Ambassador HomeCare Limited

Ambassador HomeCare Limited

Inspection report

J3 The Point
Weaver Road
Lincoln
Lincolnshire
LN6 3QN

Tel: 01522528455

Date of inspection visit:
04 August 2016

Date of publication:
20 October 2016

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

The inspection took place on 4 August and was announced.

Ambassador HomeCare Limited provides personal care to people in their own homes. At the time of our inspection there were 30 people receiving a total 570 hours of care a week.

At the time of our inspection there was a registered manager in post. 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.

Staff understood safeguarding issues and knew how to recognise and report any concerns in order to keep people safe from harm. People felt supported to take their medicines safely by staff who were competent to monitor them.

People were cared for by staff who were supported to undertake training to improve their knowledge and skills to perform their roles and responsibilities effectively. People had their healthcare needs identified and were able to access health care professionals such as their GP and dietician. Staff knew how to access emergency help when needed.

People and their relatives told us that staff were kind and caring and people were treated with dignity by staff who respected their choices, needs and preferences. Staff respected a person's home, their personal belongings and their lifestyle choices.

People were supported to maintain their independence and maintain their everyday activities and pastimes. The registered provider had systems in place to prevent people from feeling isolated in their own home.

People, their relatives and staff said that they found the registered provider approachable and were well supported by them. People and their relatives were able to give their feedback on the service. The registered provider had systems in place to monitor the quality of the service and make improvements.

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.

People had their risk of harm at home assessed to reduce accidents.

The provider had safe recruitment practices and there were enough staff to meet people's needs.

People received their medicine safely from staff who were competent to administer them.

Is the service effective?

Good

The service was effective.

People were cared for by staff that were supported to undertake further training to carry out their roles and responsibilities.

The provider had properly trained and prepared their staff in understanding the requirements of the MCA.

People were supported to eat a healthy diet and drink adequate fluids.

Staff to knew what actions to taken when a person became unwell.

Is the service caring?

Good

The service was caring.

People were treated with dignity by staff who respected their choices, needs and preferences.

Staff had a good relationship with people and treated them with kindness and compassion.

Is the service responsive?

Good

The service was responsive.

People were encouraged to maintain their hobbies and interests including accessing external resources.

People had their care planned in response to their care needs and were involved in their care reviews.

A complaints policy and procedure was in place and people and their relatives told us that they would know how to complain.

Is the service well-led?

Good

The service was well-led.

The provider had completed regular quality checks to help ensure that people received appropriate and safe care.

There was an open and positive culture which focussed on people and staff, people and their relatives found the registered manager approachable.

Ambassador HomeCare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 August 2016 and was announced. The inspection team was made up of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also looked at information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about.

During our inspection we spoke with the registered manager, the operations manager, the supervisor, a senior care assistant and two care assistants on induction. We also spoke with two members of care staff by phone after our inspection as they were providing care to people in their home on the day of our inspection and we were unable to speak with them at that time.

Following out inspection we spoke by telephone with three people in their own homes and also spoke with two relatives.

We looked at a range of records related to the running of and the quality of the service. These included two staff recruitment and induction files, staff training information and arrangements for managing complaints. Following our inspection the provider sent us electronic records that were not available in paper format on

the day of our inspection. We also looked at care plans for seven people and medicine administration records for four people.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe and secure living in their own home with the support of the service. We saw that people had a range of systems in place to support their safety. For example, several people who were unable to answer their door to staff had their house key secured in a locked key safe and staff had the code to access it. Other people had an electronic door opener that they could operate without leaving their armchair and some had sensors that when activated sent a message to the police and to their next of kin.

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care such as falls, medicines and mobility. Care plans were in place to enable staff to reduce the risk and maintain a person's safety. Additional risk assessments were undertaken of the immediate home environment and trip hazards such as trailing wires were identified within their home.

Furthermore, the registered manager had systems in place to keep people safe in their own home. Such as when a person did not answer their door to a member of staff, staff had procedures to follow to ensure the person had not come to any harm. Staff had access to a range of policies to support them to undertake their role, such as safeguarding people in their own home, infection control practices and the safe handling of food. If staff needed to contact the person's family in an emergency they had an emergency access record and key holder contact list.

There were systems in place to support staff when the registered manager was not on duty. Staff had access to the business continuity plan to be actioned in an emergency situation such as a fire or electrical failure. Staff had access to on-call senior staff out of hours for support and guidance.

We saw that staff were provided with guidance on how to use equipment safely in a person's home. For example, we saw that one person used a special type of bath chair and there was a step by step picture guide that directed staff on how to use it safely to ensure the person came to no harm.

The provider had developed and trained their staff to understand and use policies and procedures to prevent people from avoidable harm, potential abuse and help keep them safe. Staff told us that they had received training on how to keep people safe, how to recognise signs of abuse and that they followed local safeguarding protocols and knew how to escalate their concerns.

We looked at two staff files and saw that there were robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post

We found that there were sufficient staff on duty to meet people's needs. People who received care in their own home and their relatives told us that there were enough staff to look after their care needs. The registered manager told us that they did not accept new referrals to the service until they could guarantee

that all calls could be covered with appropriate staff. People and their relatives told us that staff arrived on time and they never felt rushed. One person said, "They always arrive as near to the time as they can. We are never rushed and they give us as long as they should."

People and their relatives told us that they knew staff well and this was reassuring. One person's relatives said, "He gets on with them thankfully, sees the same faces. We requested the same team and it's down to [registered manager's name] good organisation that we do."

To ensure continuity of care from the same staff the rota was designed geographically and areas in close proximity to each other were grouped in clusters. Time to travel from person to person was worked into the rota so as people received their full contracted time. The registered manager told us that to reduce the risk of people feeling rushed, the minimum call time was 20 minutes. A member of staff confirmed this and said, "We have enough time to do our job and chat with them [people who received care]. We never have to rush." We looked at visit schedules and saw that the service did not use agency staff but had two bank staff that covered for any staff absences. If a member of staff was delayed on a visit they called ahead to the next person to inform them that they were on their way. Staff told us that if they needed more time to deliver care that they informed the registered manager and the person's package of care was reviewed.

People and their relatives told us that staff had the skills to administer their medicines safely. One relative said, "They do his eye drops and tablets. He trusts them." Some people were able to look after their own medicines and knew what they took and when to take them or were supported by a family member. Other people received their medicine from staff that had received training in medicines management and had been assessed as competent to administer them. A senior member of staff supported less experienced staff through the process. Most people received their medicines in individual blister packs and this reduced the risk of medicine errors. We did not witness staff administer medicine to people.

We looked at medicine administration records (MAR) for four people and found that medicines had been given consistently and there were no gaps in the MAR charts. We saw that special instructions were recorded. For example one person received their medicine through a skin patch and the site where the patch was to be applied was recorded to minimise the risk of damage to the person's skin. Medicine administration records (MAR) were kept up to date, and when a change was made to a person's prescribed medicines the service was informed and their electronic system was updated. Staff had access to guidance on the safe use of medicines and the medicines policy. A senior member of care staff told us that all medicine incidents were reported through a formal route and the registered manager investigated them. However, there had been no medicine errors in the last 12 months.

Good

Is the service effective?

Our findings

People who used the service told us that staff had the knowledge and skills to carry out their roles and responsibilities. One person said, "We are very happy with the care we receive. They [care staff] are very confident in their job."

Recently appointed staff worked through an induction programme and also worked with an experienced member of staff for three months before they were assessed as competent to work on their own initiative. We spoke with two staff on an apprenticeship scheme that were supported to complete a health and social care learning package provided by Skills for Care. This learning package equipped them with the skills and knowledge needed to provide safe, high quality care with people in any health and social care setting. The new staff spoke with enthusiasm about their training, both in and out of the classroom.

Staff undertook mandatory training in key areas, such safeguarding, mental capacity and dignity. In addition, most staff had either achieved or were working towards a nationally recognised qualification in adult social care. In addition, five staff had undertaken additional training in specialist subjects such as the care of a person living with dementia.

The provider had their own training facility where staff had access to computers and other learning resources. We saw that the training room was equipped with a hospital type bed and moving and handling equipment and staff undertook practical training in this area.

Staff received feedback on their performance from the registered manager or supervisor. Staff received an annual appraisal and six month review and attended regular informal supervision sessions. A recently appointed member of staff had a supervision session with their supervisor on the day of our inspection and told us they had received positive feedback on their progress and added, "I'm doing well."

When a person first received care from the service, they signed a contract to agree to their care plan. This contract also included their consent to receive care from staff. Staff gave us examples of how they obtained consent from people on a daily basis and one said, "I ask before I do anything. And ask about their clothes, even their choice of socks." Another staff, member said, "I involve them in decisions. Make them aware of the choices. Act in their best interest. Sometimes we have to involve others [health professionals and relatives]."

Where a person lacked capacity to give their consent staff followed the principles of the Mental Capacity Act 2005 (MCA). We saw where a person had lacked capacity to consent to their care that they had appointed a member of their family to act as their Lasting Power of Attorney (LPA). A LPA is someone registered with the Office of the Public Guardian to make decisions on behalf of a person who is unable to do so themselves.

The 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.

The provider had properly trained and prepared their staff in understanding the requirements of the MCA and we saw evidence of this in people's care files.
Care staff were trained in basic food hygiene and had the knowledge and skills to make a person their breakfast, sandwiches or microwave their main meal. To ensure that a person who had swallowing difficulties ate a good diet, a member of staff supervised them at mealtimes. We saw where one person was a slow eater that there was a risk their meal would go cold and they would not finish it. Therefore to ensure that they took an adequate diet they were provided with small portions and second helpings served on a warm plate. Another person with swallowing difficulties had their food mashed and staff had instructions on how to prepare their drinks with a thickener to prevent the risk of the person choking.

Care staff were aware of the need for people to take a nutritious and balanced diet. They also told us about the importance of drinking plenty of fluids during warm weather and one said, "In the summer we make sure they have fluids to keep them hydrated."

People were supported to maintain good health. We saw that people had access to healthcare services such as their GP and district nurse. For example, one person had guidance from their dietician not to eat pies and pastries, and staff supported them at mealtimes to avoid these foods.

Staff had procedures to follow in the event of a medical emergency. We noted that their first priority was to ring emergency services to summon appropriate medical assistance for the person in need. On the day of our inspection one person told a member of care staff that they had chest pain. They asked to return to bed and the member of staff assisted them. The member of staff then rang for paramedics to assist. The person did not want to be admitted to hospital and their pain eased with oxygen. The paramedics stayed with the person until they had settled. The member of staff continued with their lunchtime time calls and then returned to check that the person was settled and pain free. To ensure continuity of care the incident was logged at handover and the next staff members to look after the person were made aware. We later spoke with a member of care staff who told us that the person had settled in bed, their colour had returned to their face and they were free of pain. They added that the person and their relative had been given advice on what to do if they felt unwell again.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were always caring, friendly and flexible to their needs. One person said, "We always get the care we need and sometimes it's care plus." A relative told us, "The quality of care is excellent. There is personal interaction with the staff. They are very flexible and will accommodate us if we have a clinic appointment."

We found that care staff built strong caring relationships with people and their relatives. One member of staff told us that they sat with a person for an afternoon once a week to give their spouse a break. They said, "At first he needs reassured. He likes to listen to his talking book and have a drink." The staff member went on to tell us that they also were a support for the person's spouse and often sat with them at the end of a visit and a cup of tea and a chat and said, "It helps them [their spouse] get things off their chest."

We saw that the registered manager helped people to celebrate special occasions and important events. For example, on the day of our inspection one couple were celebrating their seventy-first wedding anniversary and the registered manager took them a card and flowers after work.

Care staff told us that they tried to build trusting relationships with the people they cared for. One member of care staff told us that it was the small things that mattered and gave the example of a positive reaction they got from a person living with a dementia type illness. They said, "I sang to a lady, and she smiled. I knew she liked it."

We noted that when a person was first introduced to the service they had set goals. One person's goal was recorded as, "To remain safe at home with my wife." People had care plans tailored to meet their individual needs and they were supported to plan their care. A recently appointed member of care staff shared with us how their care plans helped them know the person and said, "Tell us exactly what to do and what they like. We write in a book on each call, if they are ok and what care has been given."

Some people were unable to communicate their needs verbally and staff told us what plans were in place to help them express their needs. For example, on staff member said, "They have a book with pictures, they point to what they want, such as a cup of tea. They also use body language such as smiles and thumbs up or down." Another person living with dementia had a daily shower and staff told us that if the person showed signs of anxiety or distress during their shower that they stopped immediately so as not to cause a stressful situation to the person. One staff member said, "I read their expression and body language. We can tell if they are upset." Another person did not speak English as their first language and they received frequent visits from a member of staff who could communicate with them in their mother tongue.

We found that staff enabled people to develop and maintain their skills to live an independent life. One person's relative told us, "They help him maintain his independence. He can shave himself with his electric razor. He finds squeezing toothpaste out the tube difficult, but he continues to brush his own teeth."
We saw that people's right to their privacy within their own home was respected. For example, one person preferred to eat on their own and care staff respected their decision. Their care pan recorded that, "Staff to

make themselves busy in the kitchen." Staff understood the importance of maintaining a person's dignity in their own home. One staff member said, "I always make sure they are comfortable. If I'm giving them a bed bath I keep them covered, I close the curtains and if their family are about I close the bedroom door."

Respecting a person's dignity when entering and leaving their home was recorded in their care files and was individual to the person. For example, we saw recorded in one person's file actions to take on entering and leaving the person's home. It read, "Let [person's name] see you so as she knows you are there" and "say goodbye."

Good

Is the service responsive?

Our findings

Some people who used the service had experienced reduced mobility, suffered bereavement of a loved one or lost their confidence in their own ability to access the community on their own. To ensure that people maintained their outside interests and did not risk the negative effects of social isolation the service helped them maintain their interests. For example, one person was supported to go bowling. Another person received a social interaction call, and staff gave them a pedicure and manicure and they did crossword puzzles together. Other people had met each other through a stroke club that had disbanded for the summer; so they were now supported to meet regularly in their own homes.

People had their care needs assessed and personalised care plans were introduced to outline the care they received. Care was person centred and people and their relatives were involved in planning their care. We saw that individual care plans focussed on supporting a person to live well in their own home and maintain their independence. People had their care plans reviewed every 12 months or sooner if their care needs changed. People told us that they were always involved in their reviews and members of their family were invited if the person wished.

Staff talked about how they could help improve a person's overall wellbeing. They gave the example of one person whose speech had deteriorated, but when music played they sang clearly along with it. This person also enjoyed shopping for clothes and staff enjoyed accompanying them on their shopping trips. The registered manager informed us that staff were matched to people. For example, one person was an avid football supporter and had frequent visits from a member of staff who loved sport.

People had access to information on how to make a complaint in their information pack and the registered manager talked them through what to do if they were unhappy with the service they received. However, the registered manager had not received a formal complaint in the last 12 months. The service had received 10 compliments in the last 12 months. People and their relatives were full of praise for the service and wrote, "Super care'' and "best care agency we've had'' and "a ship is only as good as its captain and you clearly have a good ship." People and their relatives were invited to give their feedback on the service they received through quarterly questionnaires. We found that these had a good response rate and actions were taken when needed.

Good

Is the service well-led?

Our findings

All the staff we spoke with told us that they enjoyed their job and that the service was a good place to work. Furthermore, staff found the registered manager and other senior staff approachable and friendly. One staff member said, "They always say thank you. I never receive negative feedback. It's a small company and I feel close to the manager and other staff. I'm treated like an individual." Another staff member said, "Feedback is two way. We're always asked if we have enough time, and we get feedback from the manager on doing a good job."

The registered manager explained that they were unable to hold formal staff meetings because of the staff rotas. However, they kept staff up to date with changes to legislation through email, training and working alongside them.

We found that people's personal records were stored in a secure office and all computers were password protected. People kept a copy of their care plans in their own home's and staff recorded care people received on each visit. People were asked where they would like their records kept to keep them safe, and avoid the risk of visitors to their home reading them. Some people preferred to keep them safe in a designated drawer or cupboard, whereas others were happy for their notes to be kept on a table beside them.

We saw evidence that the registered manager valued their staff and knew the risks associated with being a lone worker. Through the lone worker policy staff were advised to send a text message during the winter months to say that they had returned home safely. The registered manager took pride in the service they provided. They told us that Ambassador Home Care was a small family run service with a hands on approach.

Staff had access to policies and procedures on a range of topics relevant to their roles. For example, we saw policies on food hygiene and infection control and guidance on delivering personal care. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with the registered manager. In addition, the service was registered with independent agencies such as the Lincolnshire Care Association (LinCA) and the registered manager attended regular meetings and development events to keep up to date with best care practices.

The registered manager had a system where staff reported all incidents and accidents by phone directly to them. This was followed up with a written record of the event. For example, if a member of staff found a person unwell.

The registered manager had a system to monitor the quality of the care provided to people and had recently appointed a senior member of staff to support them with this duty. Regular audits of MAR charts and care files were undertaken. In addition the registered manager and senior staff undertook quality assurance visits to a person in their own home when they were receiving care from staff.