

Ambrose Adrian Healthcare Ltd

# Ambrose Adrian Healthcare

## Inspection report

268 Bath Road  
Regus Building  
Slough  
SL1 4DX

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11 August 2022

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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

Ambrose Adrian Healthcare is a domiciliary care agency providing care to people in their own homes in Slough and the surrounding area. At the time of our inspection 21 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People were protected from abuse and harm. Staff knew how to report any concerns relating to people's safety and the service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were sufficient staff deployed to keep people safe and meet their needs. The service aimed to ensure only suitable staff were selected to work with vulnerable people, and checks were carried out to allow safe recruitment decisions to be made.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

Most people, their relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of the service.

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 and update

This service was registered with us on 14 October 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection for a newly registered service.

#### 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.

## 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

# Ambrose Adrian 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 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

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

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 August 2022. We visited the location's office on 10 August 2022.

#### What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. 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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is

information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we spoke with five people using the service, five people's relatives, the deputy manager and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for six people, staff training records, three staff recruitment files, quality assurance audits, complaints records, and records relating to the management of the service.

#### After the inspection

Following our visit to the office we continued to gather evidence and we contacted eight care staff.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Their comments included: "I would say that yes, he [person] is safe, purely on the basis that he's getting a contact twice a day from the care team. He is certainly a lot safer than before" and "They [staff] do a good service. We've had different carers [staff] looking after her and so far, these are one of the best."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "In the case of abuse to the client, I would report to my line manager and if it's that serious I might have to involve the police and the family members of the client I'm with." Another said, "I'd call my line manager."
- Systems were in place to safeguard people from harm and abuse. Records evidenced all concerns were recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments for every person and contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, one person was at risk of choking. The person's family prepared their meals and staff were guided to supervise the person whilst they were eating. Another person was at risk of falls. Staff were provided with detailed guidance on how to safely support this person.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. One member of staff told us, "Yes, as far as I know we have enough staff."
- Most people told us staff were punctual and stayed for the full visit time. One person said, "[Staff] arrive on time and stay the length of time. Everything gets done." However, a relative said, "They [staff] didn't always arrive on time and didn't always call to say they would be late." The registered manager told us they were aware of this issue and were taking action. People told us they had never experienced a missed visit. An electronic monitoring system monitored all care visits and alerted the office of delays.

### Using medicines safely

- People received their medicines as prescribed. Some people using the service managed their own medicines with the help of their relatives.
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice. One staff member said, "Yes, I'm allowed to administer medication to my client [person], my line manager has made the check."
- Medicine records were accurate, consistently maintained and up to date.

### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.
- One person told us how staff wore PPE. They said, "They [staff] still wear an apron and gloves."

### Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- Where appropriate, accidents and incidents were referred to the local authorities and the CQC and advice was sought from health care professionals. For example, one person had difficulties with their finances. The registered manager worked with the local authority to resolve these issues.

# 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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "They [staff] all seemed well trained and were doing their job." However, one relative commented, "The less experienced staff were not as practiced at supporting [person]."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision.
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People and their relatives told us how staff supported people to maintain a healthy diet. One relative said, "One carer [staff] sits with mother [person] whilst she's eating her breakfast. She's very chatty with mum." Another relative commented how staff supported people with fluids during the hot weather. They said, "I know the lady [staff] in the morning makes her [person] a cup of tea and leaves her with juices. I've seen her with water, and they've left the fan on for her today which is nice."
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Staff confirmed most people only needed support with meal preparation. One staff member said, "I only do meal preparation for my clients [people]."
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.

- The registered manager told us they had worked on a regular basis with any external agencies and had made referrals as and when necessary.

#### 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 particular 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.

- People and their relatives confirmed that staff obtained consent for people's care and support. One relative said, "They [staff] try to encourage [personal care], but if not, the carers will say we'll do it later or will try again. They go with the flow."
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They said, "I have to do things in the interest of the client [person], this why I ask them, but if it seems like it will put them into danger I ask my line manager for assistance."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

# 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 relatives told us how the staff were caring and supportive. Their comments included; "They're [staff] lovely ladies. They're very sweet", "They're [staff] very patient because sometimes he [person] doesn't cooperate. They're very kind and caring" and "They're [staff] absolutely amazing. Not only are they kind and caring, the carers are very understanding. Irrespective of how challenging it can be on some days they are giving 100%."
- Staff knew how people wanted to be supported and were aware of what was important to them. Care staff spoke with us about their professional relationships with people. One staff member said, "My professional relationship with the client is one of mutual respect, but I approach the client as a friend not as a Carer, so that we will be on the same page."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- People and their relatives were asked for their views of the service regularly. For example, the registered manager regularly contacted people to obtain their feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting dignity and respect. One relative spoke about dignity and respect. They said, "For my brother [person], if he is in the shower, the shower curtain is drawn and [person] is asked to undress while the carer [staff] is on the other side of the curtain. They will intervene, if necessary, but will stay outside during the shower." Another relative spoke about staff promoting people's independence. They said, "They [staff] do encourage her to do things. Some of the carers encourage her [person] to walk to the commode to use it rather than bringing it to her."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. One staff member said, "I draw curtains whenever providing personal care, always cover the client [person] with a big towel for decency during the process and speak respectfully to them."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# 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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care. For example, where people were at risk of choking, GPs and speech and language therapists had been consulted.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, where people required support with glasses or hearing aids, whether people needed text in large print and if people preferred to use a foreign language. One relative spoke about how staff engaged with a person whose first language was not English. They said, "They do talk to him [person] and explain to him what they're doing. Cracked some banter. His mother tongue is [foreign language]. They've picked up little words that they say to him, and he does it. I think they're quite good."
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. One staff member told us, "I will write on a board or paper if someone [person] is struggling and sometime use sign language."

Improving care quality in response to complaints or concerns

- Most people and their relatives knew how to raise any complaints or concerns about the service. Information on how to complain was provided in a 'service user guide'. One relative said, "We've raised things in the past and they [the service] have been receptive towards it. The issues have been resolved."
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Systems were in place to record and investigate any complaints. We saw complaints were dealt with in line with the providers complaints policy.

- The service had received and recorded numerous compliments and accolades. People had expressed their gratitude through cards, letters and emails, thanking staff for their support and care.

#### End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any wishes or advance wishes.

# 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

- People and their relatives told us the service was well-led. Their comments included; "Every time I've spoken to someone on the team, they're kind and if there's an issue they seem to sort it" and "[Registered manager] is my point of contact. if I get really concerned, (senior staff member) has been really good."
- Throughout the inspection the registered manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- Staff felt the management team were supportive, fair and understanding. Staff told us, "Management are very supportive, always there to help or assist whenever there's an issue or a problem" and "The management of this agency is really exquisite, and it is really supportive to both clients and the staff."

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 was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues. For example, audits identified that staff were not writing sufficient information in the care notes. The registered manager arranged meetings and briefings for staff, and we saw the recording of care notes had improved.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- People and their relatives were encouraged to express their opinions either in person or via the telephone. Surveys were conducted and action taken in response to people's comments. For example, one survey identified an issue with staff punctuality. Action was taken and visiting rotas were reviewed and adjusted to improve punctuality. One person said, "They give me a survey a couple of weeks ago. I know if there's an issue, I can go straight to them."
- Staff had a clear understanding of their roles and their day to day work which focused on the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "Everyone in this agency is given a free role to speak out about any uncertainties brought forward." Another staff member said, "The service is really well led, because from the management to the junior carers everyone has a mindset of reaching very high goals."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- Staff had access to further training.
- The registered manager said, "I use the Information Commissioners Office as a source of advice, and we work closely with GPs and district nurse in our area."