

Aroma Care People Ltd

Aroma Care Liverpool

Inspection report

Anfield Business Centre Offices
58 Breckfield Road South
Liverpool
L6 5DR

Tel: 01519589923

Website: www.aromaservices.co.uk

Date of inspection visit:
04 September 2020

Date of publication:
02 October 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aroma Care is a domiciliary care at home service. 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. At the time of the inspection there were 29 people using the service all of whom received assistance with personal care.

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

Staff had not always been recruited in a safe way and pre-employment safety checks had not been completed before staff started supporting people in their own homes.

Risk assessments were not always in place or adequate to minimise risks to people. We have made a recommendation about assessing risks of Covid -19 when assessing infection control practises.

Care plans were not consistent and did not contain accurate information about people's health care needs and requirements. Care records lacked person centred detail and did not always detail people's preferred routines and preferences.

Not all staff had received training in relation to the Mental Capacity Act 1998. This meant we could not be fully assured that people were supported to have maximum choice and control of their lives and that staff always supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Some assurance and auditing processes had not been implemented, meaning the quality and safety of the service being provided was not always being effectively assessed and monitored.

The service had not ensured that all staff had received the necessary training they needed before commencing their roles.

At the time of the inspection, some of our concerns were in the process of being addressed by the registered provider and assurances had been provided that improvements would be made.

People using the service and their relatives told us they were happy with the care and support provided and spoke positively of the staff. People told us they were cared for by the same members of staff who were familiar to them and knew their needs and preferences. Relatives told us they felt staff provided safe care to their loved one.

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

Rating at last inspection

This service was registered with us on 1 April 2019 and this is the first inspection.

Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report. You can also see what action we have asked the provider to take at the end of this full report.

The registered provider has acted to mitigate the risks and address the concerns we found.

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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 11 (Consent), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed).

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aroma Care Liverpool

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 team consisted of one 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.

The service had a manager in post who was in the process of registering with the Care Quality Commission. This means that they (once registered) 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. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 4 September 2020, we visited the office location on this date. Inspection activity ended on 10 September 2020. This is the date we finalised our review of documents requested from the service and completed our telephone conversations with people who use the service, their relatives and staff.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is

required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved 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.

During the inspection

We spoke with the manager and the care co-ordinator. We looked at records in relation to people who used the service including four care plans and multiple medication records.

We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Details are in the Key Questions below.

After the inspection

Due to the risks of Covid-19, we did not make home visits to people who used the service, instead, we sought feedback from people and their relatives over the phone. We spoke with two people who used the service and two relatives. We also spoke with two members of staff. We requested further documents from the service and continued to seek clarification from the manager to validate the evidence we 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.

Staffing and recruitment

- Recruitment of new staff was not always safe. Pre-employment checks were not always completed to help ensure staff members were safe to work with vulnerable people. We saw evidence of new staff being employed and working with vulnerable people before DBS (Disclosure and Barring Service) checks had been completed. It was also not evident that employees had provided a complete employment history. The manager was in the process of adapting practices to ensure that all pre-employment checks for new staff members were made before they commenced work.

We found no evidence that people had been harmed however, there was a failure to recruit staff safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives spoke positively about the staff and told us they received care and support from staff who were known to them and familiar with their needs, routines and preferences. People told us staff were on time and stayed for the time allocated. Comments from people included; "[Staff] are excellent, I can't fault them" and "Staff are caring and make sure I have everything I need before they leave." A relative told us, "Absolutely, my [loved one] is in very safe hands."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people had not been completed effectively and some people did not have appropriate risk assessments in place. Staff did not always have appropriate guidance on how to manage and mitigate any identified risks to people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

- Assessments of infection risk in people's care plans did not reference measures taken to address the risks against Covid-19.
- Some people's health and safety environmental assessments had not been completed appropriately. However, staff told us they had received guidance about how to manage risks associated with Covid-19 and had adequate supplies of appropriate PPE.

We recommend the provider updates risk assessments to reflect risks in relation to Covid-19 and to evidence that risks have been considered in accordance with best practice guidance.

Using medicines safely

- Medicines were administered by staff who had received training.
- Administration of medication was recorded by an electronic administration system. However, a list or description of the medication people were prescribed was not recorded in people's care plans and details of any allergies to medication was not clear. We spoke with the manager about this who confirmed that medication audits would be introduced.
- A medication policy was in place which referenced best practice guidance and provided additional guidance for staff.

Systems and processes to safeguard people from the risk of abuse

- Incidents and accidents which required safeguarding referrals to appropriate external agencies, were made in line with the service's own safeguarding policy and that of the Local Authority. This meant that causes of actual and potential harm to people were investigated and reported appropriately to help minimise the risk of reoccurrence.

Learning lessons when things go wrong

- Systems were in place to monitor trends arising from accidents and incidents and using this information for learning, to help improve the quality of the service.

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.

- The provider failed to act in accordance with legislation regarding the MCA. Staff training records showed that staff had not received any specific training around the MCA. This meant that we could not be assured that staff had a genuine understanding of the need for consent. One relative told us that whilst the majority of staff always sought consent from their loved one before any support or intervention, newer members of staff often did not.
- Although some people had consented to their care plans, some care plans did not reflect that consent had been sought appropriately. It was not always evident that care and treatment had been provided with the consent of the relevant person.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although we found no evidence that people had been harmed, we could not be assured that people were fully involved about decisions about their care and support.

Staff support: induction, training, skills and experience

- Staff had not always completed the relevant training they needed to meet people's needs, such as medication administration training, mental capacity training and moving and handling.
- The provider had not ensured that staff had the necessary skills they required to perform their roles in a safe and effective way. Some staff had been sent out to support people the day after their interview and so had not had the opportunity to complete an appropriate induction programme or training. These concerns had been made known to CQC shortly before our inspection.

We found no evidence that people had been harmed however, there was a failure to ensure that staff had

the necessary training before providing support to people. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our raising these concerns, the provider had embarked on a programme of online training for staff to ensure all staff had the skills they required. We checked staff's certificates at the time of our inspection and found that staff had recently completed the training they required.
- An updated training matrix was sent to us on 11 September 2020. However, staff had not received more specialised training to meet the specific needs of some of the people they supported such as dementia care and the management of challenging behaviours. We spoke to the manager about this who confirmed that additional training would be arranged.
- Relatives however were keen to tell us that they felt staff had the right training and skills to do the job, one relative told us, "[Staff] have the right skill mix, I have no concerns about the care provided to [loved one] and really cannot praise staff highly enough."

Nutrition and hydration

- Although information about people's nutrition and hydration needs was recorded in their care plan, it was not always clear what support was required. For one person with diabetes, their care plan stated that they required support with meal preparation but there was no guidance for staff on what a diabetic diet was. However, the manager informed us that the information in the care plan was incorrect and that the person was actually independent with their dietary needs.

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

- The service supported people to live healthier lives and to access the care and support they needed. We saw evidence of how the service had worked closely with external professionals to ensure people received the appropriate intervention they needed.

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; Planning and promoting person centred, high-quality care and support; Continuous learning and improving care;

- Systems to monitor the service were either not in place or fully embedded to demonstrate safety and quality was effectively managed. For example, audits were not in place to evaluate people's care plans or medication management.
- Systems were ineffective and had not highlighted that care plans contained inconsistent information and did not always reflect people's current care and support needs. There was limited assurance that the service was able to fully evaluate and improve practices as a result.
- Risk to people had not been appropriately assessed. Care plans did not always reflect people's routines and preferences and did not reflect person centeredness. However, feedback from peoples' relatives confirmed that people had regular staff who supported them and who were familiar with their needs and preferences. Comments included, "[Staff] know [loved one's] needs and preferences. [Loved one] is treated with respect and dignity, there are no negatives" and "We have the same staff team, they know [loved one] very well."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. 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.

- The manager had been in post since March 2020. They were extremely receptive to our feedback both before and during the inspection. The manager showed commitment towards improvement and innovation to improve upon the quality of care and support being delivered to people

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

- Feedback was sought from people who used the service. We requested sight of quality assurance surveys. Surveys demonstrated that people were satisfied with the care and support they received. Written comments included, "[Person] would recommend Aroma Care and is very satisfied" and "[Person] is happy with service, since new management." One person told us, "Yes, the service is ran well, the office do call up and check if I need anything."
- Staff underwent regular supervisions and appraisals and told us they felt comfortable to feedback their

views to management.

- The service worked effectively with others such as commissioners, safeguarding teams and health and other social care professionals.

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

- Systems and processes operated effectively to prevent abuse of people. It was evident that the manager understood their individual responsibilities and took appropriate action where abuse occurred or was suspected.
- The manager sent us statutory notifications to inform us of events that placed people at risk. This meant that CQC were alerted to the current level of risk at the service.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had failed to ensure that procedures for obtaining consent to care and treatment reflected current legislation and guidance. It was not evident from some people's care records they had agreed to their proposed care and support. Staff had not received training about the Mental Capacity Act 2005.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to assess the risks to the health and safety of people using the service and so had not adequately mitigated the risk of harm to people.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to ensure that systems and processes effectively assessed and monitored the quality and safety of the care being provided. Risks to people using the service had not always been properly assessed and mitigated.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

The registered provider had failed to ensure that safe recruitment procedures were established and that staff had the qualifications, skills and experience necessary to perform their roles.