

Amara Care Limited

# Amara Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# 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 26 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

Improvements had been made since the last inspection in the 'supported living' settings. Staff culture had improved following changes in staffing. People told us they were happy with the service and had excellent staff to support them. Our observations during inspection supported this.

People were supported by staff who were trained to meet their needs and staff were regularly supported to do so with regular supervisions and appraisals.

Care plans were detailed and person-centred and provided clear guidance to staff on how to care for people effectively. Care plans were regularly reviewed and updated when required.

The registered manager had implemented a new quality assurance system to carry out regular audits of the service to drive improvements within the service. Regular audits had been carried out and identified actions which needed to be taken. However, accidents and incidents were not always reviewed by the registered manager and actions not recorded. This meant the registered manager could miss opportunities for improvement within the service. We have made a recommendation about this.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and support provided to people maximised their choice, control and independence. People were involved in all aspects of their care and future planning. Care provided was centred around the person and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the management team and support staff ensured people lead confident, inclusive and empowered lives.

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 23 October 2020) and there were multiple breaches of regulation. The provider completed an action plan after the 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

This was a planned inspection based on the previous rating. This report only covers our findings in relation to the review of the key questions Safe, Effective and Well-led.

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 findings at the inspection.

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](http://www.cqc.org.uk).

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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their 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 a short period of notice, 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 four people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, managers of the supported living services and care staff.

We reviewed a range of records. This included seven people's care records and medication records. We looked at four 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were 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.

Improvements made at this inspection, meant the provider was no longer in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected from the risk of abuse. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the registered manager would address any concerns reported to them and make the required referrals to the local authority.
- At the last inspection, we observed a negative culture in some of the 'supported living' settings. The culture within these settings had improved. One member of staff told us, "The team and culture within the house has improved massively, some negative staff have left now and new staff have come in, it has made such a positive change."
- Relatives told us that they were satisfied their family members were safe and well cared for.

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

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

Improvements made at this inspection, meant the provider was no longer in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with people's care were assessed and monitored.
- Risk assessments and care plans were detailed and provided guidance for staff to respond to and manage risk effectively.
- Care plans included assessments in relation to people's specific medical conditions.
- Staff meeting minutes showed how staff discussed their concerns and used team discussions to learn lessons when things went wrong.

## Using medicines safely

At our last inspection the provider failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements made at this inspection, meant the provider was no longer in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were managed safely.
- Protocols to guide staff when 'as and when required' medicines should be administered were in place.
- Regular checks were carried out to ensure medicines were in date. This was an issue found at the last inspection.
- Staff received training to administer medicines and had their competency checked.

## Staffing and recruitment

- There was enough staff to safely care and support people.
- Staff told us they felt there was enough staff to meet people's needs.
- Staff were recruited safely, and appropriate recruitment checks had been carried out to ensure they were of suitable character to work with vulnerable adults.

## Preventing and controlling infection

- People were protected from the risk of infection.
- We observed staff compliance with personal protective equipment (PPE) within the office environment and PPE usage was also monitored through spot checks of staff working in the field.
- Staff understood the importance of effective hand washing and wore the appropriate PPE.
- The provider had infection prevention and control procedures in place and staff had completed training in this area.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection the provider failed to have sufficiently trained and supported staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements made at this inspection, meant the provider was no longer in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were supported in their roles. Staff said they felt supported by the management team and received regular support and supervision.
- New staff completed an induction to ensure they had the skills and knowledge to carry out their role. This included reading policies and procedures, completing training and shadowing other members of staff.
- Specialist training was provided for staff who supported people with complex needs. For example, staff were given training in PEG feeding.
- Staff completed online training. In addition to this the registered manager confirmed they had recently recruited a trainer to enable them to provide a mixture of both online and face to face training.

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.

- Staff had a good understanding of the principles of the MCA and asked for people's consent before they gave care and support. We heard staff asking for people's consent during our inspection.
- Where people lacked the capacity to make decisions about certain aspects of their care, a capacity assessment was undertaken and a decision made in the best interests of the person.

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

- People's nutrition and hydration needs were effectively met. One person told us, "I sometimes eat a lot of rubbish food, I would like to lose weight and the staff are helping me to do this by supporting me when I want to go to a slimming group and encouraging me to eat better."
- Staff were aware of people's individual needs and preferences.
- People were supported to access health care services and appropriate referrals to other professionals made when required. One person said, "Staff support me to go the doctors if I need to."
- Staff worked closely with the dietician for one person to support with nutritional needs. Clear guidance in the care plan ensured that peoples dietary requirements were effectively met.

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

- Care and support was planned and delivered in line with current evidence-based guidance and best practice standards, which achieved good outcomes for people.
- Staff thoroughly assessed people's needs to ensure they received the right care and support.

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

Improvements made at this inspection, meant the provider was no longer in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to measure the quality of the service and support continuous improvement. The registered manager carried out regular audits of accidents and incidents. However, investigations were not always fully completed or analysed. This meant opportunities were missed to make improvements to the quality of care and did not mitigate future risks to people.

We recommend the provider seek advice and guidance from a reputable source, to support the investigation of accidents and incidents.

- The registered manager worked in an open and transparent way. Staff said the registered manager had a visible presence in the 'supported living' settings and people and staff freely approached them if they had any concerns.
- The registered manager understood their responsibilities relating to being registered with CQC and they reported significant events to us as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff had a positive attitude to supporting people. There was a calm and relaxed atmosphere in the 'supported living' settings.
- Care was centred around the needs and preferences of people and staff were led by the pace of the individuals they were supporting.
- The home had good links with the local community and key organisations, reflecting the needs and

preferences of people in their care.

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

- The registered manager engaged well with people to understand from their perspective how improvements could be made within the service.
- Regular meetings were held with people in the 'supported living' settings. Relatives were sent questionnaires to complete about the care their relatives received and if any improvements could be made. Feedback from people and their relatives was positive.
- Staff meetings were held regularly, and staff said they felt listened to. Staff could attend either in person or virtually to allow all staff to attend the meetings.