

Amore Home Care Limited

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Inspection report

22 Belper Road
Eccles
Manchester
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency that provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments or dementia. The provider has one domiciliary care agency within their registration. The service's office is based in Eccles, and support is provided to people in surrounding areas. At the time of the inspection it was providing a service to four people, who were all receiving personal care.

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

The provider had ineffective governance arrangements and failed to maintain accurate complete and contemporaneous records. We reviewed a range of records and found improvement was required with record keeping. There were no documented audit systems in place to monitor the standard of care for people and the effectiveness of the service. The provider did not have a business continuity plan in place. This meant there were no assurances the service could continue during a time of emergency or disaster.

Assessments of the risks to the health and safety of people receiving care were not being carried out thoroughly. Moving and handling risk assessments were not robust to show how risks identified were mitigated.

The service did not routinely provide end of life care; however, people did not have the option to disclose and record their end of life wishes as part of their care planning. We have made a recommendation about giving people the option to make their end of life wishes known.

People and their relatives' views had been sought through regular contact, surveys and quality monitoring.

Staff worked with other agencies to provide consistent, effective, timely care. People told us they had regular support workers for their visits and the staff arrived on time.

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.

People told us staff were kind, courteous and sensitive. One person said, "The carers are very kind". Relatives also spoke positively about the staff. One relative commented, "The carers have a really good laugh and joke with [name of person]."

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse. Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them.

The service did not meet the characteristics of Good in all areas.

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 27 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection of the service since it was newly registered in July 2018.

Enforcement

We have identified two breaches in relation to regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Adequate moving and handling risk assessments were not in place and the governance systems used did not provide effective oversight and monitoring of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Amore Home Care

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

One inspector carried out the site inspection and conducted home visits.

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 had a manager registered with the Care Quality Commission. 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.

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 9 September 2019 and ended on 10 September 2019. We visited the office location on the first day.

What we did before inspection

We reviewed information we had received about the service since it was newly registered in September 2018. This included details about incidents the provider must notify us about, such as allegations of abuse. We sought feedback from the local authority and professionals who worked 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 carried out two home visits and spoke with two people who used the service and two relatives about their experience of the care provided. We also spoke with the registered manager and co-partner (who also provided personal care to people).

We reviewed a range of records. This included four people's care records and one person's medication records. We looked at three 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 also reviewed.

After the inspection

We continued to speak to people on the phone about their experience of the care provided. We spoke with the remaining two service users. We also spoke with two support workers.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Assessments of the risks to the health and safety of people receiving care were not being carried out thoroughly. We reviewed moving and handling risk assessments for all four people and found them all to contain limited information.
- Two people required support with hoists when transferring and their moving and handling risk assessments were not robust to show how risks identified were mitigated. The risk assessments did not provide details of the moving and handling equipment being used for each person and did not direct staff about each person's mobility and transfer needs.
- One person required minimal assistance with their mobility and another person required oversight with their shower transfers. We found both of these moving and handling risk assessments acknowledged input from staff was needed to maintain people's safety, however the assessments failed to identify and make clear each person's mobility needs and the support they required to mobilise or transfer safely.

We found no evidence people had been harmed however, the registered person had failed to follow good practice guidance and do all that is reasonably practicable to mitigate moving and handling risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicines were managed safely. People had risk assessments in place to identify the level of support required with their medicines. People were encouraged to manage their own medicines where they were able. At the time of the inspection, one person received support with their medicines and they told us, "My tablets are always given on time."
- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person said, "I feel safe when they [staff] are caring for me." Another person told us, "I feel safe with them [staff]."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. There was a safeguarding and whistleblowing policy in place, which set out the types of abuse and how to raise concerns. One member of staff told us, "I have a good understanding [of safeguarding]. I would report any concerns to the manager. If I was concerned about the manager I would report it to the local authority."
- No accidents and incidents had occurred; however, we saw processes were in place to record and analyse any occurrences. The registered manager told us any learning would be shared in staff meetings.

Preventing and controlling infection

- Staff training records showed staff had received training in the control and prevention of infection. Staff told us personal protective equipment (PPE) was available to them. One staff member said, "We wear gloves all the time. If we run low, we go to the office and pick them up." A person added, "The carers are always in uniform and wear equipment, gloves etc."

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person told us "They [staff] are always on time, if they are stuck in traffic, they [staff] will call and let me know." A relative added, "We have regular carers coming in and we know when they are coming."

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.

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.

Staff support: induction, training, skills and experience

- Staff said they received an induction before they started to provide care work. Staff told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident to work alone. One staff member told us, "I had induction when I started. I did training, learnt about the values [of the service] and what was expected of us. I completed moving and handling training, as well as other training and shadowing shifts the first week. I felt very confident to do the job after the induction."
- Some staff had completed the Care Certificate and other staff were working towards the qualification. The Care Certificate is an agreed set of minimum standards that define knowledge, skills and behaviours expected within health and social care.
- Staff received appropriate training, regular supervisions and regular spot checks were carried out to ensure staff were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs. One person said, "The carers are trained, they know how to use the hoist, they have used it all along. They know what to do." A relative added, "They [staff] undertake training. The carers have talked about the training they have done."

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care. One relative told us, "The carers update me about anything and any concerns. The communication is very good."
- Records including medication administration records (MARs) were provided to support people's hospital admissions.
- People told us the support workers arrived on time to deliver their care, and if the carer was delayed people were informed of this. One person said, "The carers always arrive on time and very punctual." A relative commented, "The time keeping is excellent."

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

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and their relatives were involved in their care planning, which was reviewed at regular intervals or when people's needs changed. A relative told us, "I am involved in the reviews and we are due to have another one."
- The service was flexible and responded to people's needs as they arose. For example, the service could accommodate increases to care packages when people required additional support. A relative said, "When I

have been away the carers have come in [more often]. They [the service] increased the visits and provided a lunch call. They agency is flexible, they go out of their way."

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

- Some people independently managed their food and nutrition or had support from their relatives. Where people required support with their food and nutrition, the level of support was agreed and documented in their care plan. At the time of our inspection one person was receiving regular assistance to prepare their meals. They told us, "The carers support me with my meals and drinks and my lunch. I can choose what I want to eat."
- A food hygiene policy was in place. Records confirmed staff were also required to complete training in food hygiene, so that they could safely make and serve meals.

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.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "MCA was touched upon in a module in the care certificate, we are due a whole training session on it. Assessing mental capacity is about being able to give consent and whether they [people] have the capacity to decide what they do or don't want. It's about making informed choices and decisions."
- At the time of the inspection there were no people receiving services who lacked mental capacity.

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.

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

- Staff had a caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind, courteous and sensitive. One person said, "Carers are caring and kind. I think the carers know me well." A relative added, "[Name of person] has a good relationship with the carers. They [staff] are thoughtful and take on board how [name of person] is."
- An equality and diversity policy was in place. Staff received training in equality and diversity and were committed to ensuring people had equal opportunities. One staff member told us, "We treat everyone the same regardless of their background and give the best of care we can give them. We respect their [people's] religion."

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. People told us, "The carers always give me choices. They ask what I want to wear" and "I can choose what I want to eat, I choose my shopping and I choose what to wear."
- Advocacy information was provided to people in their service user guides and the registered manager signposted people to advocacy services where needed. Advocacy is a process for supporting people to express their views and concerns.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "The carers shout before entering [the home] when using the key safe." Another person commented, "The carers will close the door when getting me ready. They respect my privacy and dignity."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We keep doors closed. We explain what we are doing and ask them first if what we are doing is okay. We make sure they are in a private place [when providing personal care]."
- The service promoted people to live as independently as possible. A staff member said, "We let them [people] do things for themselves where possible. Like encouraging them [people] to make cups of tea or encouraging them [people] to make their own dinner as we watch to make sure they are safe." A person told us, "I am very independent and do what I can for myself. The carers encourage my independency at all times of course."

Is the service responsive?

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

- Assessments and care plans had been completed which reflected people's needs, wishes and preferences. People likes and dislikes were recorded and it was evident people had been involved in the development of their care plans.
- The registered manager carried out regular visits to people using the service to review their care. During this they obtained the input of people using the service to promote them having control over their care. One person told us, "I see management a lot, they come and do the visits [care] as well."

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.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative to the current format. The registered manager told us they would use an external agency to supply information in different formats upon request.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People were given a service guide when they started to use the service. This contained information around how to make a complaint about the service and which other organisations could help if they were not satisfied. This information was also held in care documentation held in people's homes.
- People and relatives, we spoke with were aware of how to make a complaint. One person said, "I am aware of how to make a complaint, but I don't need to complain. They [service] are very good." A relative added, "We have complaint sheets in the pack. If there is a concern, I have no hesitation in raising anything. And I am confident [name of registered manager] would act upon any issues."
- We reviewed the complaints log and found the service had not received any formal complaints. The service did receive informal complaints or comments made via the telephone and these were addressed and documented accordingly.

End of life care and support

- The service did not routinely provide end of life care, although there was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. The provider told us

if the need arose they would provide training, so staff are able to provide personal care alongside community based health professionals should people wish to remain at home. However, people did not have the option to disclose and record their end of life wishes as part of their care planning .

We recommend the provider reviews their processes to give people the option to make their end of life wishes known.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a medicines policy; however this did not cover all relevant areas according to the National Institute for Health and Care Excellence (NICE) guidelines. NICE provides national guidance and advice to improve health and social care. The medication administration records (MARs) in place also did not follow NICE guidelines and were not robust enough to accurately document administration of medicines. Staff medicine competency checks were not documented.
- We reviewed a range of records and found improvement was required with record keeping. Staff interviews were not recorded and various records did not have accurate dates. For example, people's care plan updates did not have the dates recorded.
- The provider did not have a business continuity plan in place. This meant there were no assurances the service could continue during a time of emergency or disaster.
- The registered manager told us they did a visual check of people's care records, MARs and communication sheets. However, we found there were no documented audit systems in place to monitor the standard of care for people and the effectiveness of the service.

The provider had ineffective governance arrangements and failed to maintain accurate complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were very pleased with the service. A relative told us, "We have an evaluation sheet for feedback where we say how we feel things are going. We have the opportunity to do that formally and informally."
- Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. Staff told us, "[Name of registered manager] would resolve any issues. They are very approachable and lovely" and "[Name of registered manager] is a nice person to work for. You can go to her with a problem and she would look into it."

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

- Person-centred care was promoted, and people told us the staff knew them well and responded to their

needs in a person-centred way. A relative said, "They [staff] know [name of person] well and they know me well too. The carers have a laugh and a joke [with person], they come in with a smile on their face."

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 had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social workers and mental health nurses.
- The registered manager was committed to developing further the skills and knowledge in the team. They were considering further training for staff in various areas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of people receiving care were not being carried out thoroughly. In particular, moving and handling risk assessments were not detailed enough to show how risks identified were mitigated.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems used did not provide effective oversight and monitoring of the service. A business continuity plan was not in place. No audit processes were implemented to monitor the effectiveness of the service. The medicines policy did not cover all relevant areas according to national guidelines, the MARs used were not robust and staff medicine competency checks were not documented. Improvement was also required with record keeping as various records did not have accurate dates and staff interviews were not logged.</p>