

Amore Social Care Limited

Amore Complex Care Manchester

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

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.

About the service

Amore Complex Care Manchester is a domiciliary care service registered to provide personal and complex care to both adults and children living in their own homes. At the time of our inspection there were 8 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

Right Support

Thorough assessments and plans had been developed reflecting the support people wanted and needed. On-going reviews were completed to ensure people's current and changing needs continue to be met. Activities and opportunities were explored to help promote people's social and emotional well-being. Lawful authorisations were in place to help keep people safe as well protect their rights. 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.

Right Care

We were told staff upheld people's privacy and dignity, providing compassionate care and support. Clinical staff had been appointed; providing training and support for staff so people's complex health care needs were safely met. Staffing arrangements offered continuity and reliability in support. Robust recruitment procedures were followed. New staff completed a comprehensive induction with on-going training and support in relation to the specific needs of people. Staff understood their role and responsibilities and felt supported by the management team.

Right culture

A range of systems were in place to monitor and review the quality of the service, this included developing positive working relationships with people, staff and relevant agencies. Staff were clearly aware of their responsibilities to report any concerns and were confident these would be acted upon. All aspects of the service were reviewed to help inform on-going learning and improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

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 Complex Care Manchester

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.

Service and service type

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

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 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 30 January 2023 and ended on 13 February 2023. We visited the location's office on 1 February 2023.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit we spoke with the managing directors for the service and 2 case workers. We received feedback from the relative of 1 person who used the service and 5 support staff. In addition, we also received feedback from 2 health and social care professionals.

We reviewed a range of records on site and those sent to us electronically following our visit. These included; support plans, staff recruitment, training and development, policies and procedures and evidence of management and oversight of the service.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place for the reporting and responding to safeguarding concerns.
- A review of records showed any safeguarding concerns were recorded and acted upon. A 'corrective action' form was completed to review any incidents. Any learning, to improve practice, was shared with the team.
- Staff received training in safeguarding adults and children and whistle-blowing procedures. Those staff spoken understood their responsibility in raising concerns and were confident any issues raised with managers would be responded to.
- Incident reports were completed and 'debrief' sessions held with staff to review any incidents, check protocols were followed and if any additional support was required.
- Staff spoken with said, "Any safeguarding issues or concerns can be raised in order for it to be acted upon so the service user can get the care they need and deserve" and "I will raise any concerns to my manager at any time if I find out that something is not right."
- The relative of one person felt systems were in place to help protect their family member. They told us, "Yes, I feel [relative] is safe. Staff are kind, caring and compassionate towards [relative]."

Assessing risk, safety monitoring and management

- Risk management plans were completed, monitored and kept under review to ensure appropriate levels of support were provided.
- Positive Behaviour Support (PBS) plan were utilised to help guide staff in best practice and the approaches to use when supporting behaviour changes. Staff confirmed they had relevant information and training to safely support the person they worked with.
- Where financial support was being provided, records were maintained of all transactions and audited monthly to check balances were correct.
- A health and safety risk assessment had been completed with regarding to the office environment. This explored the premises, equipment and fire safety including fire drills.
- Additional 'out of hours' support was also accessible should staff need advice and support. Staff

confirmed on-call support was available if needed. We were told, "Yes there is always someone available to call" and "There's always the on-call number, we can call at any time, 24/7."

Staffing and recruitment

- Safe recruitment procedures were in place.
- Relevant information and checks were completed prior to new staff commencing their employment. This included a Disclosure and Barring Service check (DBS). A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff retention had been good with a number of staff having worked for the service for some time. On-going recruitment was taking place to allow flexibility in support and be responsive to the changing needs of the service. Staff told us, "It's a great team, very supportive."
- One family member spoken with was happy their relative received support from regular staff. Adding, "It's a very consistent and stable team, they show empathy and compassion."

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed.
- Support plans outlined the level of support to be provided. Audits were completed to check people received their medication as prescribed.
- Records showed and staff confirmed relevant training had been provided. Additional training and assessments of competency were also carried out where support was provided for those people with complex care needs, such as emergency medication due to a seizure.

Preventing and controlling infection

- Relevant procedures and training were available to guide staff in the prevention and control of infection.
- Personal protective equipment (PPE), such as gloves and aprons, were provided to help protect people and staff from the spread of infection.
- Staff spoken with confirmed that stocks of PPE were readily available. One person told us, "Yes, and if anything needs to be restocked it's never an issue."
- Where people needed assistance in maintaining hygiene standards within the home, this was incorporated within the support plan.



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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Comprehensive assessments were completed and included areas such as choice and control, health and well-being and living safely and taking risks. Assessments were completed in partnership with relevant health and social care teams so that support was provided in the least restrictive way.
- Authorisation had been sought from the Court of Protection where people were being deprived of their liberty in their own home.
- Detailed protocols were in place to guide staff in the use of restraint, where necessary. Information also included potential triggers and early intervention to help minimise the use of restraint.

Staff support: induction, training, skills and experience

- A programme of training, development and support was available to all staff.
- Training included mandatory courses, which were completed by all staff. In addition, bespoke training was provided focusing on the specific individual needs of people.
- A nurse had been employed by the service. Their role was to provide additional training and support in clinical areas such as emergency medication, maintaining airways and feeding tubes.
- Staff spoken with confirmed they had received an induction and completed relevant training, so they were equipped to support people.
- Staff told us, "In my induction, I was shown my service user's care file which has everything to do with his care consisting of his personal needs as well as his medication which I went through with my manager", "I've completed the mandatory training, medication training, MAPA training (physical intervention). I am also booked in to complete an autism & learning disability training soon" and "Yes, I'm support 100% all the time."

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

- People's nutrition and hydration needs were assessed and planned for. Where necessary additional advice and support was sought from the speech and language therapist, community dietician and tracheostomy nurse specialist.
- Any likes and dislikes were outlined within people's care plans. One family member told us, "I've provided a menu list and information about likes and dislikes and do's and don'ts."
- Where people had complex dietary needs training and assessments were carried out by nursing staff, to check people's individual needs were safely met by staff.
- Further training was provided in food hygiene, nutrition and hydration to help promote people's health and wellbeing.

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

- The service worked closely with other professionals to help maintain people's health and well-being. This included, social workers, learning disability nurses and occupational therapists.
- A hospital passport was in place. This provided good information about the person, their health care needs along with other useful information, such as likes, dislikes and how to communicate with them.
- One person's relative told us they were kept informed. Regular meetings were held with members of the management team, where they were able to discuss any issues or concerns about their family member.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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

- Support staff were described as kind and compassionate. Time was spent 'matching' staff to people helping to form positive support arrangements.
- Staff received training in The Equalities Act 2010, which explored areas of discrimination or unfair treatment on the basis of certain personal characteristics. This was reflected in the care delivered.
- One family member told us, "It's going well, [relative] has made remarkable progress, it's down to the team doing a fantastic job" and "The staff know [relative] inside out now."

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

- People were supported by a consistent staff team, who knew them well; encouraging and supporting them to make decisions for themselves.
- How people communicated their wishes and feelings were outlined within their support plans.
- The relative of one person told us, "I feel [relative] is able to better communicate his needs and wishes to the team using his PECS book."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected.
- Staff training incorporated 'dignity and inclusion', helping staff to recognise and understand differences so that people are treated equally and fairly.
- Where possible people were encouraged to maintain their independence. One staff member told us, "The induction provided me with the knowledge required to work with an outcome-focused approach, supporting individuals by promoting their independence and empowerment."



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and their family, where appropriate, were involved in the assessing and planning of their care and support. One person's relative told us, "I've been involved in developing the care plans, we have regular discussions."
- Comprehensive support plans provided personalised information about people, reflecting their individual routines, choices and preferences.
- Daily notes and monitoring of people's well-being were also completed. Regular reviews were held to ensure the care and support was being delivered in a way people wanted and needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were included within their care and support plan.
- Different communications methods were explored and used as some people were not able to verbally express their needs and wishes. For example, staff described how they used Picture Exchange Communication System (PECS). This is a way for autistic people to communicate without relying on speech. People use cards with pictures, symbols or photographs to help communicate.
- Staff spoken with told us, "Although [person] can understand us when we speak to him, we also use their personal PECS book to reinforce what we are saying to help give him choices" and "Yes we do use different ways and methods we communicate with our client, such as sign language or using an I-pad to show pictures."

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

- Support plans included how people wished to be supported in meeting their social and emotional needs.
- Activities and opportunities varied depending on each person and ranged from attending school, completing household tasks as well as swimming, bowling and day trips.
- A health care professional involved with one person told us, "They [staff] encourage independence and community presence, going out of their way to find activities that can be enjoyed in a manner that is safe to them and others."

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints or concerns.
- People we spoke with knew who to contact should they need to. The relative of one person told us, "We work things out together and they will address things were needed."
- Staff were also aware who to speak with if needed. We were told, "I can raise anything with the managers, they're very quick at responding."



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were clear about their role and responsibilities.
- Quality assurance systems provided clear monitoring and oversight of the service. Where action was required plans had been put in place to address areas of improvement
- Case workers and support staff spoke positively about the registered manager and providers, and about the quality of support offered. We were told, "They are driven to provide good quality care" and "Great company, wealth of knowledge."
- Spot checks were carried out to check staff were providing care and support to a good standard. These included, interactions with people and colleagues, understanding of support needs and risk and completion of documentation.
- The relative of one person also told us they had confidence in management due to their approach. We were told, "Whenever I call there is a consistent response from all the management team/case officers, it's reassuring, I like the team and Amore, very professional."
- Health and social care professionals spoke highly of the staff. Comments included, "Incredible team" and "They are efficient and responsive in meeting [person] needs whether they be behavioural or physical."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Regular meetings were held with staff teams, people's families and external agencies to help keep everyone informed and involved in service delivery.
- The relative of one person felt the introduction of a 'leader' had been good for the team supporting their relative; providing more direction and support. They also told us, "The management team treat me with

respect, and I feel included."

- Case workers felt support was planned and delivered in a way personalised way. Staff told us, "It's the best staff team" and "We all work well as a team."

Continuous learning and improving care

- A recruitment retention and business improvement plan had been developed to help drive ongoing developments within the service. This was kept under review through the quarterly management meetings.
- On-going monitoring and checks were completed to review the quality of care and support provided. Plans were put in place where areas of learning or improvement could be made.
- Further training in learning disabilities and autism was to be provided to the team to reinforce good practice.

Working in partnership with others

- The service worked in collaboration with a number of health and social care professionals, such as, social workers, community learning disability team, Integrated Care Team, occupational therapist, speech and language therapist and community dietician.
- A health care professional told us, "From a care planning perspective, they are open and transparent, and I always feel involved."