

Amore Social Care Limited

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Inspection report

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20 December 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 December and 19 December 2018 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit. On 20 December 2018 we made telephone calls to people using the service for their views on the service. This was the first inspection since the provider's registration on 9 November 2017. At this inspection, we found the fundamental care standards were not being fully met, resulting in a rating of 'Requires Improvement'.

Amore Social care is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. The service caters for children (10-18), older people and younger adults 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 14 people were receiving personal care.

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

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance and safeguarding service users from abuse and improper treatment.

We found that there had been occasions when the use of restraint was not always proportionate and did not always follow care file restraint protocol. At times, from records we saw, it appeared restraint was used before any efforts were made to diffuse the situation. There was also no oversight from the registered manager regarding the use of restraint. The manager agreed to address this issue immediately.

We found that the registered manager was not fully up to date with her knowledge regarding the Mental Capacity Act. On the first day of the inspection, relevant legal paperwork was not available to view, although we did get to see this before the end of the inspection. The registered manager was not aware that the service would need to complete mental capacity assessments as required. The registered manager and staff had not completed Mental Capacity Act training at the time of the inspection, but this has since been arranged.

We found that audits were in place, but these were not always effective at identifying issues and learning opportunities. Audits also lacked any clear action plan with how issues were going to be managed, and there was no follow up to monitor if these issues had been resolved.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training that had helped them to understand and support people.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. However, an incident had not been reported to us at the time the service had been aware of them, as legally required.

Staff Recruitment procedures were in place to protect people receiving personal care from unsuitable staff.

The registered manager and the management team had created an open and supportive culture in the home. Staff and people using the service told us they felt the managers were approachable and accommodating.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff had been recruited safely.

People were supported to take their medicines and there were sufficient staff to support them.

Risks to people's health and welfare were assessed.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

The service was not fully compliant with the Mental Capacity Act 2005.

The service did not always complete assessments before people started receiving care.

The service worked well with other organisations to deliver effective care.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and their privacy was respected.

People were supported by staff in a caring and considerate way and were encouraged to maintain their independence.

People were involved in their care plans.

Is the service responsive?

Good ●

The service was responsive.

The provider had a complaints policy and procedure in place.

People knew how to complain.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including the best way to communicate with people.

Care plans were reviewed regularly.

Is the service well-led?

The service was not always well-led.

The service had a manager who was registered with the Care Quality Commission.

The service had completed quality audits, but they were not always effective at identifying issues and learning opportunities.

Issues identified were not effectively followed through to ensure practice was improved.

Requires Improvement 

Amore Social Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 announced inspection was conducted on 3 December, 19 December and 20 December 2018. The provider was given 48 hours' notice because we needed to make sure that somebody would be available to assist us with the inspection. We visited the provider's offices and spoke with the registered manager and staff on 3 and 19 December 2018 and spoke with people who use the service on the telephone and in their own homes on 20 December 2018. The inspection was carried out by two adult social care inspectors.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that had occurred at the service and which the provider is required to send us by law.

During our inspection, we looked at four people's care records. This included their care plans, risk assessments, medicines records, and daily notes. We reviewed four staff personnel files. This included their recruitment, training, and supervision records. We spoke with the registered manager, five care staff, the director of complex care and a director within the organisation. We also looked at policies and procedures and documentation relating to premises safety, medication, safeguarding, accidents and incidents. We spoke to five people using the service, three by telephone and two within their own homes.

Is the service safe?

Our findings

People we spoke to who use the service told us they felt safe. Comments we received included, "Care is very safe," "I've got good staff around me and they look after me good and proper" and "Staff are good at what they do – they're perfect."

One person who used the service told us that they didn't feel there were enough staff to fully meet their package of care, although this person felt that their safety was not compromised. This person said they were often left being cared for by staff they didn't know well due to issues with staff cover and there was no involvement in the recruitment process even though this was a stipulation in the care package. During the inspection we found no issues with a lack of staff, and found that the registered manager had contingency plans in place to cover for sickness and annual leave. There was an agency attached to Amore Social Care which could be used to cover staffing issues.

The provider had safeguarding and whistleblowing policies in place. Staff received training in safeguarding adults and children and demonstrated a good understanding of the types of abuse and how they should respond. We saw that incidents were appropriately reported to the local safeguarding teams.

We looked at a selection of care staff personnel files and found the provider operated safe recruitment procedures. We looked at four staff files and saw that appropriate checks had been carried out to show that staff were assessed as suitable for their job roles. This included seeking references from previous employers and obtaining Disclosure and Barring Service (DBS) clearance. The DBS carry out checks and identify any information on file that could mean a person may be unsuitable to work with vulnerable people.

People had risk assessments to ensure their safety. Risk assessments were specific to each person and included personal care, moving and handling, nutrition and hydration, challenging behaviour and falls. Risk assessments were a guide for staff and identified measures to reduce the risk to people. Care coordinators were responsible for developing risk plans and met with care staff teams involved in people's care regularly to update plans. Care staff were also able to describe how they communicated any changes to care coordinators to ensure plans were up to date.

People's risk assessments reminded staff to implement good practice measures in infection control stating for example "Care workers to wear personal protective equipment at all times when dealing with infection areas to prevent cross contamination." People told us their care staff wore protective equipment, for example one person said "They wear an apron, they use gloves." Staff confirmed they wore protective equipment to prevent cross infection and completed training with regard to food hygiene and infection control. The registered manager completed observation sessions during supervision to ensure that care staff were using protective equipment appropriately and completing all duties in line with policies and procedures.

We found personal evacuation plans in place for all people we looked at. These plans were very robust and covered day time and night time evacuation. Plans were also specific to each person's needs and

environment, and detailed how staff needed to support the person to evacuate fully from the property.

Medications were managed safely. Staff had completed medication training and were supported in the administration of medication by observations and supervision. People who were assessed as able to manage their own medication were encouraged to do so. We looked at medication administration records (MARs) and found these were completed appropriately.

Accidents and incidents were recorded by staff and analysed by the care coordinators. There was no clear evidence that these were fully investigated to look at why and how incidents occurred. There was evidence of quality improvement, for example due to staff not completing the forms in full, the registered manager created a new more detailed form and sent staff an example template of how to complete the form. We could see this had improved the quality of information in the forms. We spoke to the registered manager about the overall auditing of the forms to ensure lessons could be learnt. This is something the registered manager told us they had plans to complete.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

During the first day of the inspection we found that the registered manager was not clear on who had capacity for making decisions regarding care and treatment and whether people had been assessed under the MCA. The registered manager told us "We wouldn't do capacity assessments." We spoke with the registered manager who felt that these assessments would be completed by the necessary authorities. Some people had restrictions placed on their liberty. There were no records available to evidence that these restrictions were legal.

We discussed this with the registered manager and explained what the requirements were. On the second day of the inspection, the registered manager had contacted appropriate professionals and the relevant paperwork was available for us to view. The registered manager also informed us she had booked herself and the staff team on Mental Capacity training.

We found evidence that one person's choice around food had been restricted. This person had not been assessed under the MCA at the time. The registered manager told us this person did not have capacity to make this decision, however there had not been any capacity assessments completed and no legal proceedings to confirm this. We spoke to the registered manager who told us this person was subject to nutritional advice due to health issues and was therefore only offered a choice of healthy foods. We found there was a choice for this person regarding which healthy food they wanted, but when asked what would happen if this person wanted something unhealthy, the registered manager told us "they wouldn't be offered anything unhealthy." Although this had a positive impact on the person, in that they lost weight and their health issue improved, the appropriate legal documentation was not in place. An assessment had since been completed (since the registered manager had started), but this had not been completed in a timely manner.

During the inspection we found incidents where restraint had been used. All relevant staff had received training in restraint. Any incident of restraint was documented on an incident form. This was then looked at by the care coordinators for that package of care. Each care file contained a restraint policy and protocol. The restraint protocol was very detailed and person centred, explaining the role of each member of staff should restraint be needed and de-escalation techniques to try before restraint. It was clear from the file that restraint was the last resort.

We found there were a couple of incidents where restraint seemed to be disproportionate and not in line with

the restraint policy and protocol in the persons care file. One incident described a person wanting more toast but was told to wait 30 minutes. It was clear from the file that this person was agitated when told no and that any item that had been refused should then be offered to de-escalate the situation. This did not appear to have happened. The incident form did not describe any de-escalation techniques attempted before restraint was used. We spoke to the registered manager about this who reported that staff were aware of restraint procedures. The registered manager could not show us any evidence that the staff involved in the incident had been debriefed and if the learning from the incident had been discussed as this had not been recorded anywhere. A second incident showed a person had been restrained as they got up in the middle of the night and were told to go back to bed, but refused and became agitated. Again, it appeared that restraint was used before any attempt to de-escalate the situation with other techniques described in the file. It was clear from both incidents that staff reported using restraint as the people involved had started hitting themselves due to agitation and staff wanted to protect them from harm. However, it is not clear that appropriate strategies were used in the first instance before the need for restraint or that the incidents had been reviewed by the manager and improvements in practice identified.

We discussed these issues with the registered manager. It was clear there were detailed restraint procedures in the care files, and that restraint should be used as a last resort to protect people from harm, but there did not appear to be any checks on actual incidents to ensure they were completed in line with the policy. There was also no evidence that learning from restraint incidents was being used to improve practice and no clear organisational strategy to reduce the need for restraint. The manager agreed to address these issues immediately.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care files we looked at did not all contain pre-assessments completed by the service. Some files only had assessments completed by social services. We discussed this with the registered manager as we were unsure how the service knew it could meet the needs of people using the service. The registered manager told us she had identified this as an issue when she came into post and had a new assessment that had recently started to be used to assess people's needs before starting care with the service. We saw two of these new assessments and could see they clearly identified people's needs.

Most people we spoke to felt their needs were being met by the service. One person said "They do everything I ask; if I want to go out they take me. They know me well and know what I like." However, one person reported they were lacking with the support they needed. They said they were due to have two carers but only had one at the time of inspection and that this would not change for another month. This person felt this meant they were unable to go out as much as the right level of support was not there, and reported "It's affecting my mental health." This was discussed with the registered manager who acknowledged there had been an issue with the care package, but a meeting had been arranged with social services to discuss the matter, and that this person was having regular contact with other professionals regarding their mental health. The registered manager also told us that this person had refused for other care staff to support them. This person did state that they felt Amore were doing a very good job in difficult circumstances.

In the main, people were supported by staff who had received an induction which included the care certificate and relevant training prior to commencing their duties. The care certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers. We reviewed staff training records which evidenced the training considered mandatory by the provider had been completed. Records showed mandatory training included equality and diversity, duty of care, privacy and dignity, food hygiene, infection control and prevention, safeguarding adults and children. Relevant

competency checks were carried out by the registered manager during supervision. People told us they had confidence in staff's skills and experience. They said, "I feel that my carers are well-trained and know me well" and "Yes, the carers are well-trained; they're competent at dealing with my needs."

Staff told us they were well supported in their role. They had regular supervisions and an annual appraisal. Staff also told us they felt comfortable raising issues with management and that there was an open culture within the service. Staff felt senior management, including directors, were visible within the service.

The service liaised with other members of the multidisciplinary team to ensure people's needs were met. Records showed that advice was sought from people's GP, mental health team, speech and language therapist and social workers. We saw positive comments from other professionals regarding the service. Some comments we saw were "Amore care are the best agency, especially in dealing with clients with challenging behaviour" and "Amore have done an excellent job supporting [the person]."

The care plans we looked at had clear information about people's dietary needs as well as their known allergies, likes and dislikes, so that people using the service could receive individual care and support with eating and drinking. One person had suffered with diabetes and had been referred to a dietician by the service. This person had been supported to lose a substantial amount of weight. This showed a committed approach to supporting people to meet their nutritional and health care needs.

Is the service caring?

Our findings

People were supported with compassion, dignity and respect. Staff were able to clearly describe how they protected people's privacy and dignity. This included knocking on people's doors and ensuring personal care was provided in private. People told us that their care workers spoke with them in a respectful manner and always sought their consent before providing personal care and other support. Comments from people included, "They always ask permission and knock on my door before entering", and "they are on point with dignity and respect; they give me private time and treat me like an adult."

To ensure people were supported to express their wishes, care plans stated if people required support to communicate. For instance, one person was recorded to use Makaton and hand leading gestures due to communication difficulties. Staff were instructed to give this person time to understand, show pictures of activities to ease understanding and not to give too much information at once as this caused this person frustration. Staff also had to be trained in the use of social stories before supporting this person, as this was a technique used to aid communication. We saw staff using these techniques to support communication during the inspection.

We found instructions for staff regarding people's daily routines, were very focussed on being caring and compassionate. For example, one routine documented "staff should use a warm, jovial tone. [The person] responds well to praise, so staff should be very encouraging of any small steps made."

People told us they knew where their care plans were kept and had access to them when they wanted. People were involved in the development of their plans, with one person saying "my care plan is really good, it should be, I wrote it." We saw evidence that these care plans were updated regularly and that changes to plans were discussed within team meetings to ensure all staff had up to date information.

The registered manager told us that new staff were introduced to people that were supporting through a meet and greet. This is where an experienced worker would introduce the new worker to the person and would then be shadowed for a minimum of two shifts to ensure everyone involved was happy with the support and competent.

We saw evidence of these meet and greets taking place, however one person told us that they had not had consistent staff supporting them due to staff shortages and that meet and greets did not always happen as described. This person said "a meet and greet is sometimes just a staff member being introduced and then left to support me".

We found people and other professionals were very complimentary about the service. One professional wrote "[the person] looked the best I've seen them in all the time I've been involved in the case. Amore have done an excellent job given the complexities of the case." One person told us "staff are great, they look after me. My worker knows me well, and I can have banter with them which I like."

One staff member we spoke to told us they had supported someone to go out of the house for the first time

in 25 years. This person had expressed a desire to go out and enjoy social activities such as discos. This staff member said they had built up a good relationship with this person and that had helped encourage them to go out with their support. This person now enjoys weekly discos and going into the local town.

On the second day of the inspection, we were made aware that one of the directors had organised for an ex professional footballer to visit one of the people who used the service. This was because this person really liked football. The registered manager was also due to go out the next day and visit people who use the service and their relatives to give Christmas presents.

Is the service responsive?

Our findings

No one within the service was receiving end of life care at the time of the inspection, however some staff had completed this training meaning they would be able to appropriately support someone when needed. There was also an end of life policy in place, which detailed the steps that would be taken should the situation arise. This policy was very comprehensive and clear.

The service was meeting the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand. Where people required support to communicate this was clearly documented in their care plan. One care plan we viewed for a person receiving 24 hour support, reminded care staff to use the visual aid cards all the time so the person understood. We also saw evidence of staff using different formats to support communication with people.

The registered manager told us they could provide documentation in a larger print and we saw evidence of this in the care files. We did discuss with the registered manager the need to ensure the quality assurance surveys were available in other formats, such as using images instead of text to ease understanding for some people.

Care plans were personalised and stressed what was important to the person and this included their relatives who were involved with their care and regular visitors. People's care plans contained a brief social history, their family support network and important contact details. Care plans often stated the person's interests. For example, that they liked to go the disco on Tuesday evenings, that they liked football and cycling. People's plans informed staff about people's social activities. This was important because it gave care staff topics they could talk about with the person and helped them to understand the person in the context of their life.

Care staff confirmed they found people's care plans informative and that they contained the information they required to work effectively with people. Care plans clearly stated support to be completed during each visit for example "maintain personal hygiene." This was then broken down to focus on the persons preference, for example whether they preferred a bath or shower. There was also good information in the care files in relation to people's preferences, such as "[the person] likes a J2O with their meal," and "[the person] eats their meal on the sofa in the living room, on a white tray." This meant staff could support people in line with their likes and dislikes.

Care plans contained relevant information regarding people's ethnicity, religious and cultural beliefs and practices. The service was not supporting anyone with known cultural or religious needs at the time of the inspection, however we saw the registered provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. Staff we spoke with had had training in equality and diversity and knew how to apply this knowledge when carrying out their duties.

The service had a robust complaints policy which was documented in all care files for people in the service.

People told us they knew how to make a complaint and that their complaints were taken seriously and resolved to their satisfaction. One person said, "If I wasn't happy I'd phone the manager. I've never needed to but I know who the manager is and would speak to them," another person said "the manager is really responsive, if I've had an issue its been sorted straight away." We saw evidence that complaints from 2018 had been responded to appropriately.

Is the service well-led?

Our findings

There was a registered manager in post since October 2018. They were supported in the operation of the care provision by a compliance officer, four complex care case officers and a director.

There were governance frameworks and audits already in place, we found these were not effective at identifying learning opportunities to improve practice. The registered manager told us she implemented audits when she came into post in October 2018. The service audited medications, care plans, accidents and incidents. We saw evidence of issues with paperwork being identified through these audits. For example, one audit identified staff had not been completing incident forms with enough information, so the form was changed to capture more details and staff were emailed an example of how to complete the form. However, no learning from the audits had been identified. We found there was opportunity for learning from incidents involving restraint, but these had not been picked up through the audits.

We also found that when issues were picked up through the audits, there was no clear action plan put into place to address them. There was also no follow up of actions to see if they had been completed and if this had improved the issues.

On the first day of the inspection, we found that not all care files had the appropriate legal information regarding mental capacity assessments. The registered manager was not sure who did or did not have capacity regarding care and treatment and food, and we raised concerns regarding people being deprived of their liberty without the appropriate legal process being followed. This was mostly addressed by the second day of the inspection, although there were still concerns one person had been treated as if they had no capacity although no mental capacity assessment had been completed at the time. The registered manager showed us an assessment had been completed recently and was now going through the appropriate legal process.

During the inspection we also raised concerns that there was a lack of knowledge regarding the Mental Capacity Act, and a lack of understanding regarding the responsibilities of the manager and the staff in relation to this. The registered manager has since booked the herself and the staff team on training.

We found these issues to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. This is called a notification. We checked our records and found that the registered manager had not made CQC aware of one incident regarding an allegation of abuse. We discussed this with the registered manager who told us she did not think she needed to inform us due to the circumstances around the incident, and that she had been told not to. We discussed the requirements with the registered manager. We looked at the incident and found it had been investigated by the service appropriately and the local authority safeguarding team had been notified. We suggested that the manager update her understanding of what the service was legally required to notify CQC.

There were policies and procedures in place to help ensure staff were effectively supported to understand and perform well in their roles. These were regularly reviewed and up to date at the time of this inspection. Staff told us they had access to these at all times. We found that the safeguarding policy needed to be updated with a more thorough process for raising safeguarding concerns outside of the service.

The service demonstrated a good partnership with other agencies with effective communication between all parties. We saw evidence of meetings with social services and health care professionals. The registered manager understood how to work in partnership with other organisations and we saw detailed examples of how she had promoted the needs of people who use the service to receive assessments and increased support from other organisations.

People were generally positive about the care and support they received from Amore. They said, "The managers are approachable; I'd have no issue phoning them if something wasn't right," "All staff are lovely, they can't do enough for me," and "I'm happy with the service I get."

The registered manager had been in post since October 2018 and throughout our discussions during the inspection it was clear she had plans in place to address some of the issues we identified.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not always ensure restraint procedures were proportionate.</p> <p>There were no systems in place to monitor the use of restraint.</p> <p>Regulation 13 (4) (b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a).</p>