

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Amara Care Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Amara Care Limited
Registered Manager	Mrs. Carole Richardson
Overview of the service	<p>Amara Care is a Domiciliary Care Agency that provides care and support services to people who live in supported living arrangements. The aim of the service is to provide people with support they need to live as independently as possible.</p> <p>Amara Care also provides personal care to help support some people who live in their own homes.</p>
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We reviewed information sent to us by other authorities, talked with commissioners of services, talked with other authorities and took advice from our specialist advisors.

We used a number of different methods to help us understand the experiences of people using the service, because some of them had complex needs which meant they were not able to tell us their experiences of using the service.

What people told us and what we found

We observed support to people who used the service in two supported living schemes. We also spoke with people supported to live in their own homes and contacted relatives of five people who used the service.

We were told that staff involved people in making choices about their support. We observed people were consulted about their wishes and preferences. One person told us that "Staff listen and go out of their way." They said they were "Very much involved" in decisions about their support and had taken part in the recruitment process of their staff.

We were told that support was provided in a friendly and consistent way to ensure people's wishes and feelings were respected. Relatives and people who used the service told us that visits to people in their own homes were "Punctual" and "Reliable." Relatives said that staff supported people well with maintaining their health and that appropriate action was taken when this was required.

People who used the service and their relatives said they trusted and felt confident with the service. They said staff were "Practical and efficient." Relatives told us that staff were well trained and were "Compassionate and caring."

People who used the service and their relatives said they knew how to complain and had confidence the provider would take action to address any issues when required.

People who used the service and their relatives told us that staff provided a "Quality"

service and that staff were "Good."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence was respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People were supported in promoting their independence and community involvement.

We visited the office and two supported living schemes for people who used the service. We observed staff interacted with people positively to ensure their wishes and feelings were respected. We saw that staff engaged and talked with people who used the service about decisions concerning their daily lives and observed a group of people and staff making choices about meals that were due to be provided.

People told us they were involved in making choices about the support they received. We saw that people were consulted about their wishes and preferences. One person who used the service to support them in their own home told us that staff "Listen and go out of their way." They said they were "Very much involved" in decisions about their support and had taken part in the recruitment process of their staff.

Some people in supported living told us they had moved on to live in accommodation of their own, but continued to receive support to help them be as independent as possible. People told us that staff helped them with things like cleaning, cooking and going out to places of interest. A relative told us about the "Dramatic progress" made by a member of their family with the service. Another told us their relative looked forward to returning to their own home following visits to see them, whilst another said staff "Look after xxxxx well."

Relatives told us about 'best interests' meetings that were held involving them and various professional staff, to ensure important decisions about support arrangements were positively promoted and respected.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that was intended to ensure their safety and welfare. People who used the service were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

We observed that people, who lived in two supported living schemes that we visited, were supported by staff who engaged with them positively and in a friendly and sensitive manner. We saw that people were provided with opportunities to help them to participate in a variety of activities and that they were involved in decisions about the service they received.

People who used the service told us they were happy with the service provided. One person said the service was "Ever so good" whilst relatives told us that staff were "Compassionate and caring."

We saw that information was maintained about support that was given, to enable this to be monitored by the provider and ensure it was delivered in a consistent manner by staff. Relatives and people who used the service to support them in their own homes told us the service was "Efficient" and that home visits to them were "Punctual" "Reliable" and "Always on time."

We found that assessments about people had been carried out to ensure the service was able to meet their needs. Comprehensive support plans had been developed for people from their assessments of need, to enable support to be effectively delivered and ensure they were kept safe from harm. We saw that details about known risks were included within the case files of people who used the service, to ensure their welfare and safety was promoted and that staff had information about safe management arrangements for this.

We found that reviews of people's support had been carried out by the service, together with liaison with community health and social care staff, to ensure that arrangements were appropriate for supporting their changing needs.

We spoke to the service commissioners who told us that overall they were satisfied with the service provided.

We observed one person who used one of the supported living schemes had very complex, profound needs and displayed very challenging behaviour, which posed a potential risk to them selves. Evidence of meetings previously held with the commissioners of the service, to discuss and agree support arrangements and ensure their 'best interests' were promoted were seen. We saw this had included discussion about management strategies to ensure this persons welfare and safety.

We found that an application had been made to the Offices of the Public Guardian, to ensure the use of a 'Safe room' for this person was the 'least restrictive' option available and that their legal rights were protected. We observed this room had mattresses on the walls and floor, to ensure risks to them were minimised. We were subsequently told an interim order in respect of this individual had been granted by the Court of Protection.

The provider may wish to note we were told that an Independent Mental Capacity Advocate (IMCA) was not formally involved in current decisions on behalf of this individual. However, the manager told us they would discuss this matter with the provider to ensure this was properly followed up. We saw evidence of close working arrangements with community health and social care staff involved with this person. We saw evidence of regular documentation and communication with the service commissioners, to ensure their health and welfare was monitored was also available.

We were told that discussions were currently underway; to enable the individual needs of this person to be further reviewed by local continuing health care staff. We spoke to the local authority Community Learning Disability Team about this and gained their assurance this matter would be brought to the attention of continuing health care staff as a matter of priority.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Since the last time we inspected the service we received two safeguarding concerns that were passed to the local authority to investigate. These involved an anonymous whistle blowing allegation from an ex member of staff and a complaint that was made by a person who used the service, which involved an issue of possible restraint.

We were told by the local authority they had been unable to substantiate the allegations that were raised by the whistleblower, but had yet to reach a decision concerning the complaint that had been made. A meeting was planned to take place in the near future with the provider and local authority staff, to conclude their investigation of this matter. However we were told the individual for whom the complaint related was no longer supported by the service. The local authority told us they had been unable to clearly evidence specific staffing hours allocated for one individual, but had addressed this with a colleague, who assured us that overall they were satisfied with the provider in these respects.

People who used the service told us they "Really like the service provided by Amara" and that they felt safe with the staff. We observed that people appeared happy and at ease with the staff and saw that they interacted with them in a positive and encouraging way. Relatives told us they had confidence in the provider and maintained regular contact with their members of family, who were supported by the service. One relative told us the service always "Keeps me informed" about incidents, whilst another told us about how staff had supported their member of family to ensure their rights were protected when they were unwell.

We checked the financial records of people who used the service and saw evidence of appropriate accounting systems that were maintained. A relative told us their family member was supported to maintain their own separate bank account and that state

benefits were paid directly into this.

Policies and procedures were in place and available to guide staff, when addressing issues of potential abuse to ensure people who used the service were protected from harm.

We saw evidence of training about the protection of vulnerable adults and children that had been provided to staff, as part of their induction and training development programme. We were told this training was updated regularly and included specialist training to ensure staff knew how to safely manage behaviours of people who may challenge the service.

We found that staff demonstrated a commitment to their roles and had a clear understanding of their responsibilities to ensure people who used the service were safeguarded from harm.

Records of incidents and appropriate safeguarding referrals made by the service to the local authority for investigating by them were seen. The provider may wish to note we had not always been officially notified about these; however the manager assured us they would ensure this matter was addressed correctly in the future. We saw evidence the provider had instigated disciplinary procedures concerning unacceptable staff working practices that were followed.

We checked the files of the most recently employed member of staff and found evidence that appropriate recruitment procedures and checks had been followed, to ensure they were safe to work with people who used the service.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time; to obtain further relevant qualifications

We found the service was supported by a training department that had a positive ethos of ensuring staff were equipped with the right skills to effectively meet the needs of people who used the service.

We observed staff demonstrated a commitment to their work and those we spoke with were positive about their roles. Relatives were enthusiastic about the quality of the service delivered by staff. One told us there was "A lot of staff training provided" and that they had attended awards ceremonies, where staff had received certificates and incentives, following successful completion of courses undertaken.

Staff we spoke with told us they "Enjoyed their work" and that management arrangements for them were good. Staff told us about meetings with them that were held, together with professional supervision and appraisals of their skills, to enable their career progression. We saw evidence of a drop in the amount of staff supervision had occurred in recent months, but found the provider had recognised this and developed a plan to address this and developed a new work book to enable individual staff performance to be effectively monitored.

The service had an induction programme in place, which enabled new staff to become familiar with their roles and responsibilities and what was expected from them. We saw that staff training had been delivered on a variety of subjects linked to the common induction standards for adult social care, together with other specialist topics, to enable them to have the skills needed to safely carry out their work.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Decisions about care and treatment were made by the appropriate staff at the appropriate level. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

We found that meetings of various management groups regularly took place, together with reports for these prepared to inform decision making. We saw evidence of audits of different aspects of the service to enable the quality of the service to be monitored by the provider. We were told by relatives that communication with them was good. We found the manager made regular visits to people who were supported by the service to ensure this was delivered satisfactorily. We saw evidence of a recent consultation exercise carried out to enable staff views to be considered and ensure they were able to contribute feedback about the service provided.

We found a complaints policy and procedure was available to ensure the concerns of people who used the service were effectively listened to and appropriately addressed. We saw evidence of actions taken by the provider to ensure the complaints and concerns of people were properly followed up and where possible, resolved. People who used the service and their relatives told us they were "Happy" with the service and were "Confident that action would be taken" by the provider when required. One relative told us that the service had "Clearly defined management" and that "The quality of the support and care is excellent."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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