

Amberley Care Limited

# Amberley Care

## Inspection report

22 Watkin Road  
Hedge End  
Southampton  
Hampshire  
SO30 2TD

Tel: 01489788160

Website: [www.amberleycare.co.uk](http://www.amberleycare.co.uk)

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Amberley Care is a care service providing personal care to people on permanent packages of care in their own homes as well as reablement support for people returning home from hospital. 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. 57 people were receiving personal care. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The registered manager had developed a range of quality monitoring systems, such as surveys and audits, and feedback was used to help drive improvement. People, relatives and care professionals spoke highly of the registered manager. Staff felt very well supported by the registered manager who was approachable and available for support and guidance.

People and relatives consistently told us about the excellent care they received. Staff were exceptionally patient, kind and thoughtful, going the extra mile to support them. People thought of staff as their friends and felt valued and respected. People felt listened to and fully involved in decisions about their care and were encouraged to be as independent as possible.

People and relatives told us they felt safe and confident in the care they received from staff. Robust recruitment processes were in place to ensure suitable staff were employed. Visit rotas enabled staff to spend time with people and were never rushed. Risks to people's health and wellbeing had been identified and measures were in place to minimise risks. Incidents were dealt with immediately by the registered manager and any information or learning was shared with staff. Medicines were well managed and staff received training in medicines' administration and on-going assessment of their competency.

People were supported to access healthcare services to maintain their health and wellbeing when required. People chose what they wanted to eat each day and staff prepared the meals for them. Staff obtained consent from people for day to day decisions. People were supported to have maximum choice and control of their lives.

Everyone supported by Amberley Care had the mental capacity to make their own decisions, so no one required decisions to be made in their best interests.

Staff knew people very well including their likes, dislikes, preferences and wishes and were responsive to their care and support needs. People and relatives knew how to make a complaint if they needed to and felt confident it would be addressed.

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

The last rating for this service was good (Published 16 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amberley Care on our 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was outstanding in caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Detailed are in our well led findings below.

Good ●

# Amberley Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector. An Expert by Experience supported the inspection and made phone calls to people who used the service to obtain their views. 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced.

We gave the service 40 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2019 and ended on 30 September 2019. We visited the office

location on 26 September 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We visited two people and a relative in their own homes to obtain their views of their care and support and spoke with the registered manager who was also the owner of the service. We spoke with fifteen people and relatives on the telephone to gather their views.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision and records relating to the management of the service such as quality audits and surveys.

#### After the inspection

We spoke with one care professional and received written feedback from second care professional who have been involved with the service and four staff members by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same; good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in place to safeguard people and these were understood by staff.
- There had been no safeguarding referrals to the commission since the last inspection.
- People told us they felt safe. One person told us, "I always feel safe when they come to me." Another person said, "I couldn't feel any safer."

Assessing risk, safety monitoring and management

- People had been assessed for any risks, such as risk of falls or skin breakdown and measures were in place to mitigate these risks. For example, people were reminded to wear their personal alarms and use mobility aids such as their walking frames to reduce the risk of falls. One person told us, "They always ask me, have you got your call bell on?" Another person told us, "I have a shower once a week. It's more of a safety check really, to see if I'm coping."
- Environmental checks were carried out to ensure the safety of people and staff. For example, checks of electrical equipment, slip and trip hazards and the location of utility shut off valves in case of emergency.

Staffing and recruitment

- The registered manager told us there was a stable staff team, some of whom had been employed for many years. They told us, "It gives continuity, they get to know clients [people]. They're more like friends. The work isn't heavy. The don't get to work and think, I can't do this anymore."
- Recruitment procedures were in place which ensured only people suitable to work in a social care setting were employed. Records showed staff had provided a full employment history, previous employment references and proof of identity. All staff had received a criminal check from the Disclosure and Barring Service (DBS). A DBS check helps employers to make safer recruitment decisions.
- Duty rotas showed staff had their own schedule of visits to people. People we spoke with told us they had regular staff and knew who would be visiting each day and would receive a call if staff were going to be late. Most people confirmed staff arrived on time and always stayed for the allotted time. One person told us, "They've never missed me out or never not turned up. They keep to time and stay for the whole half hour."

Using medicines safely

- People and their relatives were responsible for ordering their own medicines. Some people required support to take their medicines, either by prompting or physically handing them their medicines. Where required, staff ensured people received their medicines as prescribed. One relative told us, "The prompting of medicines is one of the main reasons we set up the care package."

- We noted concerns with two people's medicine administration records (MARs) and have spoken more about this in the well led section of the report.

#### Preventing and controlling infection

- The registered manager ensured there were supplies of gloves and aprons for staff to use during visits to people. This was confirmed by people and relatives who said staff wore these when appropriate.

#### Learning lessons when things go wrong

- There had been no incidents or accidents within the service since the last inspection. The registered manager told us these would be reported by staff and investigated as required.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; 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

- People received a pre-assessment before a care package was agreed. This was to ensure the service could meet their care and support needs. People's assessments included, for example, their medical history, mobility, personal care needs, communication, skin integrity and mental capacity. This information was then transferred into a care plan to provide detailed guidance for staff which included their personal likes, dislikes and preferences. For example, one person liked their tea with milk and no sugar and liked their bed to be changed every Wednesday.
- Where people were discharged home following a hospital admission, the registered manager ensured discharge information formed part of the assessment. □

Staff support: induction, training, skills and experience

- Staff received regular training which supported them to keep up to date with their skills and knowledge. The registered manager was a qualified assessor and trainer and held weekly training sessions between September and December each year for staff to attend to refresh their learning. These were held at different times of the day and at weekends to provide flexibility for staff who had other commitments.
- All staff completed the Care Certificate. This is a nationally recognised standard which all care staff should meet. Staff were offered the opportunity to complete additional vocational qualifications such as level 2 and 3 in health and social care.
- Staff received regular supervision and observation sessions to help monitor and improve their care practice. Staff confirmed this. One staff member said, "They check what I'm doing, that I'm wearing aprons and gloves and make sure I'm talking to people properly, with dignity."

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

- Some people received support with preparing their meals and snacks. One person told us a staff member prepared their sandwiches for their tea and said, "They always make me a cup of tea and leave a cold drink." Another person told us, "the evening they come back and cook me a dinner." A third person said, "There's a jug of juice by the side of my chair. They cook a meal for me as well. I choose what I want from the freezer and they cook it for me."
- One person was at risk of losing weight and were being monitored. The registered manager told us some people had early onset of dementia so adapting communication was very important. They told us, "They [People] may just say they were fine if they were asked if they wanted something to eat. If you say, 'do you fancy a ham sandwich', they'd say, 'oh yes please'."

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

- The registered manager and staff sought advice and assistance from social workers, GPs, district nurses and other health professionals if they had concerns about people's care needs or health. A care professional told us they had worked with Amberley Care to support one person recently, "They were very good. The carers were all efficient. They did everything we asked them to do and had ideas themselves. We did a few visits with [the registered manager], any problems, they were there to help and put things in place straight away. It was all positive. I have nothing negative to say."
- People confirmed staff helped them with any health concerns. One person told us, "A couple of months ago I had a fall ten minutes before [staff member] arrived. I couldn't move. She stayed with me until the ambulance arrived."

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 of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act, however, no-one being supported by the service at the time of the inspection lacked mental capacity to make their own decisions.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question remains rated as outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives, without exception, gave us positive feedback about the excellent care they received. They told us the staff were exceptionally kind, caring, compassionate and helpful, going the extra mile which had made all the difference to them, including being able to remain living at home.
- One person told us, ""It's not just what they do when they're here, my regular carers pop in if they're passing to say hello and to see if I'm alright, they're more like friends really." Another person said, "They're excellent, if they've got time they're only too happy to do little extras for me like closing the windows so I don't have to reach over or wash up and put the washing machine on if I need it. We have a good laugh together, they're so friendly." A third person told us, "I have a good relationship with them, they definitely make a difference to me, they help me cope living on my own. They're great, all of them, I look forward to seeing them."
- A fourth person told us, "Yes I do think they're kind and caring. They are all very polite. I was a bit concerned at first having carers, but they are very friendly and put me at ease." A fifth person told us, "They're the best thing that's happened to me. They will go the extra mile for me" and told us how they had been discharged home from hospital on Christmas day and staff had been there to help them settle back in.
- Other comments included, "They chat to me while they work and write in my folder" and "they do all sorts for me. If they see something needs doing, they do it for me there and then." A relative told us, "They get on very well together, they stop and have a chat and make sure he's well."
- Staff understood that some people had no family or other visitors and worked within their schedules to ensure they had time to sit and chat with people. One staff member told us, "Sometimes I'll go over my half hour allotted time. Some people have no-one. I may be the only person they see all day. It's an opportunity for a little chat and to brighten their day."
- We saw there was genuine warmth between people and the registered manager. People were relaxed and at ease, laughing and chatting and sharing stories about their family life. The registered manager knew people very well and was able to reassure one person with background knowledge and sensitivity when they raised a family concern.
- Thank you cards were on display in the registered manager's office which showed people and relatives felt gratitude for the consistently kind and compassionate care they received. Comments included, "Thank you for all your kindness, patience and care you gave to [family member] before his passing" and "The girls [staff] are so cheerful and helpful. Keep up the good work. I would recommend you to anyone!"
- A social care professional told us how the service had stepped in immediately to support a relative on the

day of a bereavement at home. "Amberley provided extra care for the mother from that day and ongoing. They sent a carer out immediately. This meant such a lot to the family. I have had very good feedback from service users about care staff and their kindness and professionalism. If I was choosing an agency for my parents Amberley would be one of the top choices."

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

- The registered manager was passionate about empowering people to make choices. People told us they were fully involved in their care and support and felt listened to and valued. One person said, "I don't want to go anywhere else. They sit and chat about anything and everything. They do what I ask them to do." Another person said, "They do anything I ask them to and my regular carer does things before I ask."
- People were encouraged to share their views of their care in a variety of ways, such as telephone and face to face surveys. Comments included, "I am very happy and get all the care I need" and "Happy with the times of their care" and "Improved so much since out of hospital, able to cut down on calls." The results of postal surveys were also extremely positive. For example, "Thank you for being there. Always kind and helpful and will do anything for me" and "We [relatives] are really appreciative of the excellent care and kindness given to [our family member] which provides peace of mind for us all."
- People were asked for their permission for staff to provide care and this was also recorded in their care files which people had agreed and signed. Any changes to people's care plans were discussed with them before the plans were updated. People were asked to review and sign their updated plans before they were placed in their home care folder. Daily care records were updated each day by staff and these were left in people's homes for them to read and comment on if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their privacy and dignity which they valued. One person told us, "They knock on my door even though they have a key." Another person told us staff respected their home and treated it well. During our visits to people at home, we observed the registered manager knocked on people's front doors before using their key code to enter their home, calling out 'hello [name]' as they entered. They understood the importance of people having privacy to speak with our inspector, offering to leave whilst they talked to us. However, one person wanted them to stay and they respected their choice. The person told us, "I have nothing to hide. I can say what I want to in front of [the registered manager]."
- People were encouraged to be as independent as possible. One person told us they could not make their bed by themselves, but staff helped them instead of doing it for them. Another person told us they were feeling much better so didn't need as much care as they previously had as they were able to do more for themselves.
- Care plans included guidance for staff about promoting independence. For example, one persons' care plan stated, "[Name] can dress her top half but always offer to assist with putting underwear and trousers on. Ensure she has everything to hand before leaving." Another person's care plan stated, "[Name] can wash herself but please assist with washing and drying her back."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; 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

- Person centred care plans were agreed with each person to ensure they reflected their needs, choices and preferences. One person told us, "I don't remember a lot about it, but they asked me questions about how I am and what I needed." Another person told us, "They [staff] fill in a file every day. They write down what they do." We visited two people at home and they confirmed this. We reviewed their care records which reflected the individualised care they had received each day and how they had been feeling, for example, their health and their mood. A relative told us, "Care plans are reviewed once a year to review [my family member's] care needs."
- A social care professional told us, "I have always had very good experiences working with Amberley Care. They are very responsive and have often helped me out at the last minute. I can always speak with someone in the office and they will know the service user well and be able to discuss the case knowledgeably. Often it will be [the registered manager] herself I speak with."

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.

- Staff knew people well and supported them to communicate their views and wishes. People's care plans described the equipment and aids each person used and how to communicate effectively. For example, one person's care plan stated, "Uses a hearing aid in their right ear and wears glasses all the time." Another person's care plan stated, "Sometimes requires repetition and slow explanations to understand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew who was at risk of isolation and ensured they spent time chatting with people and making sure they were okay. People told us they appreciated the company and how it made a difference to their day. One person said, "They are all brilliant, I haven't got much family and so I look forward to seeing them."
- The service held events during the year such as a summer Bar-B-Que and coffee mornings. The day after our inspection the service was holding a coffee morning to raise money for their chosen charity. Everyone was invited and were looking forward to it. One person we spoke confirmed they had been invited but sent their apologies as they were attending a similar event elsewhere.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. Information on how to make a complaint was in each person's care file in their home with relevant telephone numbers and contact details. However, the registered manager told us they had not received any complaints. This was confirmed by people we spoke with. One person said, "I've never had any complaints. If I did I would speak with [The registered manager]. Another person told us, "I have no complaints at all."

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. In the past they had provided compassionate end of life care to a person whose GP wanted them to go into a hospice. The service worked with other agencies such as a palliative care charity and district nurses to enable the person to stay at home where they provided personal care, mouth care and emotional support. The registered manager told us they would continue to support people to stay at home at the end of their lives if this was their wish.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remains the same, good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had systems in place to monitor the quality and safety of the care they provided. This included external audits to check how the service was performing.
- All but one staff member we spoke with told us they were happy working at Amberley Care. They understood their roles and responsibilities and felt well supported by the registered manager who was approachable and available for advice and guidance. One staff member told us, "They're a brilliant company to work for. I really enjoy it. I get my rota every Friday, so I know where I'm going the following week. Communication is good. I get updated by email, text, social media if there are any changes or they'll call me." Another staff member told us there was always someone to speak to if needed and said, "They're really good. I call the office and speak to [Names of office staff] if I have any queries and see [the registered manager] if I go into the office."
- People and their relatives told us they knew the registered manager very well and spoke highly of them. People told us they could always contact the office when they needed to. One person told us, "There's always someone there to answer, and on call. They're a fantastic firm, they really are. I will praise them to the skies." Another person said, "The service I get is fabulous. I'd definitely recommend them, in fact I already have done." A third person told us, "I would certainly recommend Amberley Care. It's good to get a good service."
- The registered manager submitted notifications to the commission when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager encouraged people to be involved with, and have control over the care they received. People told us they were exceptionally happy with the care they received and with the way their visits were organised. One relative told us, "[My family member] has improved no end. They ask what we want help with. They're flexible. They come when you want. [The registered manager] gave a commitment to [our consultant] to provide on-going care." People received a copy of their visit schedule so always knew who would be supporting them. They told us the office would inform them if there was a change or if the staff were going to be held up.
- People told us they felt confident in the staff and the support they received which in some cases had helped them improve their health and independence. One person told us, "I wouldn't be able to cope

without them, it's the best of both worlds for me as I'd have to go into a care home for a few months otherwise and I'd hate that." Another person said, "I suppose I might cope without them but not very well. They do make a difference to me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to ensure where mistakes had been made they were open and transparent, investigated and apologised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager encouraged people, relatives and professionals to provide feedback on the service they received. All the comments we saw were extremely positive. The registered manager told us, "I don't use internet surveys as I can't be confident they're genuine and elderly people don't all use the internet anyway."

- Staff worked closely with other agencies, such as health and social care professionals, to ensure they achieved the best outcomes for people. The service was a member of the local care association which enabled them to access advice, guidance and information.

- The registered manager had implemented a staff feedback system and feedback included staff were unhappy with their uniforms. The registered manager told us, "I've bought new tops and we're trialling them. T shirts are a no-no though" which they said were too informal and didn't project the professional image they wanted.

Continuous learning and improving care

- The registered manager told us the service was small and they knew people well. Where incidents happened, they dealt with them there and then. Where information or learning needed to be shared with staff, this was sent through text, email and social media.