

Aroma Care People Ltd

# Aroma Care - Cotswold

## Inspection report

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

Tel: 01452643031  
Website: [www.aromaservices.co.uk](http://www.aromaservices.co.uk)

Date of inspection visit:  
18 May 2023

Date of publication:  
30 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Aroma Care – Cotswold is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of our inspection there were 63 people using the 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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

We received mixed feedback from people, relatives and professionals in relation to staffing and consistency of care. The records we sampled confirmed that people's visits were not always being delivered in accordance with their assessed need.

Governance and oversight across the service was in place. However, it had not always been effective in ensuring timely action had been taken to drive the necessary improvements with regard to staffing and consistency of care. The registered manager told us they were working to ensure audits were completed reliably and consistently. During our visit we did not see these improvements as they were yet to be reviewed and embedded.

Staff had access to the provider's safeguarding and whistleblowing policies which were kept up to date. Staff told us they felt comfortable and confident to raise any concerns.

Staff spoke positively about the registered manager and told us they felt supported in their role.

Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections.

The registered manager understood their responsibilities around the duty of candour and to be open and honest with people when something goes wrong.

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 good (published 23 September 2020).

#### Why we inspected

We received concerns in relation to staffing and consistency of care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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 staffing and good governance 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and 3 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 May 2023 and ended on 23 May 2023. We visited the location's office on 18 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and 19 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, regional manager, senior care staff and 4 care staff.

We reviewed a range of records which included 6 people's care records. We looked at 4 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 looked at care records and quality assurance records. We gathered feedback from 4 professionals about their experience of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Staffing and recruitment; Using medicines safely

- We received mixed feedback from people and their relatives. Most people we spoke with raised concerns about missed visits, staff arriving late or not staying for the agreed care call time. We reviewed care records which corroborated the information and evidenced that people's visits were not being delivered in accordance with their assessed need.
- Medicines were managed using an electronic Medicine Administration Record (MAR) system. The inconsistency of call times meant people did not always receive their medicines at the time specified on the MAR chart. We saw no evidence of harm from the records we sampled. However, we raised this with the registered manager as there was a potential risk of people not receiving their medicines as prescribed.
- Whilst we saw there was a system to induct and monitor staff, some people and their relatives still told us they did not always receive consistent care from people who knew them well. We shared this feedback with the registered manager who told us they would review the effectiveness of their system to see where improvements could be made.

Staffing allocation had not always been operated effectively to ensure sufficient numbers of suitably qualified staff were working with people. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been completed prior to new staff starting work at the service. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were documented interview notes to ensure staff were appropriate for the role they had been recruited for.
- Staff had received medicines training to ensure they were able to support people with their medicines. One staff member said, "I've received practical training around medication as well as online training."

Systems and processes to safeguard people from the risk of abuse

- Staff had attended online safeguarding training and were able to describe their responsibilities around reporting concerns. A staff member said, "I know that I have to contact the office if I have a safeguarding concern. I must include all the information in the visit notes."
- Staff had access to the provider's safeguarding and whistleblowing policies which were kept up to date. One staff member said, "Any changes are flagged on our system and the office will also call us to make sure we aware."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to identify how staff should work safely with people. There was a system to ensure that these were kept up-to-date and reflective of people's needs. One staff member said, "We tell our line manager if someone's needs have changed so they can update the care plan and risk assessments." The registered manager was now reviewing their system to monitor and manage staff performance in relation to risk, in response to our feedback about a lack of consistency amongst staff.
- The registered manager had a system to monitor staff 'logging in and out' of their care calls. However, we saw that action had not been taken into the staffing shortfalls we identified which meant that care was not always being carried out as planned. We have reported on this in the well led section of this report.
- The registered manager had an 'out of hours' telephone service so people, relatives and staff were able to contact the provider in the event of an emergency.

Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE) to safely manage and control the prevention of infections.
  - We were assured that the provider's infection prevention and control policy was up to date.
- Staff spoke positively about the providers approach to preventing and controlling infection and were able to describe good hand hygiene and infection control processes.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving care

- The provider's systems to monitor staff 'logging in and out' of their care calls did not identify the breadth of concerns we found on inspection. For example it failed to pick up issues in relation to missed visits, medicines not always being administered at the time specified time on the MAR chart, and staff arriving late or not staying for the agreed care call time.
- Whilst the registered manager was aware and responded to individual concerns in relation to staffing and the consistency of care provided, we could not always see that timely action had then been taken to drive improvement across the whole service. The registered manager responded promptly after our inspection and shared an action plan which detailed how they intended to make the necessary improvements.
- Complaints had been followed up by the registered manager. However, not all complaints contained enough detail to provide assurances around the investigation process. The registered manager told us they completed a robust investigation for each concern and would ensure the record supported this moving forward.

Systems had not been operated effectively to assess, monitor and improve the service being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to monitor the service and the registered manager told us they were working to ensure these were completed reliably and consistently. More time was needed for these improvements to be achieved and embedded.
- The registered manager was keen to learn and improve the service. Their approach was open and transparent throughout the inspection. The registered manager said, "At the office we have a good relationship with people and an open-door policy."

Working in partnership with others

- We received mixed feedback from professionals about staffing and consistency of care. The registered manager created an action plan in response to the feedback shared and told us how they now intended to make the necessary improvements.
- Despite the mixed feedback, we received positive feedback from professionals about the registered manager and their commitment to driving improvement across the service. One professional said, "I must compliment [the registered manager] as they have always contacted me if they have any concerns...[The

registered manager] will always try to resolve issues if [aware]."

- The registered manager kept up to date with best practice by regular meetings with other managers working for the provider. This contact allowed for information sharing, professional updates and discussions around how to implement best practice guidance.

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

- Although feedback was mixed, we did receive positive and heartening feedback about the care people received. One person said, "'I get all the help I need at the moment. ...[My carer] comes three times a day ... she sits with me and chats. She's well trained and knows what she's doing, she's never in a hurry.'" A relative spoke about staff and said, "1st class they are brilliant." We also saw a record which showed that, when someone had a fall during their evening care call, the carer had stayed with them all night to make them comfortable whilst they waited for the ambulance to arrive.
- Staff spoke positively about the registered manager and told us they felt supported in their role. One staff member said, "The manager is very good at what she does. I can contact her about anything at all."

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 registered manager understood their responsibilities around the duty of candour and to share the outcomes of incidents and accidents with relevant people.
- Staff were aware of the importance of reporting any concerns, accidents and near misses promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was developing the systems to allow people to share their voice and experience via a range of different channels. We saw examples of a sample of people receiving satisfaction surveys on a monthly basis.
- Staff were offered a variety of opportunities to engage and contribute to the service through regular supervisions, staff meetings and a suggestions box held in the main office.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been operated effectively to assess, monitor and improve the service being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing allocation had not always been operated effectively to ensure sufficient numbers of suitably qualified staff were working with people. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 18 (1)(2)(a)</p>