

Amara Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Amara Care Limited is a domiciliary care agency providing personal care and support to people in their own homes. The service is registered to provide support to people who are living with dementia, people who have learning disabilities, mental health needs, drug and alcohol misuse needs, sensory impairment, physical disabilities and people with an eating disorder.

The service can support older people, younger adults and children. Some people lived in a 'supported living' setting, where a small number of people lived together with support, so that they can live as independently as possible. At the time of our inspection the service was providing personal care to 36 people.

People's experience of using this service

There was a negative staff culture within two of the 'supported living' settings which meant people were vulnerable to the risk of safeguarding incidents. Whilst the provider had completed some investigations into concerns about this culture, not all allegations were investigated, and recommendations made to address these concerns were not implemented.

Some people were supported by staff who were not trained effectively to meet their needs and who had not received ongoing support through supervisions and appraisals.

Medicines procedures in place were not robust. Care planning was not always up to date and often lacked clear information and guidance to support staff in their roles. The provider had recognised that care planning needed to be improved and some efforts had been made to start reviewing care plans.

Some people told us they were happy with their service and had excellent staff to support them. Not all observations of staff interaction with people was positive.

Records were not always up to date and there were no checks in place to monitor the quality of care being provided. The registered manager had identified a new monitoring system, but this had yet to be implemented.

Some 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. However, some people's choices were not always respected by staff. We made a recommendation about ensuring people's choices are respected.

Staff and people were positive about the registered manager in place and told us improvements had been made since they joined.

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

Rating at last inspection and update

The last rating for this service was good (published 20 September 2017).

Why we inspected

We received concerns in relation to allegations of safeguarding incidents. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amara Care Limited on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to record keeping, the management of risks, medicines, staffing and safeguarding.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Amara Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

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

The service also provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. A registered manager 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 24 hours' notice of the first day of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We told them when we would be returning for the second day.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as safeguarding incidents. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the company director, the registered manager, nine people using the service, four service managers, five support workers, one administrator and the senior administrator. We looked at six people's care records and people's medication records. A selection of documentation about the management and running of the service and recruitment information for three members of staff was also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four more members of staff and one relative by telephone, to ask for their views of the service. We also spoke with the local authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- People were not sufficiently safeguarded against the risk of abuse. Not all allegations of abuse made to the provider had been investigated or referred to the local authority safeguarding team.
- Actions and recommendations identified through internal investigations, to reduce the risk of abuse were not completed. Actions identified following an investigation by the provider in February 2020 included regular supervision of staff and setting of targets to be monitored. None of which had been completed.
- Concerns about staff members and their approach, was not reported to the registered manager promptly.
- There was a negative culture in some of the 'supported living' settings where staff did not always treat people with respect. Some action had been taken by the provider to address the cultural issues in services. However, this had not been maintained throughout covid-19 and people were left vulnerable due to this.

We found systems were not in place to prevent and protect people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were placed at increased risk as risk assessments and care plans lacked detail and guidance for staff to respond to risk effectively. This included behaviours which the staff found difficult to manage and the risks to people's skin integrity.
- People's health related risks were not safely assessed. Assessments in relation to specific health conditions and their related medicines were not in place.
- High risk medicines had not been identified in care planning and risk assessments were not in place to mitigate the risk of potential harmful side effects.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. 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

- Checks in relation to when medicines were opened or expired were not in place. Expired medication was found.
- Protocols to guide staff when 'as and when required' medicines should be administered were not always in place.

- Medication care plans did not guide staff as to why medicines were prescribed and any potential side effects.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were stored safely.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs.
- Staff recruitment processes were in place and checks were completed on people.

Preventing and controlling infection

- Staff wore Personal Protective Equipment (PPE).
- There were sufficient stocks of PPE available to staff.
- Additional infection prevention and control measures had been put in place during the pandemic including temperature checks of visitors and additional handwashing facilities available on entrance to services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not sufficiently supported in their roles. Whilst annual appraisals had been scheduled for September, these were out of date.
- Staff were not supervised in line with the organisations own policy on frequency of supervision. Staff had not been supported through formal supervision throughout the covid-19 pandemic and some staff had longer gaps in supervisions prior to the pandemic. Some staff had not had any supervision throughout their probationary period.
- Staff training was provided via workbooks. Not all staff found this an effective training method. The provider had identified a need to improve the quality of training provided and a new training provider had recently been agreed.
- Some staff were supporting people with complex needs with minimal training and induction. The provider assured us these staff members would be supervised until all their training was completed.
- Where training needs had been identified, this had not been provided.

Failure to have sufficiently trained and supported staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care planning records reflected the application of the MCA. People with capacity were asked to sign to

confirm they consented to their care plan.

- Some people were encouraged to make their own choices and this choice was respected.
- Whilst records reflected the application of the principles of the MCA, some staff did not respect people's choices.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and ensuring staff respect people's choices.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Some people were positively supported to live a healthier lifestyle. This had had a positive impact on their wellbeing and physical health. One person told us, "I used to eat a lot of rubbish food before I came here. Now I enjoy making my own meals of my own choice. Staff make things with me which is great They make it fun."
- People had access to health care services and support. One person said, "If I felt poorly, the staff would ring a doctor straight away. The staff always attend appointments with me - to help me stay safe."
- Diet restrictions were in place for one person, with their agreement in line with dietician advice. However, this guidance could not be located during the inspection and through discussion with the registered manager, one restriction should no longer have been in place.

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

- Care plans and assessments were in the process of being updated. We saw some examples of the new style format. Some areas still required improvement to ensure they provided clear guidance for staff on how to deliver effective care to meet people's diverse needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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; Continuous learning and improving care

- Audits were not in place to drive forward improvements. Governance systems identified by the registered manager had yet to be implemented.
- Action plans created following investigations were not being followed.
- A significant amount of records were not current or well maintained and they lacked relevant information. This included, care plans, risk assessments and reviews. Some records were not in place at all, including; performance development plans, supervisions, appraisals and records of investigations into allegations of abuse.

Failing to have well maintained records and robust systems in place to identify concerns and act on these was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Not enough action had been taken to address the poor culture in two of the 'support living' settings. Management meeting minutes did not reflect discussions about the culture of the services and how this needed to change. No staff were on a performance action plan and they had not attended any additional training to support and improve this poor culture. Supervisions and team meetings had not taken place to address the poor culture in these settings.
- Records of consultation with people and staff were in place but no actions had been identified to respond to concerns raised.
- Staff spoke highly of the registered manager and that improvements had been made since they had started with the company.
- Some people were happy with the service and thought their staff were excellent. Other people were supported by staff who spoke to them in inappropriate ways and were not supportive. This was shared immediately with the registered manager and they assured us action would be taken to address this.

Working in partnership with others

- Further development of working in partnership with key organisations including the local authority and safeguarding teams was required to ensure good outcomes for all people who used their services.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not in place to reduce the level of risk. Medicines procedures were not robust to ensure the safe administration of medicines.
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Not all allegations of abuse were investigated. Investigation recommendations were not acted upon.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were either not in place or not up to date. An audit system was not in place to drive forward improvements.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not sufficiently trained or supported in their roles.

