

Amara Care Limited

# Amara 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

Amara Care is a Domiciliary Care Agency that provides care and support services to people who live in supported living arrangements. The aim of the service is to provide people with the support they need to live as independently as possible.

Amara Care also provides personal care to help support people who live in their own home. The service specialises in providing support and treatment for people who are living with dementia, people who have learning disabilities and people who have mental health needs. People of all ages are supported, including children, young people and adults.

At the last inspection on the 8 June 2015, the service was rated Good. At this inspection we found the service remained Good.

The service was managed by a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Personalised care was delivered through individualised care plans and risk assessments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were recruited safely and we saw appropriate checks had been completed. People who used the service were involved in the recruitment process. We saw staff had received suitable training and they told us they felt competent with assisting to meet people's needs.

People who used the service were supported to take their medicines as prescribed. They had access to healthcare professionals and were supported by staff to attend appointments. People were able to receive specialist dementia care and psychological therapies by accessing professionals funded by the service.

Staff supported people's dietary needs and encouraged healthy eating. People were also encouraged to live a healthy lifestyle by engaging in activities, which they were interested in and enjoyed. These activities promoted independence and choice.

People who used the service, or their appointed representative, were involved in their care and contributed to reviews when possible. People who used the service and their relatives told us they knew how to access the provider's complaints policy.

We also saw that people were supported by caring staff who encouraged them to express their opinions. Staff were seen communicating effectively with people and advocacy services were used when appropriate.

The registered manager understood and fulfilled their duty to report notifiable incidents to the Care Quality Commission as required under legislation. The provider had developed quality assurance and governance systems to highlight shortfalls and drive improvements within the service.

Further information is in the detailed findings below.

## 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 continued to be safe.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

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# 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 checked whether the 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 the 4 August 2017. It was an announced comprehensive inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by two adult social care inspectors

Before the inspection we reviewed information we held about the service. This included looking at information from local authorities and from the provider. The service had submitted notifications as required. These are documents about events in the service, which, by law, the provider has to tell us about. They had also submitted a Provider Information Return (PIR). This form asks the provider to give information about the service, what it currently does well, and what it hopes to implement in the next year. We also contacted clinical commissioning groups who had an interest in commissioning care for users of the service and sought their views.

During our inspection we spoke with the registered manager, Managing Director, a team leader and four members of staff, as well as six users of the service and relatives.

We reviewed the care records for four people who used the service. This included looking at care plans and risk assessments. We saw three staff recruitment files. We looked at records relating to how the service was managed. This included policies and procedures, quality assurance questionnaires, referrals to the local authority, meeting minutes, audits, complaints information, accident and incident reporting logs and training records.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person explained how they were supported by a small dedicated team of staff who knew their needs. They told us that they trusted the staff to ensure they were safe, "Yes, I completely and utterly trust staff." People also told us that staff arrived at agreed times to deliver care and support as required. "They [staff] turn up on time always, I've never had a grumble."

People who used the service were protected from abuse and avoidable harm. We reviewed the training records and this showed staff had completed training in relation to safeguarding adults and children. During discussions with staff it was clear they were knowledgeable about the different types of abuse that could occur and understood their responsibilities to report any abuse or poor care they became aware of.

We saw the Service User Guide and easy read information on safeguarding. Staff told us these are given to people who used the service, so they can have an understanding of how they can expect to be treated, and what to do if this is not the case.

Risk assessments had been created for different aspects of people's lives and included detailed guidance to ensure staff were aware of those risks and any action they were required to take to keep people safe. Staff were clear about their responsibilities in reporting any safeguarding concerns and were knowledgeable about recognising types of abuse.

The provider had developed a business continuity plan that helped to ensure people would continue to receive the care and support they required during a foreseeable emergency. The nominated individual explained to us how this effectively worked in practice when an incident occurred and people who used the service had to be relocated.

We saw that accident and incident records were evaluated regularly and were used to develop personalised support plans. Appropriate plans were in place for when people displayed behaviours that challenged the service and others. Known triggers and de-escalation techniques were recorded. This meant that staff were clear about what to do in the event of an incident and could take appropriate steps to keep people safe.

We reviewed three recruitment files and saw that relevant checks were undertaken to ensure staff were suitable to work with adults at risk. These included application forms, interviews, references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in the care industry. Two people who used the service informed us that they had been involved with the recruitment of new staff. This helped to ensure new staff were suitable and compatible with the people who used the service and promoted their involvement and inclusion in every day decision making within the service.

People who used the service were supported to take their medicines as prescribed by staff who had completed safe handling of medicines training. The registered manager told us that staff competencies were assessed regularly and Medication Administration Records (MARs) were checked to ensure issues would be

identified. We saw a number of MARs that had been completed accurately without omission. One person was enabled to self-medicate and they confirmed staff reminded them to take their medicines when required. They told us, "Staff prompt me when I forget."

Staff told us that they always have personal protective equipment (PPE) available and that they know how to use equipment to keep themselves and people who used the service safe; "For the clients I support I know how to use everything right."

## Is the service effective?

### Our findings

People who used the service told us that staff encouraged them to eat a healthy diet and catered for their dietary preferences and specialist needs. People told us how staff supported them to shop for appropriate foods and helped them to cook. One person commented on how staff encouraged them to try different foods and supported them to maintain a healthy diet and told us, "Staff help me to choose healthy foods. I now have wholegrain pasta as it's healthier than the other" and "I'm vegetarian so staff help me to pick the right foods."

Records showed staff had completed a range of training which helped to ensure they had the skills and knowledge to meet people's needs. People told us that they thought staff were well trained and had an understanding of their needs when attending to them.

Records showed staff received regular supervision meetings and yearly appraisals. Staff told us they felt supported in their roles and were encouraged to continually develop by completing further training and nationally recognised qualifications.

People told us they were supported and enabled to make decisions about their care. It was clear staff understood the different ways to gain consent from people and how to support people who lacked the capacity to make an informed decision themselves. A person who used the service told us they had, "Fluctuating capacity so my carer sometimes has to do things in my best interests."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. We saw records that demonstrated the principles of the MCA were adhered to within the service and best interest's decisions were only made on people's behalf in appropriate best interest forums. Appropriate people had been consulted. We saw that some people had court appointed representatives that were involved in making decisions about their health and welfare and other people were supported by Independent Mental Health Advocates [IMHAs] when they required support. This showed that the provider understood their responsibilities under the MCA and also consulted relevant professionals to ensure the best care for the people who used the service.

We saw staff had developed the skills to communicate with people effectively. People who had communication difficulties utilised techniques and equipment to communicate with staff, including sign language and technology. We observed staff interacting with people and this was carried out in an encouraging and patient way, this helped to ensure people were listened to and were able to express their views and opinions.

People who used the service had access to healthcare professionals. Their advice and guidance was followed and incorporated in to people's care plans, this ensured that staff were aware of the support required. People told us staff supported them to attend appointments and to request necessary equipment.



Staff told us they worked with a range of health professionals to best meet the needs of the people who used the service. One person who used the service said that the professionals involved in their care, all work effectively together to meet their individual needs.

## Is the service caring?

### Our findings

People who used the service told us that staff were caring and that they received, "The best possible care." People also said they were, "Delighted with the service" and "Satisfied in every possible way."

During the inspection we spent some time observing staff and saw they treated people with dignity and respect. The staff told us they understood the importance of caring for people as individuals. We observed interactions between people who used the service and staff were respectful, considerate and relaxed. People who used the service told us that staff respected their home by keeping it clean and tidy. One person commented that staff often go over and above the requirements of their job.

We saw staff supporting people in a caring way; they gave people information in a manner that they understood and were open in their interactions. We observed that staff were inclusive by ensuring that the person whom they were supporting was involved in the conversation and expressed their views. Staff demonstrated that they understood one person's communication needs by helping them to effectively express their opinions. This was done intuitively and ensured the person participated in conversations. Information was made available for people in an easy read format that made it more accessible for the people who used the service.

People confirmed staff were aware of their likes and dislikes, supported them in line with their preferences and gave them choices. Information was made available to staff about people's life histories, including where they grew up, went to school, where they had worked and their family lives. This helped to ensure staff knew the people they were supporting and could engage them in meaningful conversations.

Staff told us that they used advocacy services and we saw that this type of information was provided to people at the commencement of the service.

We saw that private and sensitive information was stored, handled and shared appropriately. Staff understood their responsibilities not to discuss confidential information outside of the service and had signed confidentiality policies. The registered manager told us, "Everyone who uses our system [IT system] has different levels of access so information is restricted and could only be accessed by people with permission to see it."

## Is the service responsive?

### Our findings

We saw evidence that before people were supported by the service an assessment of their needs was undertaken. The information from the assessment was then used to develop person centred care plans. When possible, people or their appointed representative signed the assessment to confirm their involvement in the process.

We looked at the care files of four people who used the service and saw that a review of their care needs occurred regularly and we saw that they were attended by various stakeholders involved in the person's care. This helped to ensure people's holistic needs were discussed and planned for. People were involved in the on-going planning of their care whenever possible, which enabled them to provide feedback about their needs and personal preferences.

We saw that no complaints had been received since our last inspection. A member of senior staff confirmed that complaints information was provided to people in their welcome pack at the commencement of the service. People who used the service told us they knew how to raise concerns and make complaints but stated they had no reason to. People verified that they felt their complaints would be taken seriously. We saw a pictorial complaints and compliments form had been developed. This was to make it easier for people who used the service to express their opinions.

People were supported to follow their interests and take part in activities and work opportunities. The provider's monthly newsletter provided an opportunity for people who used the service to engage in activities such as competitions. Coffee mornings and other events were arranged at the office. A person who used the service told us they had a job in the local community. Staff supported the person to attend this, which helped the person increase their skills and independence. The person said, "I enjoy it [job,] I help out."

People told us they had opportunities to go on holidays supported by staff, which enabled them to visit new places, develop new skills and promoted their independence. Staff told us how they supported people on their holidays to ensure their needs continued to be met and people were able to lead a full and varied lifestyle.

## Is the service well-led?

### Our findings

The provider's quality assurance system was used to drive continuous improvement within the service. We saw that audits were completed regularly in areas such as care plans, staff training, care records and medication administration records. Spot checks were completed to ensure staff delivered care and acted in line with the values of the organisation.

We saw that people, their families and staff were asked to provide feedback about the care and support offered and this was done through questionnaires. The registered manager was able to demonstrate that action was taken to improve the service whenever feedback was received or shortfalls were identified.

The registered manager had remained the same since the last inspection. The registered manager was aware of and fulfilled their responsibilities to report incidents and other notifiable events. Staff comments about the registered manager were positive and included; "She's very approachable" and "I can go to her with anything." A person who used the service said, "If I did have any complaints I'm sure she'd [registered manager] deal with it."

The provider informed us of their innovative work with other services. These included providing a good level of training for staff and users of the service, and funding an Admiral Nurse. An Admiral Nurse is a specialist nurse who supports people who live with dementia and their families.

The provider recognised staff's hard work and dedication. A staff nomination scheme had been created that enabled people who used the service to nominate members of staff to be recognised for their work. We saw the monthly newsletter promoting this and certificates given to staff.

Staff understood their roles and what was expected of them. Information was disseminated to staff in a variety of ways including meetings, presentations and memorandums. Minutes of team meetings were viewed and covered appropriate topics including health and safety and information regarding people who used the service. This helped to ensure staff's knowledge was up to date.

Staff told us that the provider encourages them to work alongside other professionals such as occupational therapists, Admiral Nurses and psychologists. They said that this meant the people who used the service were given a good level of care by appropriately trained staff, and their individual needs were provided for. One person who used the service stated, "All the staff who help me work well together." The nominated individual told us the provider values training and works with a training organisation to provide specialist training to staff.