

Amore Home Care Limited

# Amore Home Care

## Inspection report

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15 October 2021  
21 October 2021  
02 November 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Amore Home Care 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 and 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 seven people.

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

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Medicines were managed safely. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely. Staff received training in infection prevention and control and told us personal protective equipment (PPE) was readily available to them. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Safe staffing levels were in place and people received care visits from regular staff.

Systems were in place to monitor the standard of care for people and the effectiveness of the service. Policies and records had been updated in line with best practice and were regularly reviewed. Person-centred care was promoted, and people told us the staff knew them well and responded to their needs in a person-centred way. People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Staff felt valued and supported by the management team. The registered manager worked effectively in partnership with health and social care professionals to achieve better outcomes for people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 9 September 2019. Breaches of

legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amore Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 inspection.

#### 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 15 October 2021 and ended on 02 November 2021. We visited the office location on 21 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work 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 spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple 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 reviewed.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Care plans contained detailed explanations of the control measures for staff to follow to keep people safe.
- Moving and handling risk assessments were detailed and staff had a good knowledge of moving and handling techniques. A staff member told us, "I have had training in using gantry hoists, slings and their colours, using commodes, shower chairs and also electric wheelchairs."
- No accidents or incidents had occurred since the last inspection; however, systems were in place for recording these events when required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "I feel safe with them [staff]" and "The carers are good, I feel safe with them. They are very caring."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "I would speak to the manager about any concerns and I know I could go higher if needed. I could contact the Care Quality Commission or the safeguarding team. I have had training in this."

Using medicines safely

- Medicines were managed safely. People had risk assessments in place to identify the level of support required with their medicines. A relative told us, "They [staff] watch [person] take their medication and record everything on the medication administration record. They [staff] always follow protocol and are really focused on the job."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely. A staff member commented, "I administer medication and I have had training in this. The [managers] observed me

giving medication."

#### Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment (PPE) was readily available to them. People told us, "They [staff] always wear masks and gloves" and "The carers always wear masks when they come in, they use hand gel, gloves and aprons too."

#### 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 confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. People told us they received visits from regular staff and one person commented, "There are enough carers and my visits are on time. If they [staff] are running late, they [staff] ring and let me know."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Policies and records had been updated in line with best practice and were regularly reviewed. The provider's medicine policy and medication administration records (MARs) were updated in line with the National Institute for Health and Care Excellence (NICE) guidelines. NICE provides national guidance and advice to improve health and social care. The provider had implemented a business continuity plan in response to our last inspection.
- Record keeping had improved. Staff interview records were maintained and people's care records and risk assessments contained accurate dates of implementation and review.
- Systems were in place to monitor the standard of care for people and the effectiveness of the service. The provider had implemented various auditing processes which were completed on a regular basis.

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. One person told us, "They [staff] are like friends, I have no other family. I class the carers as my friends and they are good to me. When they [staff] do my shopping for me, if they [staff] see anything I like, they will get it for me. One of the carers also brings me a homemade meal."
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. A staff member told us, "I would fully recommend the service and feel that it is a very good company to work for. I would also be happy with them caring for a member of my family should they ever need it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. This year's survey had recently been sent out. However, we reviewed last year's survey results and found people were pleased with the service. A person told us, "I have had a questionnaire and I always give feedback, it is all very positive."
- Staff 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, "[Registered manager] is great, approachable, and I could go to them with any issues. I feel they would resolve any issue" and "I believe it is a very well-led team. I would highly recommend Amore Home Care to people. I have worked in many care establishments over the years, and I believe Amore Home Care is unique in that they offer genuine care. They [provider] personally train the staff to high standards."

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The registered manager worked effectively in partnership with other health and social care professionals to achieve better outcomes for people using the service. For example, people and relatives told us about how the staff worked closely with their district nurses to support their pressure care needs. A relative added, "I am very pleased [with the care]. [Person] had lesions and the district nurses were coming in. Since Amore has been [person's] carers, those lesions have gone. The carers are very thorough, caring, very efficient and effective."