- The infection control practices of staff were assessed as part of the manager's observations of staff. The manager also scoped infection control as part of their monthly audit call with the people who used the service.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. We were told that all records of incidents were reviewed by the manager and prompt actions would be taken such as additional staff training and a review of people care needs to reduce the risk of repeat incidents. Any changes to people's care and support would be immediately implemented and shared with staff through a secure communication system.

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.

There was no registered manager working at the service at the time of the inspection. However, a new manager had commenced in the role and was in the process of registering 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.

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

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to ensure areas for improvements would always be identified and addressed properly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Following our last inspection, a new manager had been employed. The provider and manager had reviewed all of the provider's quality assurance systems to ensure they were effective and met legal requirements.
- Medicine's audits had been reviewed and updated to ensure issues were identified promptly and appropriate actions taken. This included the use of an electronic care planning and recording system which raised an immediate alarm if people's medicines records had not been completed. We saw an incident where a carer was unable to access the online system, management had received an alert. Prompt action had been taken to ensure the medicines were recorded.
- The manager had introduced monthly audits of people's care plans and records to ensure staff were recording information accurately. We saw that where people's needs had changed, this information was promptly updated in their care plan.
- The manager had monthly quality assurance calls with all of the people using the service. Areas covered included infection control, staff punctuality, quality of care provided and people's satisfaction with care. The manager had plans to introduce home visits to people in addition to phone calls.
- We saw that where actions had been identified, prompt action had been taken. For example, one telephone audit had identified a member of staff had not been wearing a face mask. As a result, prompt disciplinary action was taken, and the staff member received additional infection control training.

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

- There was a new manager at the service. They were in the process of registering with CQC.
- The people and relatives we spoke with praised the manager and told us they were easy to contact and would work hard to resolve any issues.
- The staff we spoke with told us the manager had made positive changes to the service since they started in their role. Staff told us how they received a prompt response to any queries and were reassured of having a manager on site. Staff told us morale was good.
- The manager told us the service had improved since our last inspection and the service was continually working towards improving areas of concerns to ensure people received person centred care as planned.
- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements. The manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required.

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

- There was a clear, open and transparent culture within the service.
- The manager and staff understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place to for staff to report any concerns, accidents and near misses promptly.
- The manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.

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 received all of the required training to do their job effectively.

Working in partnership with others

- The service had working arrangements with the local authority. The service had also built relationships with other health professionals including local GP practices and pharmacies. This helped people access and sustain the support they required.