

Amara Care Limited

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Inspection report

Artemis House,
25 High Street,
Kirtton Lindsey,
North Lincolnshire
DN21 4LX

Tel: 01652 648436

Website: www.amaracare.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 8 and 11 June 2015 and was unannounced. The service was last inspected on 10 June 2013 when the service was found to be compliant with the regulations inspected.

Amara Care is a Domiciliary Care Agency that provides care and support services to people who live in supported living arrangements. These include people with a range of disabilities, including people with learning disabilities, people with mental health conditions and older people who may be living with dementia. The

service also provides personal care to people who live in their own homes. The aim of the service is to provide people with support they need to live as independently as possible.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from harm by staff who had received training on how to recognise and report potential abuse. Staff were safely recruited and checks were carried out to ensure they were suitable to work with vulnerable adults.

Assessments had been carried out and plans of support developed from these to ensure staff had information knew how to support people effectively.

A range of training had been provided to ensure staff could safely carry out their roles. Staff completed an in-depth induction programme to the service and received on-going support and professional supervisions to help support their roles.

Staff knew how to administer medicines safely. Medication Administration Records (MARs) seen had been completed accurately.

We observed staff interacted positively with people who used the service and involved them in making decisions, to ensure they were happy with how their support was delivered.

People told us that staff treated them with kindness, dignity and respect at all times.

People were asked for their views about the service. Satisfaction surveys were sent out to people and action was taken to help the service improve.

There was complaints policy to enable people's concerns to be addressed and followed up when required.

The registered manager understood their responsibilities and reported accidents, incidents and other notifiable incidents as required. Staff were positive about the culture of the service.

Summary of findings

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 safe.

People were supported by staff who knew what to do if they suspected abuse had occurred. Staff had been recruited safely.

Known risks had been assessed to help keep people safe from harm and make positive decisions.

People's medication was managed and administered safely.

Accidents, incidents were investigated and action taken to ensure the safety of people who used the service was promoted and maintained.

Good



Is the service effective?

The service was effective.

People were supported by staff who had completed a range of training relevant for their role.

Staff completed an induction and received on-going support and professional supervision to ensure they were aware of their roles and responsibilities.

People were involved in making decisions and choices about their support.

Good



Is the service caring?

The service was caring.

People were treated with dignity and their wishes were respect by staff.

People had positive relationships with staff.

People were involved in making decisions about their lives.

Good



Is the service responsive?

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The service was responsive.

People's individual preferences and needs were understood and upheld by staff so they were able to follow their interests.

A complaints policy was in place. People knew how to raise a complaint to enable their concerns to be listened to and as far as possible to be resolved.

Good



Is the service well-led?

The service was well led.

The service had an open and learning culture.

Staff were positive about management and enjoyed their work.

Good



Summary of findings

A quality assurance system was in place to highlight shortfalls in the service and make improvements when required.

People were encouraged to provide feedback about the support they received.

Amara Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 11 June 2015 was unannounced. The inspection team consisted of two adult social care inspectors on the first day and an adult social care inspector and an expert-by-experience on the second day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone with learning disabilities and uses this type of care service.

We looked at the information we held about the registered provider and spoke with the local authority safeguarding and quality performance teams before the inspection took place, in order to ask them for their views about the service. We were told by them they did not have any concerns.

During our inspection visit we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We visited two supported living projects where people who use the service lived and spoke with six people who used the service, four members of care staff, one senior team leader, the registered manager, the nominated individual, a service development consultant and a member of staff from the registered provider's human resources department. We also spoke with three professional staff in the community who commission the service directly and contacted a relative by phone of a person who was supported by the service to live in their own home.

We looked at the care files belonging to five people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they trusted the staff and felt safe with the support that was provided to them. One person in a supported living project told us, “I do my own cooking with help from the staff who help me if there are hot pans.” A relative of a person supported by the service to remain in their own home told us, “We have been fully involved in developing the care plan and discussions about our relatives care. There are issues about their safety. We know everything being planned is in their best interest.”

We saw that assessments about known risks to people had been developed by the agency at the commencement of their service, to ensure care staff knew how to support people safely and keep them free from harm. We saw these assessments included details about people’s home environment, management of their medical conditions, ability to mobilise and people’s communication needs. These were reviewed and updated on a regular basis.

We found that appropriate recruitment procedures of new staff had been followed before offers of employment were made. We saw these included checks of their personal identity and past work experience, references were followed up and clearance from the Disclosure and Barring Service (DBS) was undertaken. This ensured new staff did not pose an identified risk to people who used the service.

Training in relation to the protection of vulnerable adults and children was provided to staff as part of their induction to the service. We found this was regularly updated to ensure staff knew how to report issues of potential concern and that safeguarding procedures were available, which were aligned with the local authority’s guidance and procedures about this. We saw that specialist training had been provided to ensure staff knew how to safely manage the behaviours of people who may challenge the service. We saw this included managing critical incidents safely this

had been delivered in conjunction with local authority staff. The local authority told us they had no concerns about the service in this regard and there was evidence the registered provider had notified and worked with the local safeguarding team to resolve issues when required. Staff who we spoke with were aware of the different forms of abuse and were clear about their roles and responsibilities in this regard. Staff were clear about their duty to ‘blow the whistle’ about concerns or incidents of poor practice. Staff told us they would raise concerns with the registered manager and were confident that appropriate action would be taken by them when required.

The needs of people who used the service were assessed at the commencement of their use of the service to ensure it was able to support their needs. We found that information was maintained to enable the quality of the service to be monitored in accordance with people’s assessments and ensure this was delivered in a consistent way by appropriate numbers of staff. Staff had a good understanding of people’s needs and received training on a range of issues to ensure people’s health and safety was maintained and appropriately promoted.

We found that some people who used the service were supported to take their medicines. We saw that Medication Administration Records (MARs) were used by staff to record when people had taken or refused their medication. The MARs we saw had been signed accurately and were up to date. There was evidence that training about the safe use and administration of medicines had been provided to staff before they supported people to take their medicines. Audits of people’s medicines were carried out by registered provider to ensure they had been correctly administered and signed for as required. We found that where medicine errors were identified, investigations were completed to minimise them from occurring again and enable learning to be gained.

Is the service effective?

Our findings

People who used the service told us they were encouraged to be as independent as possible and supported by staff to develop their skills and activities in daily living. Comments from them included, “I am encouraged to do as much as I can do”, “When I cook in my flat, the staff encourage us to try different foods and help me to choose and help with the cooking and with the hot pans” and “We make healthy choices including salad & vegetables.”

A range of training was provided to ensure that staff had the appropriate skills to meet the assessed needs of people who used the service. Staff training records contained evidence of completed courses on a variety of topics, such as safeguarding vulnerable adults from potential harm, safe handling and the administration of medicines, infection control, moving and handling, emergency first aid, health and safety, communication skills and specific training on the specialist needs of people who used the service. The registered manager told us they were due to attend a training session in the near future about the care certificate, which is a nationally recognised new set of standards to ensure health and social care staff have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

We saw evidence staff received on going supervision and appraisals of their skills and that mentorship and shadowing opportunities were provided, before they were able to work with people who used the service alone. We spoke to five members of staff about their recruitment, induction and training opportunities. They told us they were happy to come to work and received regular supervision of their skills. Staff told us their induction was targeted to their roles and that training and development was available to support them, with external consultants brought in to enable them to develop their understanding of people’s individual specialist conditions. Staff comments included, “I have been encouraged to develop and take training opportunities”, “Training is readily available and is focussed on the needs of our clients” and “I have had refreshers and we have had training from outside experts.”

Training on nutrition and food safety was provided to staff to ensure they were aware of safe food handling techniques. Members of staff told us they provided support to help ensure people maintained a healthy diet to enable their nutritional needs to be met. We observed a group of

people attending a day centre that was attached to a supported living project we visited. All them commented positively about their food and spoke about shopping and cooking their meals with support and encouragement to make healthy choices about what they ate. One person told us, “When I cook in my flat, staff encourage me to try different foods and help me to choose and help with the cooking.”

People’s care plans provided evidence of support that was provided to ensure they had access to healthcare professionals when required, such as GP’s dentists and opticians. We were told that arrangements were in place to ensure people were supported by staff to attend medical appointments when required.

There was evidence that training about The Mental Capacity Act 2005 had been provided to staff to ensure they understood the requirement and importance of gaining agreement from people about the support that was provided. Care staff demonstrated awareness of the principles of the Mental Capacity Act 2005 and information in people’s personal care files showed that consent had been sought from people about their support and decisions about this had been made in their best interests, where they lacked capacity to make informed decisions, to enable their needs and personal wishes to be upheld and promoted.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. In community settings DoLS do not apply and applications for people whose rights may be subject to need of this safeguard, should be made to the Court of Protection. The registered manager told us they had submitted 8 applications to the local authority for people they had identified in relation to them having their liberty restricted or deprived and were currently in the process of awaiting formal decision about these. The local authority told us the service was proactive in making such applications. The registered manager told us they had recently submitted an application to the local authority for a person they supported who was living alone and who lacked capacity and having their liberty deprived. We found a best interests meeting about this had been held, involving the person’s social worker and family representatives, to ensure this was

Is the service effective?

the least restrictive option that could be followed. We were subsequently sent details confirming that authorisation had been granted by Court of Protection this person can be

deprived of their liberty in the community. This showed us the registered provider was following the legislation and protecting people's rights who they supported in the community.

Is the service caring?

Our findings

People who used the service and their relatives told us staff were very caring. Comments included, “The staff are kind and look after me, they make you laugh and are happy” “Everybody is my friend; they are kind and lovely” and “The ladies who look after xxxx understand her needs, they are very caring and know our relative well.”

Information in people’s care files demonstrated a personalised approach to meeting their individual needs was adopted. Information included details about people’s personal likes and wishes and how to support these, including involvement from external advocates where required, together with details about how people’s independence should be promoted. People who used the service and their relatives confirmed staff consulted and involved them in decisions about support and that consideration was shown by staff for their wishes and feelings. We observed staff encouraging and involving people to participate in games of physical activities using computerised technology [Wii bowling] and saw that people enjoyed and actively engaged in this with one later commenting, “I am encouraged to do as much as I can do.”

We were told that other people were supported to take up voluntary work in a local shop that was run by the agency, to enable them to develop their skills and maximise their independence.

We observed interactions between staff and people that were courteous, good humoured and respectful. It was evident that positive relationships were developed between staff and people who used the service. Where people had communication difficulties, staff used sign language or Makaton signs to help people to understand and express themselves. We observed staff demonstrated patience and encouragement to support to people to understand what was being said. Staff told us they believed they provided a caring service. Staff comments included, “We get to know each person’s likes and dislikes and show respect, as this is their home” “We request and ask permission from them before we do things.”

People who used the service told us they had meetings with staff to enable their involvement in decisions about their lives. We saw that a range of information about the service was available to help them to know what to expect and who to contact if needed.

Is the service responsive?

Our findings

People who used the service told us they were able to participate in a range of activities. One told us, “There are plenty of activities, I enjoy walking and working in the shop. We go bowling and go to the disco in Cleethorpes but the taxi costs £30.00, so we can’t go every week.” People who used the service and their relatives were overall satisfied with support that was provided. People told us they felt they were listened to and said, “The staff look after people and care about us. If I have any complaints I can talk to the staff; they talk to me about what I want” “The hairdresser comes in to do my hair and I can have it anyway I like.”

We found assessments and plans of people’s individual support were carried out at the start of their use of the service, to ensure the agency was able to meet their needs. Staff told us, “The care is individualised and based on the client’s needs. We are here for the clients.” We saw evidence in people’s care records they were actively encouraged to be involved in the development of their plans of support, to enable their wishes and feelings to be upheld. We saw information about a range of people’s needs was recorded in their personal care files, together with details about their personal strengths and interests, to enable staff to support their wishes for independence and self-control. People who used the service told us staff involved them in making decisions about their support including, routines with things like cooking and choices about food, help with cleaning and personal care tasks.

We saw that assessments about known risks to people had been developed to help keep them safe from harm and make positive decisions about these, together with evidence of involvement from professionals in the community when required. Staff told that regular reviews of people’s individual plans of support were carried out. They

told us, “Care plans and risk assessments are undertaken at regular intervals. At least every six months: more frequently if the client’s needs change. We can call a multi-disciplinary team meeting within a week if that is needed.”

People who used the service told us they were able to take part in a variety of activities and we observed those attending day care provision involved in gardening sessions, Wii games, bingo, craft sessions and group card games. We saw that some people chose to dip in and out of the activities in order to undertake their daily routines, such as washing and cleaning with support from staff.

The registered provider had a policy that gave information in relation to making a complaint about the service to ensure people’s concerns were acted on and listened to. We were told this was available in an accessible format to help people understand about their rights. We saw this included acknowledgement and response times as well as what action to take if the complainant was not happy with the outcome of an official complaint that had been made. Information about how to make a complaint was given to people in their welcome pack at their start of their use of the service. We saw evidence the registered provider took action to follow up concerns that were received and used complaints or feedback as an opportunity for learning and improving the service.

We spoke with a person as part of the inspection, who told us they had raised an unofficial concern with the registered provider; because they felt staff sometimes needed more direction and supervision, to ensure people were supported to be as independent as possible. The relative told us they had previously raised this with the registered provider. We spoke to the registered manager about this who told us this issue was being addressed, with the appointment of senior staff to improve management of this aspect of service provision.

Is the service well-led?

Our findings

We found that staff individual skills and contribution was recognised and valued by the service. On the day following our first inspection visit, we found an award ceremony had taken place to celebrate staff personal achievements. The members of staff we talked with were clear about the company's values and vision. Comments from them included, "I feel the company has the right values and ethos, they look at what is right for the client", "The company is responsive to change and suggestions", "If we need equipment or resources, they are made available and staff are placed where they are needed."

There was registered manager in place who was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. We saw evidence notifications were submitted to the Care Quality Commission [CQC] in a timely way as required. The registered manager had a wealth of experience and was a qualified trainer and had worked in health and social care for a number of years.

We found the registered manager was supported by a range of both professional care and ancillary office based office staff who had clear lines of accountability and managerial responsibility. There was evidence the registered manager took their role seriously and had a 'hands on' style of approach. Staff comments about the management were very positive. One told us, "I feel listened to and that my opinions are respected", whilst others stated, "Staff are happy to come to work and receive regular supervision." "The culture is open and we learn from incidents. We discuss what is working and what isn't."

There was evidence the service had a clear sense of vision and values. We spoke to an external consultant who had recently been appointed to help develop the agency. They told us about planned improvements and how these were to be implemented with the development of key senior staff roles and responsibilities. Staff we spoke with were very positive about the service and stated, "The company has taken feedback from staff and clients and changed the teams. The restructure will provide more continuity for the clients. This is a 'client led' service."

We saw evidence of regular meetings and communication with staff to ensure they were aware of their professional roles and responsibilities. A whistle-blowing policy was in place to enable staff to raise any concerns about the service and we saw evidence that appropriate managerial action was taken in relation to issues in this respect. Members of staff we spoke with all said they could raise any concerns and felt the service's management team were approachable and fair.

We found internal governance systems in place to enable different aspects of the service to be monitored and reported on and enable the quality of the service to be assured. We saw for example; care planning reviews, medicine audits, staff training and general satisfaction surveys were carried out to enable the quality of the service delivered together with action taken to improve the service when this was required.

There was evidence that people who used the service and staff were encouraged to provide their views on the level of service provision and make suggestions including surveys that were issued to people, relatives and relevant professionals periodically.