

Ambley Care Limited

# MCH House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 03 April 2018, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

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. 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 service users 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 up to four months.

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. This was the first comprehensive inspection since the agency was registered on 09 May 2017. At the time of our inspection, they were supporting 101 people who received support with personal care tasks.

There was no registered manager at the service. The last registered manager left in January 2018 and the provider was in the process of registering a new manager with the commission. 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 and associated Regulations about how the service is run.

The provider had not carried out appropriate risk assessments when they visited people for the first time. There were no care related risk assessments identified for people's specific health and care needs, their mental health needs, medicines management, and any equipment needed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider did not understand their responsibilities under the Deprivation of Liberty Safeguards. People's capacity to consent to care and support had not been assessed and recorded within their care plans.

Staff [Enablers] had not received regular supervision as is necessary to enable them to carry out the duties they are employed to perform.

People's needs had not been properly assessed by Ambley Care prior to receiving support from the service. Care plans had not been developed with people by Ambley Care on how to meet their needs. Care plans did not contain information about people's likes, dislikes and personal histories.

The provider did not have adequate processes in place to monitor the delivery of the service.

The provider had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. We have made a recommendation about this.

The provider had not managed medicines safely. Staff had not been trained in medication administration which would have equipped them for prompting medicine administration. We have made a recommendation about this.

The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the service's whistleblowing policy. They were confident that they could raise any matters of concern with the management, or the local authority safeguarding team.

The provider provided sufficient numbers of staff to meet people's needs and provide a flexible service.

All staff received induction training at start of their employment. Refresher training was provided at regular intervals.

People were supported with meal planning, preparation, eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

Staff told us that the management team were very approachable and understanding.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not consistently safe.

People were not protected from the potential risk of harm.

Medicines were not consistently managed in a safe way. Staff had not been adequately trained.

The provider had not always followed safe recruitment practices.

There were enough staff available to meet people's needs.

Staff knew how to recognise any potential abuse and so help keep people safe.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People's human and legal rights were respected by staff. Staff had the knowledge of the Deprivation of Liberty Safeguards and Mental Capacity Act (2005). However, MCA assessments had not been carried out to ascertain capacity of people receiving care and support.

Staff received on-going training in areas identified by the provider as key areas. However, one to one supervisions had not taken place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People felt that staff provided them with good quality care. Staff kept people informed of any changes relevant to their support.

**Good** ●

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### **Is the service responsive?**

The service was not consistently responsive.

People's care plans had not reflected their care needs, had not been updated and care reviews had not taken place.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Quality assurance systems had not been implemented effectively or embedded to improve the quality of the service people received.

The provider had reported incidents to CQC appropriately.

Staff felt the provider was approachable and would listen to any concerns. Staff felt well supported by the provider.

**Requires Improvement** ●

# MCH House

## 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 03 April 2018 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

The inspection was carried out by one inspector who visited the agency's office in Gillingham area of Kent and an expert-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 expert-by-experience for this inspection had experience in care for older people.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We looked at other information we held about the agency, such as, notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information to plan our inspection.

As part of the inspection, we spoke with the management of Ambley Care, which included nominated individual who was also a director, head of service for Ambley Care, the director, administration manager and recruitment manager. We spoke with the visiting director of operations for MCH. We also spoke with two members of staff, nine people who used the service and three relatives of people who used the service.

During the inspection visit, we reviewed a variety of documents. These included five people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at four staff recruitment files, records relating to the management of the service, such as staff training plan, audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the head of service to send additional information after the inspection visit, which we found missing from the staff records. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

We asked people if they received safe care? People we spoke with told us they feel safe with the member of staff who visited them. One person said, "Yes, very safe. They collect me and take me to my appointment and they are very nice". Another said, "Yes, totally safe. They are wonderful. I feel safe with the girls visiting me".

Relatives spoken with said, "Yes. My mum thought they were great"; "Yes, my husband has to be hoisted and I feel confident about his safety" and "Safe from day one".

Each person's care plan contained basic information about their support needs. The care records did not always evidence that the provider had assessed risks to people's safety. Care records showed that people's home environments had not been fully assessed for trip hazards and general safety. For example, a section of the care plan asked 'Any risks'? In one person's care plan it stated, 'Pathways and room routes are clear'. No detailed risk assessment. In other care files looked at, this section was blank. Fire safety had not been considered in these assessments; there was no record of whether people had smoke alarms fitted or whether they had been referred to the fire service's community safety team. People who used equipment to help them mobilise or transfer had not been assessed to evidence safe systems of work for the staff to follow. One person left the hospital after receiving treatment from injuries from fall at home. This meant that the person was at risk of falls after discharge. There was no risk assessment in place to show what staff should do to reduce this risk. Seven people requiring catheter care were receiving support. There was no risk assessments in place to detail what staff should do if a person's catheter was not working correctly which put people with catheters at risk of harm.

Failure to assess the risks to the health and safety of service users of receiving the care or treatment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked recruitment records to ensure the provider was following safe practice. The provider had not carried out sufficient checks to explore the staff members' employment history to make sure they were suitable to work with people who needed safeguarding from harm. We reviewed four staff files and saw that recruitment processes were not always fully carried out in line with Schedule 3 of the Health and Social Care Act. Gaps between staff education and employment histories were not fully explored in two out of the four files reviewed. There were no dates on education history, so it was difficult to establish when staff finished their education and when they started employment. This was not discussed as part of the interview process. Two references were received before staff started work. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks 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.

We recommend that the provider seek guidance on the recruitment and selection of staff according to Schedule 3 of the Health and Social Care Act and update their practice accordingly.

Prior to commencement of the service, comprehensive environmental risk assessments had not been undertaken of the person's home to make sure it was a safe environment for staff to work in. People did not have individual risk assessments about action to take to minimise the chance of harm occurring or eliminating any identified risk in a risk assessment. Staff we spoke with were aware of what tasks people were unable to perform and what action they had to take to make sure people were appropriately supported. For instance a staff member when discussing what actions they had taken to manage risks appropriately commented, "[Name of person who used the service] cannot walk properly. We always help them sit on the commode and assist them when they are walking so they do not fall." This was confirmed by our discussions with the person and their family member. The person said, "Yes, they showed me how to use all the equipment that I have before leaving me, and when they were supporting me after I came out of hospital they were marvellous". However we found no completed risk assessments with plans to show how the risks should be minimised. All the five care records we looked at did not have a comprehensive risk assessment. The head of service informed us they had not completed their own assessment of risks on people and explained they had relied upon the risk assessment contained in the local authority's referral (Rapid Response). This meant where risks were identified, the service had not introduced measures to reduce or remove the risks within a timescale that reflected the level of risks and impact on people who used the service.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. Accidents and incidents were recorded and the head of service reviewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. Ambley Care used a software called 'Datix' for recording incidents and accidents. The Datix incident reporting system and adverse event reporting software module includes an incident reporting form and template that enables reports to be submitted from anywhere in a hospital or other care setting, greatly improving rates of reporting and promoting ownership of safety issues.

Some people were supported by Ambley Care to manage their medicines. Other people received support from their relatives. Staff confirmed they did not administer medicines for people. However, they do prompt people to take their medicines. Staff recorded in the daily record called 'patient record' when they had prompted someone to take their medicines. Staff were informed about action to take if people refused to take their medicines. For example, staff told us they will contact the office immediately and they were confident that the administration manager would contact the GP or appropriate healthcare professional. Training records evidenced that staff who prompt people to take their medicines had not been trained. All staff had not received medicines training. There were no records to evidence that staff had been competency assessed to prompt people with their medicines.

We recommend that the provider seek guidance from NICE on managing medicines for adults receiving social care in the community.

Staffing levels were provided in line with the support hours agreed at the point of accepting the referral from the rapid response team and the person receiving the service. The head of service said that staffing levels were determined by the assessed needs when they accepted to provide the service and also whenever a review took place. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The head of service said, "If people's needs change and more hours are required, we increase and refer back to the therapist for re-assessment".

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with were able to discuss the appropriate actions to be taken if abuse was suspected, and were able to demonstrate how they would ensure the person's safety was maintained. One member of staff said, "Safeguarding is about flagging up any suspected concerns. If I have a concern I would report it or whistle blow by phoning the office in private, speak to manger, write report and take it higher to CQC and social services if I needed to". This showed that staff were knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with understood what whistle blowing is about. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace wrongdoing or illegality that affects others. They were confident about raising any concerns with the provider or outside agencies if this was needed. One member of staff said, "Reporting concerns or bad practice to my line manager. I can also report to CQC".

Staff had received infection control training, staff told us they had a good supply of personal protection equipment and showed they knew how important it is to protect people from cross infection. We observed the head of service reminding staff about hand washing and using gloves and aprons. The head of service told us that they wanted staff to make sure they were washing their hands before providing care and before they leave the person's home in order to keep everyone safe from infection. Staff were provided with appropriate equipment to carry out their roles safely. 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.

## Is the service effective?

### Our findings

People said, "Staff are brilliant, always understanding what needed to be done" and "They [staff] were very good, they really helped".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedure for this in community settings is via application to the Court of Protection.

There was a procedure in place named 'Consent to care' with review date of January 2020. We found no other guidance for staff in relation to the Mental Capacity Act 2005 (MCA) which would have included steps that staff should take to comply with legal requirements. We saw no guidance about how, when and by whom people's mental capacity should be assessed. We checked whether the service was working within the principles of the MCA. We found that staff followed the principles of the MCA and people's consent was sought in advance of care being provided. Members of staff told us they would always obtain a person's consent before carrying out any care. One member of staff said, "I would always respect a person's decision; people have rights to make choices."

People's capacity to consent to care and support had not been assessed and recorded within their care plans. There were no documentary evidence to show whether people or those who legally represented them had given consent to various aspects of care. This included amongst others, the service carrying out needs assessment; consent for care to be delivered; staff access to key safes and consent for peoples' personal details to be shared with relevant agencies. Where people lacked capacity to make specific decisions; staff did not have a good understanding of what procedures to follow. This meant there was a potential for people who lacked capacity to make specific decisions to receive care that was not in accordance with the MCA and its codes of practice.

Failure to act in accordance with the 2005 Act was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An induction was completed by all new staff on commencement of their employment. We were told by staff and the head of service this included training, and reading through the policies and procedures for the organisation. Staff also shadowed (working alongside) existing staff. One member of staff told us; "I have done all of the training and a week's induction and probation when I started which was very informative".

The head of service maintained a training plan which gave an overview of training completed by staff. The training which was part of the induction included safeguarding adults, Mental Capacity Act (MCA 2005), diversity, fire safety, food hygiene, infection control, moving and handling and dementia awareness. Records

we looked at showed staff training was all up to date. One person said, "Yes, they seemed well trained".

However, members of staff were not always supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their performance, development and training needs, which the head of service would have been able to monitor. For example, out of four staff files we looked at, three had not received any supervision since they started working and one had one spot check carried out in July 2017. They joined Ambley Care in June 2017. The provider's supervision guidelines with review date of 2020 stated the frequency of supervision as 'All staff working more than 21 hours per week, one - two hours of supervision four times a year, less than 21 hours a week, one to two hours three times a year and the manager will develop a supervision implementation plan with staff'. This meant that the provider had not provided appropriate support and supervision as is necessary according to their guidelines to enable staff to carry out the duties they were employed to perform.

Failure to provide appropriate support, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The head of service said, "We match staff competencies to people when referred to us by Rapid Response". People got to know the same staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People's needs with regards to eating and drinking varied. Some people got their own meals and for other people they were provided by relatives or another service. The level of support people required was recorded in their care plans. When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink. Staff were aware of people's nutrition, hydration and special diet needs. A record was made of what people ate and drank.

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. A member of staff said, "If I found someone unwell, I will contact the office and inform them. If needed, I will phone 111". Each person had a record of their medical history in their care plan, and details of their health needs. 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.

## Is the service caring?

### Our findings

People who used the service and relatives told us that staff were caring, treated them with respect and dignity. One person said, "Very nice people and efficient". Another said, "All that I have met have been kind and effective". Others said, "They are everything you could wish for, very helpful kind, I really missed them once they stopped coming" and "Quite good and very kind".

A relative said, "Really kind and nice people". Another said, "Really excellent".

People were involved in their care planning and their care was flexible. People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. The daily records showed staff had delivered the care in their care plan. They had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. A relative said, "They always ensure there are choices, even something like what to wear today and they respect the choice". One person said, "I am quite articulate and between us my choices were given". Another said, "They always respected my choices". Members of staff told us they ensured people's choices were respected.

Staff were clear on how to maintain people's dignity when supporting them with their personal care. They ensure people's curtains and doors were closed when appropriate. One staff member said, "I always close doors and pull the curtains before providing personal care. I cover people up when washing and explain what is going on at all times". Staff told us they ensured people's choices were respected.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Staff had a good rapport with people and knew people well. Staff were able to describe people's care routines, likes and dislikes. We observed staff chatting with people about their day, who they had been in contact with, whether they had been out and showing interest in people.

The service had reliable procedures in place to keep people informed of any changes. The head of service told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The administration manager told us that people were informed if their regular staff was off sick, and which staff would replace them. People said that when they first started to use the service, it was explained to them that although they were given an exact time when their staff [enabler] would arrive at their home. People confirmed to us that if staff were running late, they do inform them.

People felt staff had a good understanding of their care needs. This was confirmed by what members of staff had told us and our discussions with the people they provided care and support to. Daily records of the care

and support delivered were kept in a folder in people's homes. We viewed the daily records for one person which showed the care staff delivered. We found these were kept up to date.

## Is the service responsive?

### Our findings

People told us staff were responsive to their needs. One person said, "Yes, they do come on time and even earlier at times". Another said, "I have confidence that the provider would deal with any concern or complaint appropriately".

Assessments of people's needs were not consistently undertaken by the service to make sure care delivered was effective and achieved good outcomes for people. This was because the service had used the information received by a local authority rapid response team as a basis to provide care and support to two people who had recently joined the service. The head of service confirmed they had not conducted their own assessment of needs in line with current legislation and best practice to make sure the information received by the local authority was still relevant.

The service did not do everything reasonably practical to make sure people who used the service received person-centred care. This was because there were no detailed plans of care for people and therefore we were unable to see details of what their care needs and preferences were. For example, in one person's care plan, it stated, 'Breakfast and personal care. Leave sandwich for lunch'. There were no further detail about how they would like their breakfast and personal care. No details about type of sandwich to make. Another example was, 'Maintain safe mobility, to be able to wash and dress self'. There was no further detail and guidance to members of staff [enablers] on how to carry out this task. The care plans (Goal plans) did not contain information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. This meant the service did not make sure people always received personalised care that was appropriate; met their needs and reflected their personal preferences.

Failure to carry out an assessment of the needs and preferences for care and treatment of the service user collaboratively with the relevant person was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The head of service told us that any changes identified were agreed with the person, and the care plans were updated to reflect the changes. We saw this in one person's care records, where staffing was increased from one staff to two. Members of staff who provided care for the person were informed immediately of any changes. If any member of staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

People were given a copy of the service's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the manager if they had any concerns, or would speak to the staff. The service had not received any complaint as at when we inspected.

The head of service dealt with any issues as soon as possible, so that people felt secure in knowing they

were listened to, and action was taken in response to their concerns.

Ambley Care provided care and support to people to enable them to maintain their independence and live in their own homes. During this visit, the service did not provide care and support to people who were at the end stages of life.

## Is the service well-led?

### Our findings

We asked people, 'Do you think the service is well led? One person said, "Definitely, I had to fight to get this care and I am fully appreciative of it, I believe Mum would have died without it". Another said, "Yes it seems very well run, they employ lovely people with all the right skills".

A relative said, "Yes, they managed to get the staff to Mum at the right time and with the right skills".

The service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Audits of daily communication records and MAR charts were not undertaken. Records relating to the care and support of people were ineffective. This was because the service did not consistently carry out their own assessment of people's needs and develop plans of care when they took on care packages. Where care records were in place these did not consistently record all decisions taken in relation to care and discussions held with people or those who represented them. We found no documented records of reviews of care; staff inductions and supervisions even though people and staff told us these had happened. This meant the service failed to maintain complete; accurate and fit for purpose records for people and the staff who cared for them. We spoke with the head of service to ask whether there were any records of audits and checks to evidence that they were monitoring the service. The head of service told us, "Care files are not audited when current. They are only audited when the service stopped or ended". The provider had failed to check that people were receiving safe, effective, responsive and well led care. Failure to carry out quality assurance checks meant that the provider was unaware of the issues we identified in this inspection; such as care planning, training, mental capacity assessments, medicines and risk assessments.

The failure to operate effective quality monitoring systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not a registered manager employed at the service. 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. However, the provider was in the process of employing a manager. At the time of this inspection the service was being managed by the head of service. The nominated individual was undergoing registered manager's registration with CQC when we inspected.

The management team included MCH director who was also the nominated individual, Ambley Care director, head of service, recruitment manager 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 an open door policy and staff said that management were always available, listened and responded to them and was very supportive. Staff said that as a result they felt valued and proud to work for the service. A member of staff said, "Very good, communication very good, there is always someone who listens to us".

Our discussions with people, the directors, head of service, administration manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The service had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas. Members of staff said they enjoyed working for Ambley Care. One member of staff said, "I love every minute of it. We see the improvement in people, see them smile. They progress to being better. I treat people as I want to be treated". Another said, "I like working for Ambley Care. They do action needs as required. Office staff do listen. Despite no manager, the administration manager stepped up. It has been an effective team".

There were a range of policies and procedures governing how the service needed to be run. The head of care followed these in reporting incidents and events internally and to outside agencies. The head of care kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Communication in the service had been improved through handovers with on-call staff and regular office meetings. There were also meetings with the management team and with the providers other service. At these meetings, any concerns, actions or issues were discussed and addressed. Ambley Care had a range of meetings and these are Ambley Care board, senior team meeting, quality and performing and Ambley Care team meeting. These meetings enabled issues to be raised and resolved. For example, a team meeting held on 05 March 2018 identified issues with staff computerised system scheduling plan, which was directing staff to arrive too early for visits. This was noted to have been resolved immediately the same day.

Feedback from people about the quality of the service was undertaken through a monthly survey. The results of the survey on 13 March 2018 were that everyone complimented the service they received from Ambley Care. Comments included, 'I knew I would be looked after and checked upon daily and the staff are very friendly', 'The girls are very friendly and caring and made me feel comfortable' and 'Excellent in all respect'.

The head of service was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The head of service confirmed that no incidents had met the threshold for Duty of Candour. This demonstrated the head of service understood their legal obligations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>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.</p> <p>Regulation 9 (1)(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to act in accordance with the 2005 Act.</p> <p>Regulation 11 (1)(4)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective</p>

quality monitoring systems.

Regulation 17 (1)(2)(a)(b)(d)

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider 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.

Regulation 18(2)(a)