

# Ambition Community Healthcare Ltd

# Ambition Community Healthcare

## Inspection report

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Date of inspection visit:  
05 May 2022

Date of publication:  
10 June 2022

## 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

Ambition Community Health Care is a domiciliary care agency based in Dereham. It provides personal care to children and adults with a range of support needs who are living in their own homes. There were 28 people using the service. 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

Ambition Community Health Care provides complex clinical care. The team is made up of three directors each with a lead role and one being the nominated provider. A manager, care coordinators and nurses provide bespoke packages of care. The company complete a comprehensive assessment of need. Once a package of care has been agreed a staff team are recruited to the person and trained to deliver the care. This helps to ensure people received care and support from staff who understand their needs.

The premises are accessible to people using the service and support a growing business. Multiple software systems assist them in evidencing: How they are delivering people's care needs: Recruiting and supporting staff and how they review governance and compliance. Their goal is to have a paperless system which provides live data which can be reviewed in an ongoing way. This helps to ensure care delivery is smooth and effective.

Staff recruitment has been a big challenge; however, the post of an employment recruiter has been sourced to try and address this and help ensure there are enough staff to cover people's needs in a flexible, ongoing way. People received their care visits at the times agreed from a regular team of staff. A number of visits had been missed either due to cancellation, staff sickness, client sickness or unavailability of staff. We are not aware of any significant impact from this but are aware of one person no longer using the service because they chose to find a different care provider. The service used a system to rate calls to ensure essential care is always delivered.

Individual risks and risks associated with people's care were well managed. Infection prevention and control, and the safe administration of medicines were managed well and in line with legislative requirements and recognised best practice guidelines.

People received good standards of care. Care and support plans took into account people's needs and preferences. Goals and objectives were set, and care plans were reviewed in an ongoing way to ensure the support provided remained appropriate to their needs. Staff upheld people's privacy and dignity and were supported to develop their skills and competencies.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control over their lives and care staff supported them in the least restrictive way possible and in

their best interests; the policies and systems in the service supported this practice.

Effective systems to monitor the quality and safety of the service were in place and the provider used feedback to monitor and improve the quality of the service.

Rating at last inspection

The service was registered with us on 05/02/2019. This was their first inspection.

Why we inspected

This was a planned comprehensive inspection.

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.

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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was Effective.	<b>Good</b> ●
<b>Is the service caring?</b> the service was Caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was Responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led	<b>Good</b> ●

# Ambition Community Healthcare

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector, a specialist advisor who was a registered nurse and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ambition community health care is a domiciliary care agency. It provides personal care to people, both adults and children living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was however an acting manager who told us they were applying to CQC for their registration.

#### Notice of inspection

We gave a short period of notice of the inspection because we wanted the manager to contact people ahead of the inspection and ask them for their consent for us to speak with them.

The Inspection activity started on 05 May 2022 and ended on 17 May 2022. We visited the location's office on 05 May 2022.

#### What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2019. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with two people using the service and six relatives. We spoke with the three directors, the manager, the care coordinator and three nurses. We reviewed records including two care plans and risk assessments, staff files and recruitment. We requested additional information in relation to staffing, auditing and governance.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to a further member of staff and received some collective feedback from the Clinical Commissioning Group, (CCG).

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- 100 percent of people we spoke with said staff understood their needs, but one person told us: " There has been problems with staff illness and annual leave. Sometimes there are a lack of sufficiently trained people to fill the gaps." Another person told us that the agency was mostly reliable but there had been a couple of calls which could not be fulfilled.
- We discussed this with the provider who were able to reassure us that the impact of missed visits was minimal because they worked in partnership with families and other agencies and assured us any missed call was clearly communicated.
- Wherever possible additional calls were offered at a different time to ensure carers had sufficient time to rest. For example, in the week of the inspection a night could not be covered and was covered by a family member. The agency then put support in the following day which enabled the family member to have a rest.
- Staff recruitment was described as challenging during the COVID 19 pandemic. A new post had been created for a recruiter and there were rolling adverts out for additional staff. Staff told us they were able to meet people's care hours and did not feel rushed.
- The commissioning authority told us, "The care delivered from Ambition has been on a par with other care providers, with shifts being missed due to either care staff or family members being positive for COVID. Despite these challenges the provider continued to recruit and take on new care packages. "The provider told us staff who had been on zero-hour contracts were being given permanent contracts which should help with staff retention.
- Recruitment processes were sufficiently robust which helped ensure only staff suitable to work in care were recruited. Staffing records showed pre-employment checks were carried out including work history, references and a disclosure and barring check, (DBS) so the provider could check the person had not committed an offence which might make them unsuitable to employ.

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

- Systems were in place to ensure any concerns could be escalated and dealt with efficiently and in a timely manner. All staff received both training in protecting vulnerable adults and vulnerable children.
- An inhouse trainer was being developed to help ensure timely initial training and annual updates could be delivered more effectively.
- Health care professionals were confident that the agency acted appropriately to any safeguarding investigation and cooperated with any recommendations. CQC have received notifications and these have been responded to swiftly.

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

- Risks associated with people's care and their environment were clearly assessed and documented. Staff were trained to identify and manage risk. They had apps on their phone with all the latest policies which were updated immediately should there be a change. This meant their knowledge was kept up to date.
- An accident incident tracker was kept and showed what actions had been taken in response to an incident and what actions may reduce the likelihood of future incidents. This spreadsheet was discussed weekly with the management team and resulted in improvements in practice.

#### Using medicines safely

- Regular nurse led medicines audits were completed and the nurses oversaw care staff competencies to ensure they had understood their online medicines training. Regular medicines audits were being completed to ensure the accuracy of medicine administration.
- The CCG told us the service reported any medicine errors which caused harm to a person and said staff were supported to improve their practice.
- Nurses told us how they managed medicines and ensured they were administered safely.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We spoke with the nurses who told us PPE was available to all staff. People using the service and their relatives confirmed staff had the necessary PPE, wore it appropriately and disposed of it safely. This helped reduce the risk of cross infection.
- We were assured that the provider's infection prevention and control policy was up to date and staff had access to the necessary information and followed government guidance on testing.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Assessments were thorough and the service considered their capacity and availability, to meet the person's clinical need. In some instances, a joint assessment was completed with health professionals.
- Care packages were developed with realistic time scales given to recruit and train the staff who were going to provide the support.
- Care and support was planned and delivered in line with best practice and current legislation.
- People's care records were in depth and kept under constant review to ensure they remained relevant and care objectives were being met. Staff told us they could ring the office or nurses directly for support and advice.
- The service was moving towards a total electronic records system and handheld tablets used to record information contemporaneously. The provider assured us people using the service could have remote access and the necessary securities were in place to protect people's information.

Staff support: induction, training, skills and experience

- Staff were supported to develop the necessary competencies to meet the needs of the people they were allocated to. The induction programme was being revamped as a lot of training had gone online due to the COVID 19 pandemic. Feedback from staff was that they preferred face to face training and this was being reintroduced.
- Staff told us they were trained to meet the specific needs of the people they were supporting. The nurses and, or seniors demonstrated the caring task and were responsible for approving care staff when observed as competent.
- An induction plan was in place for new starters. This provided written evidence that staff were supported to become sufficiently familiar with the person's needs. A breakdown of shadow shifts and expectations were clearly recorded in the induction plan.
- People using the service and their family members were asked about staff competencies and training. Most said they were confident that staff had the right skills and knew their needs well. One person said, "Yes, competent and well trained." Another told us "One who I trust completely, has been with me a while. Sometimes new people, not so much. There is a new carer, she has done one shadow, one hands on with experienced staff. Then on her own. Will take her several days to pick it all up. She should be given more time to get to know, what needs doing."
- Regular check in's with staff and supervisions were provided. These focused on their experiences, training and professional growth. Staff had training opportunities and could become a champion or trainer. Staff could also be nominated for monthly awards if put forward for excelling in their role.

- Annual appraisals for staff were being introduced and staff had an opportunity to have their say and make suggestions. Nurses were supported to continuously update their professional practice and met weekly with the manager and care coordinator to discuss any concerns or clinical decisions.

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

- Clear guidance was in place around people's eating and drinking preferences and any risks associated with aspiration. Appropriate guidance was in place for people who were fed through a feeding tube following a percutaneous endoscopic gastrostomy.

- People had health passports which signposted care staff to other agencies who might be involved. There was evidence of collaborative working, with regular exchange with other agencies.

- People and their families felt their health care needs were being met but there was a recognition that delays in accessing services had increased during the COVID 19 pandemic.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived on 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.

- Everyone we spoke with said care staff supported them in the way they want to be supported and asked them for their consent. This was clearly recorded, and the nurses understood the MCA and what they needed to do if there was a doubt about a person's capacity.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 families told us they were well cared for. One relative said, "Her carers are amazing. They are like her best friends. They do everything." One person told us, "I had COVID a few weeks ago. A couple of them, (staff) went beyond the call of duty. The ones who have been with me the longest, are superb and wonderful people."
- Case studies were seen and helped illustrate people's journey and experiences in life which led them to using the agency. One person wrote, "I would be completely lost without Ambition from the office staff to the carers I've had and do have I cannot fault them one bit." Staff had helped this person build their confidence and take on new experiences. The person regularly popped into the office to speak with staff and had an extended network of support.

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

- People and their family members told us they were jointly involved in the assessment, planning and review of the care plan. The care plans considered what people's preferences were and noted if the person being cared for had a preference to help with allocation of care staff.
- Formal and informal feedback was used to identify areas where the agency was doing well and where improvements were required. People and their families all remembered completing surveys and receiving newsletters telling them what the agency were doing and discussing topics of the month such as new staff

Respecting and promoting people's privacy, dignity and independence

- We asked people and their families if staff treated them with dignity when providing care and support. People agreed that their privacy and dignity was upheld. One person said, "Yes, they are respectful. Yes, they uphold my dignity. Never felt uncomfortable." Similar was said by everyone we asked.
- People's life stories and one-page profiles helped staff understand people's experiences better and make connections.
- People and their families told us that care staff were always polite and spoke to them in an appropriate way.
- People and their families confirmed that care staff supported their independence and were there for the whole family to help maintain family relations. The nurses said how they could support each member of the family and recognised the stresses they faced. A person told us: "They support my independence skills." Another explained that although there was a decline in their skills due to their condition care staff still tried to engage them with things they enjoy.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The agency had a person-centred approach which met people's individual needs. Staff were matched to people based on their experience. Bespoke training helped ensure staff had the necessary skills and competencies to understand the person and wider family's needs.
- People spoken with told us there was a meet and greet with all new potential carers and families had been involved in the interview process. People were clear that if they did not get on with the carer, they could ask for a change of carer. A person told us, "There was one we wanted changing and this was quickly done."
- People advised us they got a rota so knew who was coming. One person told us this was yet to be sorted out. Another said, "Yes, monthly rota. Dates and times and who is coming. They will inform me of changes."
- People and their families said they had access to their care and support plans. We asked if these were regularly updated and everyone told us they were. One person said "Yes, every month."
- People and their family told us they were asked to contribute to their plans. One person said, "We were both involved and went through things together." Another said they were advised of any changes to the plan. We were told handovers occurred with each change of staff.
- Care plans and risk assessments were written in a comprehensive way which made it clear what people's needs were and how the person would like to be supported.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and their families told us the agency respected their personal information and told them when they might need to share information. They said staff upheld people's confidentiality.

The provider told us how they stored information in line with the Caldicott principle. The Caldicott Principles are fundamentals that organisations should follow to protect any information that could identify a patient, such as their name and their records. They also ensure that this information is only used and shared when it was appropriate to do so.

- People and their families told us communication with care staff was good and mostly people could make their needs known. Face to face visits and reviews helped engagement and some people had touchscreen tablets which had been adapted for their purpose.

Improving care quality in response to complaints or concerns

- The agency had an effective complaints procedure and used feedback to improve the service. People and

their relatives were aware of the complaints procedure and who to contact. One person told us concerns raised were quickly responded to.

- A professional told us communication was effective and concerns were quickly dealt with which helped ensure concerns did not escalate into formal complaints.

#### End of life care and support

- Care plans were bespoke to the individual and included end of life planning where applicable. The manager had a background in end of life care and nurses were also highly skilled to lead their teams.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team promoted a positive culture within the service. People were central to this and the provider understood the best way to grow their business was to invest in their staff and enable them to grow professionally. Staff had opportunity for internal promotion which increased their loyalty to the company.
- A nurse told us, " The Ambition team put clients at the heart of everything they do and we pull together to make sure they get the support they need."
- The previous manager, said, " This was by far the best company they had worked for and the company was fantastic." Staff echoed this by saying the team was strong and the support was good. Examples were provided of where staff went above and beyond to meet the needs of people they were supporting. For example, a staff member learnt British sign language in her own time, to help her communicate more effectively with the person they were supporting. The person could communicate by other means, but the staff wanted to enhance the communication experience.
- Systems were in place to regularly review the quality of the service and give people feedback. A quarterly newsletter kept people in touch with what was happening. The outcome of surveys showed very good response rates and overwhelmingly people reported good or outstanding experiences of care. The provider was keen to take on feedback to help them improve their service.
- A team of nurses had oversight of a small number of people's care and regular contact with people being supported, their wider families and staff providing the care. This regular contact helped them to identify what was working well and what needed to change. By working so closely with families the service quickly developed a trusting relationship which was responsive.

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 provider has always been open and accountable and have reported incidents as required by regulation in a timely way. An analysis of accidents, incidents, occurrences and safeguarding concerns show how much emphasis the company placed on improving outcomes for people using the service and working with partners in health and social care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The feedback we received from people and relatives about the service delivery was positive. One person

told us, "the nurses are helpful and the office manager. They do things properly." Another said, "They listen to me. If I request anything they listen." Another said, "It's a very good organisation. It is brilliant. Different level to previous care company."

- Each element of the business was well managed with each of the directors having a specific role whilst giving the manager autonomy to manage the service delivery. Roles were clearly communicated and new opportunities to improve the business were always being sought.
- Nurses managed a small case load and oversaw the care package. Care packages were agreed depending on the skill set of the nurse and who was best to oversee the persons care needs and train the staff team.
- Individual risks associated with care giving were documented and a proportionate approach to reducing risk was developed in regard to the person being supported and the staff providing the care.
- Policies were developed and reviewed to help ensure staff understood their legal responsibilities and had the necessary skills to deliver bespoke care which was overseen by qualified nurses.
- The provider told us their philosophy was to become market leaders in the provision of high-quality care for people who had complex clinical care needs. The provider was hands on and recruited to the needs of the people using the service.

#### Continuous learning and improving care

- The provider told us staffing had been challenging during the COVID 19 pandemic, but they had worked closely with people they supported to deliver high quality care. People received continuity of care from a small team of staff and staff had regular rotas in advance so were able to plan.
- Nurses were supported with their continuous professional development and were familiar with the latest government guidance and best practice in health care. Such as The National Institute of Clinical Excellence, (NICE) guidelines.
- Audits and feedback helped the service determine where change was necessary and what was working well.
- The employer satisfaction survey was introduced last year and used to capture feedback from staff and from people using the service and their families. Feedback was positive and actions agreed and allocated as part of the service review.

#### Working in partnership with others

- The service worked in conjunction with people using the service, its staff, and other professionals
- Feedback from commissioners said they found Ambition to be a professional care provider who were working with some children with very complex care requirements.
- The provider engaged with others and had regular meetings with children's services. It had links with Skills for Care, a strategic workforce development and planning body for adult social care.
- The service also took advantage of networking opportunities and had recently sponsored local charities and took part in fundraising events.