

Aroma Care People Ltd

# Aroma Care - Cotswold

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# 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 31 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

The management of medicines within the service was not always safe. Staff practices in relation to medicines were not always in line with national guidance or the provider's policy.

The management monitored the delivery of care through staff observations and feedback from people. However, we could not be satisfied that the quality assurance systems used within the service were always effective. Shortfalls within the service were not always identified. Where shortfalls had been identified, there was a lack of evidence as to what action had been taken to address the shortfalls. Subsequently, these shortfalls were still present at the time of the inspection.

Staff had received safeguarding training. However, staff understanding in relation to whistleblowing was not always clear. The staff we spoke with were unable to state which outside agencies they could escalate concerns to if they felt management had not taken appropriate action regarding safeguarding and whistleblowing concerns.

People and their relatives were positive about the caring nature and approach of staff. People told us they were supported by staff who were kind. 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.

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.

People received care which had been developed in partnership with them and their representatives. People and relatives told us their opinions had been considered when developing their care plans. Where people were supported with their nutritional needs, they told us staff offered them a choice as to what they would like to eat and took their preferences into account.

Staff had received training which was appropriate to their role. Staff told us they received regular support

from management. Staff told us they could seek advice from the manager and senior carers. The service communicated and engaged with others such as family members to improve the lives for people who used the service.

The manager acted on concerns to ensure people received care which was safe and responsive to their needs. Any concerns or accidents were reported and acted on.

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

The last rating for this service was requires improvement (published 18 April 2019) 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 enough improvement had not been made and the provider was still in breach of regulations.

This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of people's medicines and staffing levels within the service. 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 and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the management of medicines and quality assurance systems 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 at the time of the inspection. However, a manager had commenced in the role and was in the process of applying to register with the Care Quality Commission. 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 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 27 January 2020 and ended on 5 February 2020. We visited the office location on 27 and 28 January, and 5 February 2020.

#### What we did before the inspection

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 eight 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, manager, office staff and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at four 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. We spoke with members of the local authority commissioning and safeguarding teams. We also met with the provider to discuss their action plan for addressing shortfalls identified at the inspection.

# 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 Good. At this inspection this key question has deteriorated to 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.

### Using medicines safely

- We were not assured that medicines were always administered and recorded safely. Staff were trained to handle and administer medicines. They completed a competency assessment at least once a year to evidence they had maintained their knowledge and skills. The manager told us more frequent competency assessments would be completed if required. However, further work was required to ensure staff were administering and recording medicines safely.
- Medication administration records (MAR) were not always accurately completed which meant it was not clear people had received their medicines as prescribed.
- A medicine assessment and risk assessment had been completed for people detailing their individual needs. However, these documents were not present in people's care files in their homes. This meant staff had limited information and guidance in relation to people's needs regarding their medicines.
- One person told us they were occasionally supported by staff with their medicines. This included reminding them to take their medicines or remove medicines from packaging. When we looked at this person's care plan, there was no medicine assessment or risk assessment related to this as required by the provider's medicines policy and current best practice guidance.

The failure to ensure the proper and safe management of medicines was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were not assured people were always protected from the risk of abuse by staff who had a comprehensive understanding of the service's safeguarding and whistleblowing policies and processes.
- Staff received training on safeguarding adults and knew what action to take if they suspected abuse or poor practice and knew who they could escalate concerns to within the service. However, staff were unable to specify which external agencies they could also contact if they had any concerns.
- Staff did not demonstrate a clear understanding of whistleblowing practices and procedures and were unable to tell us which outside agencies to involve if needed.
- The people we spoke with told us they felt safe with the regular staff who supported them. Some people told us that when their regular carer was not available, they were supported by different staff who did not know them well and this did not always make them feel safe.

### Assessing risk, safety monitoring and management

- Most 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.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The manager told us staffing levels were based on people's presenting needs. People and their relatives told us they generally received their care calls as agreed and if there were delays they would on most occasions be notified.
- 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 with their personal care and toileting needs. 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. The infection control practices of staff were assessed as part of the registered managers observations of staff.

#### 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 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant 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

- The manager assessed people's needs before they started receiving support from the service. People and their representatives were involved in the assessment and decisions about their support needs. A copy of people's care plan was kept in the persons home and a duplicate copy kept in the office.

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident that they were supported by staff who had been suitably trained to support them. Staff confirmed they had received training appropriate to their role.
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarise themselves with the service's policies and people's care plans. New staff were also required to complete mandatory training and undertake the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life.
- Staff told us the manager had an 'open door' policy in supporting staff. The manager told us they were in frequent contact with staff either by telephone or in person.
- Staff told us they received regular one to one meetings with the manager to discuss work related issues and their development needs.

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

- Some people received support with their meals as part of their care package.
- Staff knew people's preferences and choices for their meals and were aware of people's individual needs.

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

- Staff worked closely with relatives to monitor people's wellbeing. Relatives confirmed that staff contacted them if they had observed changes in people's health.
- Staff told us they could contact people's GP or ring 111 for advice if they were concerned about people's well-being.

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

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People told us they were always informed of the care being provided or given choices about the support they received. Where people lacked capacity to make decisions, we saw that any decisions made had been made in their best interests.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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; supporting people to express their views and be involved in making decisions about their care

- People received care from staff who were kind and who knew them well. All the people we spoke with told us the carers who visited them were kind and caring. Relatives also praised the staff and told us the staff were caring.
- People and relatives told us they would have the same carer support them on a regular basis and this helped them build good relationships with the care staff who supported them.
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices.
- The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care.
- People and their relatives confirmed that they were involved in decisions about their care and daily support.

Respecting and promoting people's privacy, dignity and independence

- Staff checked with people if they were happy for us to visit them in their homes. People told us staff respected their privacy.
- People's preference for the gender of staff supporting them with personal care was known and respected. Staff had completed training in privacy and dignity.
- People and their relatives told us that they or their family member were treated with dignity and respect. They also told us the staff upheld people's privacy when they provided care. People told us staff ensured any personal care was delivered in privacy behind closed doors.
- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. For example, staff supported people to carry out some of their own personal hygiene and maintain their mobility. Staff told us how it was important to enable people to participate in their care and do as much as they could for themselves.

# Is the service responsive?

## Our findings

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

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's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure care and treatment of service users was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred Care) 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 9.

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. We saw that most people's care visits were within the agreed allocated time.
- We received mainly positive feedback from the people and relatives we spoke with who told us staff arrived within the agreed call times. The records completed by staff when visiting people supported this. The staff we spoke with told us they had enough time during care calls to support people as they required, and they did not feel rushed.
- People and relatives told us if staff were running late, they would generally receive a call advising them of this. However, this did not happen all the time. We raised this with the provider and an action plan has been implemented to minimise this.
- People's care plans contained information the support they required, communication, dietary needs and risk profiles in these areas which meant staff had access to information they required.
- Some information was still required. For example, where people had different types of continence aids for different times of day required detailing in care plans. Information relating to medicine risk profiles also needed to be included in people's care plans in their homes. Following the inspection, the provider, as part of their action plan had started a process of fully reviewing the care files of all the people they supported.

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.

- People's communication needs were assessed and recorded. The manager told us people were given information about the service in a format that met their needs.

Improving care quality in response to complaints or concerns

- People and relatives had information detailing how to provide feedback to the service or raise a complaint. People and their relatives told us they were aware of how to raise a concern or complaint.
- We reviewed the complaints file. We saw that where complaints or concerns had been raised, these had been fully investigated and where required, appropriate action had been taken to address the concerns.

#### End of life care and support

- At the time of our inspection, no one was receiving end of life care. The manager told us if people required end of life care, they would review each person individually and assess if they had the staff and skills to support people to manage their end of life care needs.
- Staff told us they would seek advice and support from the people's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.

# 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 remained the same. 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.

At the last inspection on 18 April 2019, 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.

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

- We could not be satisfied that the service was operating effective quality assurance systems. There was no recorded process of monitoring the quality and accuracy of people's care records. One person's medication assessment and risk assessments were out of date. They had received a review in February 2018 which identified that they no longer required support with medicines. However, their support plan had not been updated to reflect this. Another person's support plan in their home was out of date and did not reflect the current level of support being provided.
- Where audits had taken place, there were no action plans arising from these audits so that management could track if improvements had been made. An audit completed in February 2019 identified carers were not fully completing the daily log in people's homes. However, this issue was still occurring at the time of the inspection.
- Another audit identified carers were not always completing MAR charts as required. However, this issue was still ongoing at the time of the inspection.
- The service operated a phone quality survey of people. However, people we spoke with told us they would like these to be completed in person. It was evident from our conversations with people and the records we saw that these quality assurance systems were not effective in always identifying or addressing the shortfalls within the service.
- We found staff did not always escalate concerns or contact management if they were unsure of something. This meant management could not identify shortfalls and take prompt action to minimise any risk to people. One person had an additional medicine added to their MAR chart which had been administered by staff. The same person was also administered eye drops which were not recorded on their MAR chart. We discussed this with the service manager who told us the additional medicine had been added at a later date and not by Aroma Care. They also advised us that the eye drops were no longer required. However, in both instances, the care staff had administered the medicine without consulting management

or health professionals.

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

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

- There was no registered manager at the service at the time of the inspection. The service was managed by the provider who was in the process of applying to register with CQC. The provider was supported by a service manager.
- 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. Following our inspection, the provider submitted an action plan detailing immediate action they would take to address the concerns raised at our inspection.
- The rating of the previous inspection was displayed as legally required.

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.

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 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 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.
- We saw that where an incident had occurred, the provider had been open and honest with the person's family regarding the incident. We saw that a formal apology had also been made to the family.

Working in partnership with others

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

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 12 HSCA RA Regulations 2014 Safe care and treatment  There had been a failure to ensure the proper and safe management of medicines 12 (2)(g)



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 (2)(a).

### **The enforcement action we took:**

We have issued a warning notice against the provider.