Ace Homecare Services Limited

Ace Homecare London

Inspection report

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Date of inspection visit:
27 April 2022

Date of publication:
09 June 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Ace Homecare London is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 68 older people or people with dementia received personal care support from Ace Homecare London.

Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This 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
Whilst most people spoke positively of the level of care and support, they received from Ace Homecare London, we found weaknesses in risk assessments and risk management, care planning and governance arrangements. Risk in relation to people receiving personal care were assessed, however the service failed to provide clear plans and guidance in how to manage such risks. Care plans were in place, however, there was a lack of person specific detail in how people's needs were best met. The service quality assurance system was not fully effective and did not address the shortfalls we found during our inspection.

People who used the service were safe from harm and abuse and care workers demonstrated a clear understanding of their role when reporting and responding to abuse. Overall staff were recruited safely, and sufficient staff were deployed to meet people's needs. People who used the service were protected from infections such as COVID-19. The service documented and analysed accidents and incidents to improve outcomes for people who used the service.

Care workers had access to training and received support from their line manager through supervision and appraisals. Peoples' needs were assessed, and care plans were based on such assessments. When people received support around eating and drinking this had been documented. Relatives of people who used the service supported people to access health care professionals such as doctors and hospitals However, relatives told us that care workers would contact clinicians if this was required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Complaints and concerns raised by people were investigated and where necessary actions were taken to improve outcomes for people who used the service.

The service had a clear management structure and care workers and staff were clear of their responsibilities. Feedback in respect to the management and office staff was positive and care workers told us that the registered manager listened to them and was supportive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update –
The last rating for this service was good (Published 20 April 2021).

Why we inspected
We received concerns in relation to the support people received to minimise the risk of theme developing pressure ulcers care and that; care records and risk assessments lacked detail about people's needs and the care they received and there was a lack of management oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For the key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ace Homecare London on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches of regulations in relation to safe care and treatment, person centred care and good governance.

We recommended that the service sought further advice and guidance from a reputable source around the assessment of people's mental capacity to make particular decisions about their care and support, how peoples communication needs were met and how the service ensured that people were protected from potentially unsuitable care workers.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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 responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Ace Homecare London

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 two inspectors and one Expert by Experience who contacted people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats

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.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the

last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with 14 relatives about their experience of the care provided.

We spoke with five members of staff including the registered manager, care coordinator, and care workers. We have also received written feedback from six care workers

We reviewed a range of records. This included six people's care records and medicines management policies and procedures. We looked at five staff files in relation to recruitment and staff supervision and reviewed a variety of records relating to the management of the service, including policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• Risk assessments and risk management plans lacked detail and did not always provide the required information to ensure that people who used the service were protected from risks in relation to the care they received.
• We saw that risk assessments for people who had diabetes, a condition that causes the level of sugar (glucose) in the blood to become too high or too low or were at risk of developing pressure ulcers were in place. However, we found that the service did not provide specific guidance and information in how the risk of developing pressure ulcers could be reduced or prevented. The lack of guidance put people who used the service at unnecessary risk of harm as care workers were not consistent in supporting people with such risks.
• We found that only one of the seven care records viewed contained a COVID-19 risk assessment for people who were clinical vulnerable.

The fact that the provider did not have robust risk management systems, placed people at risk of avoidable harm. This was a breach of Regulation 12 safe care and treatment of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

• We saw that the new registered manager had started to review people's care records and made improvements. The registered manager acknowledged that this was a priority and reassured us that she would continue with the reviewing and updating of all care records within the next three months.

Staffing and recruitment
• The service did not always ensure that care workers and office staff were recruited safely.
• We found that in one Disclosure and Baring Service (DBS) check that the member of staff had a previous criminal conviction. However, the service did not undertake a risk assessment to ascertain if the person was safe to work with people at risk of harm. We discussed this with the registered manager who assured us that they will undertake a risk assessment without delay.
• We examined recruitment records for care workers and office staff and found that the service had obtained references, checked their identity, their right to work in the United Kingdom and obtained a disclosure and DBS check. These checks helped to ensure only suitable applicants were offered work with the service.

We recommend that the service sought further good practice guidance around employing care workers who had previous criminal convictions recorded on their DBS check.

• We analysed the electronic call monitoring system (EMS) for the period of four weeks. While we found no

major concerns, we noted that on some occasions staff logged calls at two locations simultaneously. We discussed this with the registered manager and asked to have this looked at and provide us with some explanation how this may had happened. Following the inspection, the registered manager explained that this had happened due to the EMS being a new system for the service and the scheduler accidentally allocating two calls at the same time.
• While the above had had no impact on people and relatives, they said that they were satisfied with the calls, call duration and time care workers arrived. The care coordinator told us that since our inspection she had reviewed all care calls and resolved the issue.

Systems and processes to safeguard people from the risk of abuse
• The service had robust systems and processes to ensure people who used the service were protected from harm and abuse.
• Care workers had received training in safeguarding people from the risk of harm and demonstrated a clear understanding of how and whom they would report any issues to. One member of staff told us, "I would report anything which concerns me to the office." Another care worker said, "Abuse can be a lot of things physical, verbal sexual and neglect. I will always look if my clients have any bruises or marks and would immediately report it to the office."
• We spoke with relatives and they told us that their loved one were safe and well looked after. One relative told us, "We have been having support from Ace for six months and I'm very satisfied that my relative is safe."
• We found that the new registered manager showed a good understanding of the necessity to engage and contribute to any investigations around abuse to ensure people who used the service were protected from the risk of harm and abuse in relation to receiving care.

Using medicines safely
• Peoples medicines were managed safely.
• Most people who used the service managed their medicines independently or were supported by their relatives.
• Care plans viewed reflected when people were self-medicating.
• Care workers told us that they had received training in the administration of medicines and training records viewed confirmed this.
• The service had a clear medicines policy which highlighted the different stages of medicines support people needed, from self-administration to full medicines support.

Preventing and controlling infection
• The provider's infection prevention and control arrangements help to protect people who used the service and care workers from the risk of the spread of infections.
• The service had a robust infection control procedure which highlighted and referred to COVID- 19 and other infections and provided guidance for care workers to reduce the spread of infections.
• Care workers told us that they had received infection control training and had access to appropriate personal protective equipment (PPE) to support people safely.
• Relatives told us that they had no concern around infection control. One relative said, "I see staff washing their hands and using masks and gloves when supporting my relative."

Learning lessons when things go wrong
• The service had a system to document and analyse accidents and incidents so learning took place. Accidents and incidents were recorded clearly and discussed with care workers to minimise the risks from them happening again.
• Care workers told us that they would report any accidents and incidents to the office and document them in the person's care folder. One care worker told us that the registered manager would talk to them about

the incident and would also take action. For example, if the incident had happened due to the person's changing needs, the registered manager would discuss this with the funding local authority and arrange another assessment of the person's needs.

Good

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
• Care records reviewed all contained a MCA assessment which covered various activities of daily living.
• People who used the service were assessed as having capacity and had signed their consent forms or given a verbal consent which had been recorded. Family members had been involved in the assessments and had also signed to confirm their involvements.
• We saw that most MCA assessments were mostly ticked. Therefore, whilst the assessment covered the necessary questions there was no detail to state for instance how a mental capacity assessment was being undertaken. For example, for one person there was no indication of their cognitive ability and why this might be in doubt. It stated that a family member had Power of Attorney (POA) but not why. A power of attorney legally authorised a person to represent or act on another's behalf in private affairs, business, or some other legal matter. We discussed this with the registered manager and while MCA assessments were in place further work may benefit people and care workers when assessing and responding to people's capacity.

We recommend that the registered person seek and implement further guidance around completing and recording assessments of people's mental capacity to make particular decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed at the start of their care package and reviews were carried out. Information obtained during the assessment was reflected in people's care plans

• All care plans viewed contained the local authority assessment and additional information around the person's needs. Each care plan had been signed and agreed as accurate by the person or their representative.
• There was evidence that people's assessments and care plans had been reviewed. For example, one person's care plan had been reviewed on several occasions to reflect their increasing support needs and developed to be more robust in terms of risk assessment and a more person-centred approach.

Staff support: induction, training, skills and experience
• When new care workers joined the service, they completed an induction programme. The care workers induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.
• People were supported by care workers who were suitably trained. The service had a programme of training in place to ensure care workers had the necessary skills to support people. Training records showed care workers had completed appropriate training. Care workers spoke positively about the training they received. The registered manager had oversight of the training completed so that she could monitor when updates were required.
• Care workers were supported by management and there were arrangements in place for formal one to one discussion between care workers and their line manager.
• Care workers who worked over one year with the agency received an appraisal with their line manager.
• Care workers told us that management was supportive and always available to help them with advice and direction.

Supporting people to eat and drink enough to maintain a balanced diet
• At the time of this inspection, the service did not support people with their meals. Meals were provided by their families. However, care workers did provide small snacks and drinks. One relative told us, "I look after the meals, and the carers give [person]tea and a sandwich later."
• People's support plans contained information about their dietary needs and preferences and care workers told us that they were able to access this information from people and their relatives.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Care workers were not directly involved in people's healthcare needs. However, care plans showed healthcare formed part of people's initial needs assessments, which were taken into consideration before support and care started.
• Care workers monitored people's on-going health conditions and sought assistance for them as required. One relative told us, "Yes, they do call the GP if they think [person's]s not well."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• The care plans were not always personalised to fully reflect people's wishes and preferences about what they wanted their care to be provided.
• People's care plans lacked people's background which contained details of their previous employment, whether they were married, widowed, and information about family and informal carers such as neighbours and friends.
• Details of how "tasks," should be provided were not personalised and this information was not available for staff reference. For example, preferences regarding drinks, hot or cold, sugar or not, any bathing or showering product use, was not available for staff reference.
• Similarly, equipment used to support people was not detailed. For example, a hoist might be mentioned, as ticked a hoist. There would be no detail regarding the hoist, for example, ceiling or standing or sling type.
• With the exception of one person's care plan which had been reviewed. People's preferred interests, hobbies, topics of conversation were not recorded. Likewise, how people communicated and understood information presented to them, was only recorded in some care plans. This meant that care workers did not always have information of how to communicate with people about their care and wishes appropriately.
• The registered manager had recognised this shortfall and showed us they were in the process of reviewing people's care records to make them more personalised.

Care plans were not always personalised and provided care workers with the necessary information to provide person centred care to people who used the service. This was a breach Regulation 9 person-centred care of the HSCA 2008 (Regulated Activities) Regulations 2014.

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 (AIS). The AIS 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.
• While people's communication needs, and preferred form of communication was documented in peoples' care plans. As stated earlier we found that records lacked personalised detail around people's communication needs and preferred forms of communication.

We recommended that the service sought further good practice guidance around how people's communication needs were met.

• There was an AIS policy in place. The registered manager explained that they were able to tailor information in accordance with people's individual needs and in different formats if needed. She explained that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns
• The service had a complaints policy in place. The registered manager advised that the service had received three complaints since our last inspection.
• We checked complaints records and saw that complaints had been investigated and overall action had been taken where required to address areas that had been identified and needing to improve. However, we noted that in one complaint the service did not record what action had been taken by the provider to improve the service. This was consistent with feedback we had received from the local authority during one of their assessments of the service.
• We discussed this with the registered manager who acknowledged that further work was required to appropriately deal and respond to complaints.
• People who used the service told us that they had no complaints about the care provided. One relative told us, that they report any complaints and concerns to the registered manager or the office staff who would deal with them appropriately.
• Care workers spoke in a positive way about complaints and told us that they see complaints as a way to improve the care to people who used the service.

End of life care and support
• At the time of this inspection, the service was not providing end of life care to people. Records showed that care workers had received appropriate training and the service was able to provide such care and support if required.
• We noted an End of Life (EOL) care plan template in the care records that could be used if necessary to record people's EOL care. The template was detailed and included a prompt to recording people's EOL preferences and needs.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The service did not always have effective quality assurance monitoring systems.
• During our inspection of Ace Homecare London, we highlighted a number of concerns and shortfalls with the registered manager. The provider's care records checks were not effective because they had not identified that risk assessments and care plans were not being completed appropriately. As a result, they had not identified shortfalls so they could make the necessary improvements. While the service had some systems in place to assess the quality of service provisions in place, which included spot-checks and conversations with people and their relatives about the care. The system did not highlight the shortfalls found during this inspection.
• We further recommended that the service sought further guidance around assessments of people mental capacity, how people's communication needs were met and how the service ensures that people were protected from potentially unsuitable care workers.

The lack of effective quality assurance monitoring systems did not identify shortfalls and improve outcomes for people who use the service is a breach of regulation 17 Good Governance of the HSCA 2008 (Regulated Activity) Regulations 2014.

• Care workers and office staff were clear of their roles and the service had a clear management structure in place which included the registered manager, care coordinator, human resource officer, finance officer, field supervisor and care workers.
• The registered manager demonstrated a clear understanding of her responsibilities in regard to compliance of regulations and showed willingness to make improvements in regard to caring and supporting people in their own homes.
• Care workers spoke positively about the support they received from their manager and office staff and told us that the main focus of the service was to provide good person focused care to people. One care worker told us, "It's a good company to work for they are friendly, regular meetings, they make people welcome. If I need something, they deal with it quickly. I have never seen any issues since I have worked for Ace." Another care worker said, "We treat people with respect and be honest it is important to be patient no matter what religion and culture the person is."

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 demonstrated their knowledge of what type of events they needed to notify us about.
• The registered manager promoted and encouraged candour through openness. She encouraged care workers to speak to her about any queries or concerns. When speaking about the registered manager, one care worker told us, "The manager is always there for me and supports me with work problems or if I need cover. We have regular meetings where we discuss any issues and they [office] will make the necessary changes." An example given was that the registered manager contacted the local authority to ask for extra care hours when peoples' needs changed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• The service obtained feedback from people and relatives about the service through telephone calls and review meetings to improve the service where needed.
• Care workers had received training in equality and diversity and demonstrated sensitivity around people's ethnicity, disability and sexuality. For example, one care worker told us, "We are encouraging and respect people cultures and background when we visit them."
• Where required, the service communicated and worked in partnership with external parties which included healthcare professionals such as GPs.

Continuous learning and improving care
• The registered manager and care coordinator had recognised there were a shortfall in the care records and risk management in terms of personalised detail and was working towards rectifying this.
• We saw evidence during this inspection that the registered manager had started to review care records to ensure that they more clearly reflected people's needs and provided more relevant guidance to care workers when supporting people with their personal care.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider did not always assess and plan the care provided to people in detail to ensure their individual needs were fully met. Regulation 9 (1) (a) (b) (c) (2) (a) (b) of the HSCA 2008 (Regulated Activities) Regulation 2014

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not always ensure that risks in relation to care and treatment provided were assessed and managed safely. Regulation 12 (1) (2) (a) (b) of the HSCA 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a) (b)