

Ambassador HomeCare Limited

# Ambassador HomeCare Limited

## Inspection report

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10 May 2019

13 May 2019

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30 May 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Ambassador HomeCare Limited is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. The service operates in the City of Lincoln and surrounding villages.

Not everyone using Ambassador HomeCare receives regulated activity; The Care Quality Commission (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 consider any wider social care provided. At the time of our inspection 34 people were receiving a personal care service.

### People's experience of using this service:

People were protected against abuse and discrimination and their rights were upheld.

Staff received training and were supported to ensure they had the skills, knowledge and confidence they needed to perform their roles effectively.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness and their dignity and privacy was respected.

People and their relatives were involved in reviewing their care and making any necessary changes.

A process was in place which ensured complaints could be raised. Concerns were acted upon and lessons were learned through positive communication.

The service was consistently managed, and the registered provider had systems in place to monitor the quality of the service. Actions were taken, and improvements needed were made quickly when required.

### Rating at last inspection:

Good (Published May 2016).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection the service quality had been sustained and the service retained its rating of Good.

### Follow up:

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

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

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Ambassador HomeCare 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Ambassador HomeCare is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia.

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 a short period of notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also needed to arrange to speak to people who used the service and their relatives as part of this inspection and to the staff that supported people.

Our inspection activity started on 9 May 2019 and ended on 13 May 2019. As part of this process, we visited the office location on 13 May 2019 to see the manager and office staff; and to review care records, policies and procedures.

What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about).

The registered provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also made contact with Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with six people and three relatives by telephone to ask about their experience of the care provided. During our visit to the registered providers office we met with one person, so they could talk about their experiences of care direct. We also spoke with the registered providers nominated individual, the registered manager, two deputy managers, five of the care staff team, the office administrator, and an external health care professional who had worked with the service.

We reviewed a range of written records including specific parts of seven people's care records, two staff recruitment files and information relating to the administration of medicines and the registered providers auditing and monitoring of service provision.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. One person said, "The staff remember things and think of things I hadn't thought of and this helps to keep me safe."
- Staff told us, and records showed staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary.

Assessing risk, safety monitoring and management:

- The registered provider had maintained effective systems to ensure potential risks to people's safety and welfare had been assessed and if needed, they had taken action to reduce any potential or actual risk.
- A relative we spoke with described how their family member was cared for using a range of equipment to help the person to move safely. Risks identified regarding skin integrity and how care was provided had been fully considered and a creative way of providing sensitive care for the person and in ways which enabled them to respond positively to receiving care were implemented. The relative told us this approach was, "Revolutionary. This company are pro-active in their approach to finding solutions to need. This has been evident from day one."
- When it was needed, staff had received guidance about how to access people's properties safely and securely using key safes. One staff member told us, "I use key safes regularly. Know how to scramble the code number and do this after every visit to ensure people are safe."
- Risks related to lone working for staff had been fully considered and staff had guidance they could refer to support them.
- Environmental risk assessments were also in place to ensure staff were safe when they undertook home visits and the environment was suitable for providing care.

Staffing and recruitment:

- People told us their needs were well met by a staff team who were reliable and who visited them on time. One person said, "If they are late they have never been more than ten minutes and if needed they just call and let me know."
- Another person told us, "Timings are not always precise, but we don't expect them to be. They have a range of people to support and the staff get into doing something for a person which is critical. For example, they came to visit me one day and I was very unwell. They could have left me after giving care, but they stayed with me till an ambulance came. This delayed them for other calls, but they let the people know and it ensured I was safe, and I felt very well supported."

- Staff we spoke with told us that staffing levels were well maintained and that rotas were planned in advance to ensure they were clear about when they needed to work.
- Rota information we looked at showed staff were being deployed effectively, including when changes were needed.
- The registered manager showed us they had processes in place to enable the safe and timely recruitment of staff. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.
- A process was also in place to ensure references were requested to provide assurance about staff members' previous employment.
- The registered manager responded quickly to information we highlighted regarding obtaining references during the recruitment process as some of the reference requests they had made had not been responded to. This included action to ensure risk assessments had been completed when all of the reference information they had requested could not be obtained for staff.

#### Using medicines safely:

- Where people needed support with their medicines, this was provided safely and in line with their individual needs and preferences. Care staff received medicines training and regular spot checks were conducted by senior staff to ensure care staff knowledge and practice remained up to date. Commenting positively on the support people received from staff in this area, one person told us, "I get my medication well on time and feel better for it." Another person added, "Our medicines are given always on time. I know about this because I used to be a health care professional. Medicine records are completed fully and they [Staff] never miss."

#### Preventing and controlling infection:

- The registered provider had implemented a range of measures to help prevent the risk of infection. Care staff received hand-washing training and were provided with disposable aprons, gloves and covers for their shoes for use when entering people's homes and providing personal care. Additionally, plans were in place to provide staff with refresher training in food hygiene.

#### Learning lessons when things go wrong:

- The registered persons had ensured that arrangements were in place to analyse any accidents and near misses so that they could establish how and why they had occurred. In their PIR and at the inspection visit the registered manager gave us an example of the action they took when they described how they had provided training in skin pressure care for staff in response to risks and needs they had identified when working with one person.



# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Effective systems were in place to assess and determine people's individual needs. Records showed the registered manager had established all of the assistance people required and their preferences.
- When we spoke with staff we found that they knew how to care for people in the right way and that the information we looked at with staff in care records matched the care described by people as being given.

Staff support: induction, training, skills and experience:

- Everyone we spoke with told us staff had the right knowledge and skills to meet their needs effectively. For example, one person told us, "Staff are trained to use the hoist equipment I need to help me move safely. They only ever use it with two staff."
- When describing how staff used the equipment to provide care for their family member a relative said, "Staff are competent with equipment. I do observe them sometimes and can see they are well trained and skilled in the areas needed."
- New members of staff participated in a structured induction programme which included initial training and shadowing of more experienced staff. Where required, new staff completed the national Care Certificate which sets out common induction standards for social care staff.
- The provider maintained a record of each staff member's training requirements and staff told us that they felt well supported by the manager and other senior staff.
- The registered manager told us they provided regular support to staff and all of the staff we spoke with said they felt well supported by the management team.
- Arrangements were also in place for staff to receive both formal supervision and appraisals. These are important to ensure staff have the appropriate skills and support to provide safe care to people.
- Observations of care were also carried out by the registered manager and senior staff to ensure staff were competent in providing care.

Supporting people to eat and drink enough to maintain a balanced diet:

- People told us that when it had been identified as needed, staff supported them to eat and drink enough to maintain a balanced diet. Care records detailed people's personal preferences at meal times. Where required food and fluid charts were completed and maintained.
- A staff member described how one person may have been at risk from choking and how they carefully supported the person to minimise the risks associated with this. We spoke with the person who told us they felt well supported and had benefitted from the way care was provided saying, "The staff keep a good eye on

me, so I don't eat anything which might make me choke." However, the records regarding how care was being provided did not include specific details regarding how the risk was being managed and all of the actions in place to reduce it. We discussed this with the registered manager who undertook immediate action to update the record, so it was clear.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support:

- Staff in all parts of the service worked closely together to ensure the delivery of effective care and support.
- People and relatives told us that the joint approaches staff took to working with other health services they used enabled them to feel better supported and that care was more consistent. Describing staff approaches one person told us, "We get up to six calls a day, so communication is really essential. They take action if they see any concerns. They have called the GP for me today as I don't feel right."
- In addition, we received positive feedback from a community health professional who described how they had worked with the registered provider to ensure people had their needs met.

Adapting service, design, decoration to meet people's needs:

- The agencies office was accessible for people and it included parking facilities and a private meeting room, so people could visit to meet with the registered provider if they chose to. One person met with us at the office and told us they found it easy to access saying, "I like it. I think I will come again."

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

- Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff we spoke with were able to clearly describe their approaches to supporting people to make their own decisions and respecting their wishes. The registered manager had a clear understanding of formal best interests decision-making processes and worked alongside other agencies if these needed to be used for someone using the service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People and their relatives were positive about the care they received. They told us staff were caring and took the time to provide care in the way it had been planned and assessed as needed, safely and with dignity. One person told us, "We are exceptionally happy with the care."
- When describing how staff worked creatively with them to maintain the dignity of their family member a relative told us, "I was getting [my relatives] hair washed last week, and the staff suggested we could consider an alternative way of trying to support [my relative] to feel more comfortable. The staff gently incorporated the hair washing together with the personal care given. It worked like a dream."
- Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people did not experience any discrimination. Information included staff taking time to carefully check people's preferences and to get to know people as individuals, so they could take account of any specific needs.
- One relative told us, "The staff are very caring. They make the effort. [My relative] is a football fan and they have taken much time to get to know about them as a person. Any new staff come with an experienced staff member, so the introductions are carefully planned and done."
- Another relative commented, "When we looked through the care plan we read the company's mission statement. It's about their values as a provider and in our experience, we can say the staff and manager live by their mission statement. Care is not driven by time."

Supporting people to express their views and be involved in making decisions about: their care.

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible.
- Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed that the registered manager had liaised with people's circle of support on a regular basis where agreed to ensure people's needs were met.
- The registered manager also told us if people needed any additional help in communicating their views, they could be supported to access information about lay advocacy services and confirmed they understood how to enable people to make contact with these type of services.
- Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence:

- We found that suitable arrangements had been made to ensure that private information was kept confidential.
- In their PIR the registered provider told us that people were provided with information about their privacy policy when they started to receive care.
- During our inspection we saw written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.
- Staff we spoke with were clear about their responsibility in regard to confidentiality. One staff member described this by saying, "Confidentiality is really important. We have had training sessions on this and know not to talk about service users and their lives with anyone else including other service users."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- We found that people received personalised care that was responsive to their needs.
- People were provided with packages of care where the amount of support hours assessed as required were provided according to the person's needs.
- People told us they had been involved in developing their care plan.
- Care records included information about people's life and what was important to them. Staff told us how important this information was in helping assist them to understand the experiences of people, and those who lived with dementia and ensure care was focussed on the person.
- One person described how staff supported them to maintain their health and well-being by assisting them with activities they had chosen to undertake. They told us, "I use some of my allocated time in any way I want to help to get me out. We have just been out in my chair to the park. I really enjoyed it. I hate being stuck in all the time. It makes me feel better about life. Knowing the staff are doing this makes me really look forward to it. They help get me up in the morning and I know all the staff who visit so again this makes me feel reassured."
- A relative told us they valued the efforts made by the registered manager and staff team to ensure a small number of the same staff visited their relative. They commented that, "Anyone new staff visit with an experienced staff member so the introductions are carefully planned and done."
- We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. The registered manager and staff told us how two people were supported to follow their religious beliefs in the ways they had chosen. For example, one of the people had chosen to listen to some of the religious services by telephone and was helped to do this.
- The registered manager told us that at the time of our inspection they only employed female staff. They told us this was always explained during the assessment process in case there was a need to consider any requests they may receive for male staff. People and relatives, we spoke with told us they preferred to be supported by female staff but that if this preference changed they felt they would be fully supported in exploring ways to ensure their request could be met.
- The registered provider had produced a range of information to tell people about the services they provided. The registered manager told us this could be produced in different formats for example, large print or in a different language so that anyone using the service could access it. People told us information about the service was accessible to them. One person described how they had sensory needs and that the information was easy to access using special equipment they had which translated the information for them.
- Care plans and other documents related to care provision were written in a user-friendly way and presented to people in an accessible manner. People told us this supported them to be involved in the process of

recording and reviewing the care they received.

- This meant the registered provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Care records included guidelines on how people liked to be communicated with in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns:

- There were arrangements to ensure that people's concerns and complaints were listened and responded to improve the quality of care.
- People told us they would not hesitate to raise any concerns direct with the registered provider at any time. One person commented, "Any little issues are addressed immediately, and we have all the contact information we need."
- At the time of this inspection the registered manager told us they had no active or on-going complaints.

End of life care and support:

- Although no-one was in receipt of end of life care, the registered provider had established which staff were skilled in this area and was available to give support and guidance to ensure there was a consistent approach to supporting people at the end of their lives. The registered manager told us the information included how people and their circle of support would be maintained at the centre of any decision making in regard to wishes so that these would be fully respected and carried out if and when required.

# 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.

Good: 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:

- There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that they had taken steps to ensure that members of staff were clear about their roles and responsibilities and felt valued.
- The registered manager told us, and staff confirmed, regular communications were maintained with staff to ensure they were kept up to date with changes to the service.
- Staff received support from the registered manager or one of the senior staff whenever this was needed through the manager cover arrangements in place.
- Staff were confident that they could speak to the registered manager at any time if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.
- The registered manager had a business continuity plan in place in order to make sure staff and people would be safe and know what to do if, for example in extreme weather and travelling to deliver care was difficult or if they experienced staff illness at short notice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People, relatives and staff we spoke with told us they felt the service was being well-led. One person told us, "We know the manager very well. Nothing is too much trouble. Any little issues are addressed immediately, and we have all the contact information we need."
- A relative described their view of the way the service was led in detail by saying, "They seem to have developed a strong internal culture. I think this is based on strong leadership. Right from the outset I met not only the care staff but the owner of the company. They have a family feeling about them which promotes a good culture and helps with staff retention. When we looked through the care plan we read the company's mission statement. It's about their values as a provider and in our experience, we can say the staff and manager live by the mission statement. Care is not driven by time. Although allocated time frames are given the staff keep an element of flexibility which works across the board. The service is driven by the needs of the people."
- There were arrangements in place to monitor the quality of care people received. Records showed that the registered manager had regularly checked to make sure that people benefited from having all the care they

needed.

- For example, observational checks were carried out to ensure the care staff provided was of a good quality.
- In their PIR the registered manager described how they had developed some of the staff roles into 'key workers' who undertook quality assurance reviews every four weeks with people and their relatives.
- During our inspection people and relatives told us how the quality assurance reviews had been introduced in order to better understand their experience of the service. A relative told us, "We have just completed our first quality assurance review. They will be every four weeks. It's a good check for consistency and to see the staff are doing what is needed. It also gets completed to check we understand how to contact the manager if we have any issues."
- Records showed that the registered persons had correctly told us about significant events that had occurred in the service. The registered persons had also appropriately displayed the quality ratings we gave to the service at our last inspection and ensured this information was also available on their website.

Continuous learning and improving care. Working in partnership with others:

- The registered manager had access to a range of computer-based resource's which they told us helped them and the staff team to keep themselves updated with changes in practice. This included skills networks and their attendance at a local support forum for registered providers to share and learn from practice experiences.
- The registered manager and staff described how they had built up a maintained close working arrangements with a range of external health and social care professionals to ensure people continued to have their needs met in a holistic way.