

# Ambley Care Limited

# MCH House

## Inspection report

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18 April 2019

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## 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:

- Ambley Care Limited is a domiciliary care agency registered to provide personal care for people who require support in their own home. Ambley Care Limited is a wholly owned subsidiary company of Medway Community Healthcare (MCH) C.I.C.
- Not everyone using Ambley Care Limited receives regulated activity; 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 take into account any wider social care provided. At the time of our inspection, they were supporting 47 people who received support with personal care tasks.

People's experience of using this service:

- The service had improved since we last inspected it. Everyone we spoke with was positive in their feedback. Comments included; "I had a massive operation and they've been great"; "I feel very safe, and I have lifeline" and "I feel safe, I haven't seen or heard anything, but I would feel confident to raise any issues."
- Care plans contained risk assessments, which was appropriately linked to their support needs.
- Processes were in place to identify and reduce any environmental risks to people and care workers.
- The service was working according to the Accessible Information Standard (AIS) and its requirements during our inspection. This meant that people were able to communicate effectively with care workers or understand what was going on and involved in decision-making.
- People's needs were assessed prior to receiving a service including the protected characteristics under the Equalities Act.
- Staff were skilled in carrying out their role. Trained staff were employed to meet people's needs. Staff said they were supported by the manager.
- People were encouraged to raise any concerns they had or make suggestions to improve the service they received. One person said, "When I had that complaint, I did not call the office, but I told the carer who came the following night. She contacted the office, and someone rang me, and I explained my complaint. The office acted on it immediately and resolved my complaint."
- Staff felt there was an open culture where they were kept informed about any changes to their role. Staff told us the manager was approachable and listened to their ideas and suggestions.
- The service had effective systems in place to assess, monitor and improve the quality and safety of the services provided.

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:

- Requires Improvement (Report published 23 May 2018).

Why we inspected:

- At our last inspection on 03 April 2018, we found five breaches of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. These breaches were in relation to our findings, that the provider failed to carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the people who used the service. Further, the provider failed to act in accordance with the Mental Capacity Act (2005), people's capacity to consent to care and support had not been assessed and recorded within their care plans. The provider also failed to assess the risks to the health and safety of service users receiving the care or treatment. The provider had also failed to operate effective quality monitoring systems and failed to provide appropriate support, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.

- We asked the registered provider to take action to meet the regulations. We received an action plan, which stated that the registered provider would take action to meet the regulations by July 2018. The action plan was continually updated up until 22 March 2019.
- At this inspection, we found that improvements had been made in relation to the requirements made above.

Follow up:

- We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

## 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.

# MCH House

## 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 and two experts-by-experience, who made calls to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience for this inspection had experience of people cared for in their homes.

Service and service type:

- Ambley Care Limited is a domiciliary care agency registered to provide personal care for people who require support in their own home. Ambley Care Limited was established in July 2016 to provide personal care and enablement to residents of Medway aged over 18. They provide enabling services to assist people to regain independence. This could be after discharge from hospital to home or within community rehabilitation units. Services are provided for a short time period of six weeks. However, in some instances, the service provided had lasted more than six weeks.
- There was a new manager currently undergoing registration with the Care Quality Commission. As the manager is not yet registered, this means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This was a comprehensive inspection, which took place on 16, 17 and 18 April 2019 and was announced. The provider was given 72 hours' notice of the inspection as we needed to be sure that the office was open, staff would be available to speak with us and people being enabled would be able to speak with us.

What we did:

- We reviewed information we had received about the service since the last inspection on 03 April 2018. This

included details about incidents the provider must notify us about, such as abuse or when a person dies. The provider completed a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information including the information in our last inspection report to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

- During the inspection, we spoke with 20 people using the service, three relatives, two enablers [Care staff] and two supervisors. As part of the inspection, we also spoke with the management of Ambley Care, which included the nominated individual who was also a director, the head of service for Ambley Care and the director.
- We requested feedback from a range of healthcare professionals involved in the service. We received feedback from a local Clinical Commissioning Group (CCG) commissioner.
- We reviewed a range of records. This included four people's care records and medicines records. We also looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.
- We asked the head of service to send additional information after the inspection visit. This included the updated CQC action plan, local authority quality assurance team visit report and the staffing rota. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

At our last inspection on 03 April 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess the risks to the health and safety of service users receiving care or treatment. At this inspection, we found that improvements had been made and the regulation had been met.

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.

### Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Appropriate risk assessments specific to each person were in place and had been reviewed when required. For example, people who used equipment to help them mobilise or transfer had been appropriately assessed to evidence safe systems of work for the staff to follow. Care related risk assessments and guidance for areas such as diabetes and catheter care had been put in place.
- People were protected from risks relating to equipment used by staff. The equipment was safe and well maintained.
- There was a system for the recording of accidents and incidents. The manager reviewed these to see if there were any patterns or behaviours that required input from specialists such as health care professionals.

### Using medicines safely

- At our last inspection on 03 April 2018, we recommended that the provider sought advice and guidance from a reputable source, about medicine administration record keeping.
- At this inspection, we found that improvements had been made.
- Medicines administration records (MARs) had been implemented. Staff recorded each time medicines were given or prompted.
- Staff had been trained and followed arrangements in place to ensure people received their prescribed medicines. Arrangements were in place for staff competency to be checked once a year.
- There were up to date policies and procedures in place. This included guidance documents from NICE (National Institute for Health and Care Excellence) for medicine.

### Staffing and recruitment

- At our last inspection on 03 April 2018, we recommended that the provider sought advice and guidance on the recruitment and selection of staff according to Schedule 3 of the Health and Social Care Act and update their practice accordingly.
- At this inspection, we found that improvements had been made.
- The registered provider had carried out sufficient checks to explore staff members employment history to

ensure they were suitable to work with people who needed support.

- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records of checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People's needs, and hours of support were individually assessed. There were enough staff employed to meet the person's needs. One person said, "When we first met, they asked me what my preferred times would be and it was met."
- People's specific gender preferences for staff were accommodated.
- People, their relatives and staff had access to an out of hours on call system manned by the manager.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. An enabler said, "If you see something that is not right, report it immediately. It could be anyone. I will report to my manager, I can go to the director to report. I can go to the police or CQC."
- One person said, "I feel very safe; they are very kind."

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. For example, they were issued with gloves, aprons and hand gel. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.
- Staff were trained in infection control.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents.
- The manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.
- Staff told us learning was provided in meetings with the manager when incidents occurred at people's homes and that this was also discussed in team meetings.



# Is the service effective?

## Our findings

At our last inspection on 03 April 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to act in accordance with the Mental Capacity Act (2005), people's capacity to consent to care and support had not been assessed and recorded within their care plans. The provider also failed to provide appropriate support, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform. At this inspection, we found that improvements had been made and the regulations had been met.

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.

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

- The Mental Capacity Act 2005 (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.
- People's capacity to consent to care and support had been assessed and recorded before care and support were delivered. For example, records of any decisions that had been made with the relevant health care professionals in people's best interests had been included within people's care plan.
- The manager understood the principles of the MCA 2005 and was aware of the importance of respecting people's decisions.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to successfully carry out their role. Training records confirmed this was the case. One person said, "The staff have training. They know what they are doing."
- Staff had received training to support them in their roles. Training certificates in staff files confirmed this.
- Staff commented that the training they received was useful.
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the supervisor or manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the manager to monitor this.

Supporting people to live healthier lives, access healthcare services and support

- People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the heads of service or the administration manager, who then contacted their GP, community nurse, mental health team or other health professionals.
- Records showed that the members of staff worked closely with health professionals such as district nurses with regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. A healthcare professional said, "We find that having services that link in with community nursing delivers high quality care and ensures that the standards of care are

maintained for our CHC [Continuing Healthcare] patients."

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

- Staff supported people to maintain healthy eating and hydration as stated in their care plan.
- People's care records included guidance for staff to follow. For example, diabetes, nutrition and weight loss. This included guidance from NICE, which further enabled staff in understanding and meeting people's needs.
- Staff demonstrated that they understood the importance of following set guidelines in place.

Staff working with other agencies to provide consistent, effective, timely care

- Senior staff liaised with professionals when assessing a person's needs and kept those needs under constant review so they could provide information to professionals when needed.
- There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.

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

- People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance. One person said, "In truth, the physiotherapist came and completed my care assessment with Ambley staff."
- Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.
- Feedback received from people was that the supervisor visited people and their family members before they started to receive a care package. Relatives said that this assessment was very comprehensive and included a full discussion of their family member's support needs. They said that this meant that staff knew how to support their relative when they first started to do so.

# 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; equality and diversity

- People commented, "They are all very friendly. I consider them to be my friends"; "They're very good, they're so kind and calm"; "Everyone is courteous and friendly, we all get on" and "They're very pleasant."
- Staff knew the people they were supporting.
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details about people throughout the day, without needing to refer to their support plans.
- Staff helped people to stay in touch with their family and friends.
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- People said, "They all treat me with dignity and very respectfully. They shut the door and close the curtains. The carers always ask permission before they do anything"; "Oh yes definitely. I'm treated with dignity and respect, and that's a two-way thing"; "They definitely respect my privacy and dignity very much so; they always ask what I want" and "The carers are pleasant and do a great job. They always close the door when caring for me. We start with a chat and they ask me how I am."
- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

# Is the service responsive?

## Our findings

At our last inspection on 03 April 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to carry out an assessment of the needs and preferences for care and treatment of the service user collaboratively with the relevant person. At this inspection, we found that improvements had been made and the regulation had been met.

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

- The initial holistic assessment of people before they started to receive a service checked the care and support needs of each person so that the registered provider could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. One person confirmed this and said, "They gave us a form and the physiotherapist and district nurse came around, and then on the second day someone from the service came and did an assessment."
- People and their family members were fully involved in the assessment process to make sure the manager had all the information they needed. People had support plans in place, which reflected their current needs. One person said, "The agency has always understood my needs and in the beginning I was able to choose my own time of 9am to 11am."
- Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made during every visit; ensuring communication between staff was good which benefitted the care of each person.
- People were offered individual support according to their needs and choices. One person said, "Ambley did an assessment and they offered to wash my feet; they are incredible."

Improving care quality in response to complaints or concerns

- People told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately. Comments included, "One manager came around initially and has asked for feedback, which was positive because I have no current complaints" and "The only complaint is when people come late, and it is always resolved."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and local government ombudsman.
- One person said, "The staff are brilliant, I would choose this service to continue after the six weeks because they are always very professional and I would recommend them as a good service right now. I have no complaints."
- There had been 24 complaints received in the last twelve months. All were resolved satisfactorily.
- A CCG commissioner said, "We have no concerns and would hope to further develop more services in the future."

- The service was working according to the Accessible Information Standard (AIS) and its requirements during our inspection. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information.

#### End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

# Is the service well-led?

## Our findings

At our last inspection on 03 April 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective quality monitoring systems. At this inspection, we found that improvements had been made and the regulation had been met.

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 were systems in place to check the quality of the service including reviewing care plans, incidents, daily records, uniform monitoring, hand hygiene and spot checks. Where actions were needed these were recorded and completed in a timely manner. They used these audits to review the service provision.
- Staff told us the manager visited people in their homes to regularly monitor the service. Reports were maintained of the visits.
- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the office and on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "Very approachable, knows what they are doing and the manager listens to us"; "Management is brilliant, cannot fault them and I have always been supported. If I have any concerns, the administrative team always respond. The management is visible and quite connected with staff. I am happy with everything" and "We are very supported at meetings. One of the board directors also attends. The head of service is very pro-active, willing to listen and [we are] very well supported by him. The head of service encourages us all to perform to our best. The head of service thinks broadly for example when doing appraisals to develop staff."
- One person said, "I am so impressed with them, I hope they carry on with the good work." Another said, "On the whole, they're all very nice."
- A CCG commissioner said, "The services appear well led. Management and staff at MCH are approachable and communicate with us in a timely manner."

- Communication within the service continued to be facilitated through monthly team meetings. A member of staff said, "We have normal team meetings and we are asked to add to the agenda. We discuss policies, performance issues and we can raise anything we want to. Our meetings are inclusive. We also have regular meetings with the head of service and administrative staff."

- The provider had systems in place to receive people's feedback about the service. The provider used a patient experience survey, which was carried out every three and six weeks to gain feedback on the quality of the service. Ambley Care uses a computerised system called the 'Meridian system' to capture the questionnaire volumes received. In January 2019, 21 people responded, in February 2019, 23 people responded and in March 2019, 39 people responded. All responses received showed that they were satisfied with the service provided. Comments received from people included, "All the girls are a delight to talk to and I look forward to their visits."; "I would like to thank you all, you have all helped me tremendously"; "Your ladies have been very good, of all the agencies we have had for mum and dad, they are by far the best" and "I was treated very well. All my carers are very kind to me indeed." A CCG commissioner also confirmed this and said, "Feedback from the patients and their families have been positive."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a new manager employed at the service. The new manager was undergoing registration with Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

- There was a management team, which included MCH director who was also the nominated individual, the Ambley Care director, the head of service, and the administration manager. There were also the office administrators who supported both the administration manager and the head of service. The head of service was familiar with their responsibilities.

- The aims and objectives of the service were clearly set out in their statement of purpose. It stated, 'Ambley Care provides person-centred care and support which meet the needs of service users. We deliver care which enhances dignity, promotes independence and develops opportunities for fulfilled lives.' We found that the organisational values had been discussed with staff and reviewed to see that they remained the same and in practice.

- There was a positive focus on supporting people to communicate, express their views and be independent.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. Ambley care work with 'Assisted Technology Assessment Referral'. They refer people who may benefit from a 'Telecare' system. 'Telecare' is the use of technologies such as remote monitoring and emergency alarms to enable the unwell, disabled, or elderly to receive care at home so that they can live independently.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.

- The management worked with funding authorities and other health professionals such as speech and language therapist team, NHS recovery team, therapists and nurses to ensure people received joined up care.

