

Amore Social Care Limited

# Amore Social Care Limited

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service

Amore Social Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service caters for children (13-18), younger adults and older people with needs relating to dementia, learning disabilities, physical disabilities, and mental health. Not everyone using Amore Social Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 10 people were receiving personal care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received the care and support when required and at their preferred times and were supported to follow their interests and take part in activities in their local community. Staff with similar interests supported people wherever possible. People who received a service said this was important to them; one person described their support worker as "Brilliant, absolutely brilliant."

Staff had been recruited safely and were specifically recruited to work with a person. Where possible the person was involved in the recruitment and interview process. Staff were supported through induction, regular supervision and ongoing training relevant for their role.

People's needs were assessed before they started using the service. People had personalised support plans in place, which identified what people could do for themselves and where staff support was needed.

People were supported to maintain good health and wellbeing by accessing healthcare when needed. Staff accompanied people to appointments when required.

People made their own choices about what they ate and drank and were supported by staff with meal preparation; staff ensured people had enough to eat and drink.

People were involved in planning their support. Regular meetings took place for staff and people using the service, to listen to their suggestions and include them in the development of their care.

Managers and staff at Amore worked closely with social care and health care professionals. Feedback received was positive.

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 12/2/2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Amore Social Care Limited

## 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 an 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 is required to have a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager at this inspection. The last registered manager had been promoted into a different role. A new manager was in post and had started the process to become registered manager with CQC.

#### 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 registered manager would be in the office to support the inspection.

Inspection activity started on 14 January 2020 and ended on 15 January 2020. We visited the office location on both days.

#### What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service on the telephone and visited two people in their own homes. We spoke with members of staff including the provider, the new manager, the regional manager, case officers and five support staff.

We reviewed a range of records. This included three 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.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Assessing risk, safety monitoring and management

- Staff received training and had access to relevant information and guidance about protecting people from harm.
- Risk assessments were completed and reviewed. Information recorded included behavioural interventions - prevention strategies, reactive management, signs and signals when anxious.
- Safeguarding concerns were recorded and reported appropriately.

Staffing and recruitment

- Staff had been recruited safely.
- Staff were specifically recruited to work with a person. Where possible the person was involved in the recruitment and interview process.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. Staff visited at the times agreed within people's care plans.

Using medicines safely

- People received their medicines at the right time.
- Medication Administration Records were signed appropriately. Protocols for people's 'as required' medicines guided staff effectively on when people might need these.
- Managers regularly assessed staff's competence to give people medicines.

Preventing and controlling infection

- Staff had access to personal protective equipment, such as gloves and aprons, to help protect people and staff from the spread of infection.
- Staff supported people to keep their own homes clean and hygienic.

Learning lessons when things go wrong

- Incidents and accidents were recorded.
- Case assessor staff and the registered manager reviewed the records to identify what needed to be done to prevent reoccurrence.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure restraint procedures were proportionate. There were no systems in place to monitor the use of restraint. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications had been made to the Court of Protection for people to be deprived of their liberty in their own home.
- Restraint procedures were used by staff to protect a person from harm; evidence showed they were used as a last resort. Detailed records were completed, and discussions held with staff to review the incident to ensure restraints were in line with the restraint policy and protocol.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service.



- People had personalised support plans in place, which were regularly reviewed. These identified what the person could do independently, but also what they needed help with.

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

- The service worked with a variety of professionals to maintain people's health and wellbeing.
- People's care plans detailed health support needs and staff accompanied people to appointments when required.
- Staff communicated and worked with each other and staff in other services. Referrals were made to when needed, and in a timely way.
- Amore employed healthcare professionals to work with people and support staff.
- A social care professional told us, "One of Amore's strengths is consistency in terms of ensuring that the same staff are used to support individuals. This has benefitted [name] as they have been able to develop good relationships with their care staff and familiarity and consistency are extremely important to them."

Staff support: induction, training, skills and experience

- Staff were supported and guided in their roles effectively through induction, regular supervision and ongoing training.
- The provider recognised staff needed additional support at times, when the work became challenging and stressful. Staff had access to an independent counselling service.

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

- People were supported by staff with meal preparation; staff ensured people had enough to eat and drink.
- People made choices about what they ate and drank and where possible were supported to go shopping for their food.
- Where required, staff kept records to demonstrate people ate and drank enough throughout the day.

## 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 the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and support.
- Regular review meetings were held with people and family members to discuss their support and obtain people's views.
- Questionnaires were sent regularly to people who received support in their home to monitor the quality of the service provided. Feedback we saw was positive.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were supported to be as independent as possible.
- Staff assisted people to access equipment, aids and adaptations for their home, as well as supporting them to live in suitable living accommodation.
- People were supported to access activities or places of interest when they would be less busy or noisy, so people would enjoy them and not feel anxious.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support that was person centred and met their assessed needs.
- Support plans contained information regarding people's social history, likes and dislikes and interests to allow staff to get to know people.
- People received the care and support when required and at their preferred times by familiar staff.
- People were supported to follow their interests and take part in activities in their local community. Staff with similar interests supported people wherever possible. People who received a service said this was important to them; one person described their support worker as "Brilliant, absolutely brilliant."

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 recorded.
- Care records provided guidance for staff to effectively communicate with people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- Effective quality assurance systems were in place to monitor key aspects of the service. These included, reviews/audit of medication administration records, daily logs and accident and incident reports returned from people's homes.
- Incident forms involving any restraint of a person were reviewed by the registered manager and a training officer and with staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a robust management structure in place to support the staff, people who used the service and improve the quality of the service provided.
- The provider recognised the need for people and staff to have access to clinical nursing leads and dedicated trainers in the organisation to provide better outcomes for people. People had been employed to this role in the organisation.
- The registered manager and provider notified CQC of specific events as required as well as complying with duty of candour responsibilities.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations.

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

- People were involved in community activities within their locality.
- Staff told us they enjoyed working for the service and spoke of a positive team morale. Staff's comments included, "Good supportive team. Can ask for help at any time", "Good support from team and managers" and "Can contact any of the office managers at any time, they always get back to you. Good on call support".

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

- People's opinion of the service was sought.
- Regular meetings took place for staff and people using the service, to listen to their suggestions and include them in the development of their care. Staff felt communication amongst the team was good.

Working in partnership with others

- The registered manager worked with the local authority and healthcare providers.
- Feedback received demonstrated that Amore worked closely with social care and health care professionals, providing effective care and support, providing updated information about people.
- Feedback from the local authority confirmed that commissioners had no current concerns about the service.