A C Homecare Limited

# AC Homecare Limited

## Inspection report

LCP House
Pensnet Trading Estate
Kingswinford
West Midlands
DY6 7NA

Tel: 01384400123

Date of inspection visit:
09 August 2016

Date of publication:
06 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? | Requires Improvement |

# Summary of findings

## Overall summary

This announced inspection took place on 9 August 2016 with phone calls made to people using the service and their relatives on 11 August 2016. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed. This was the first time we had inspected the service.

AC Homecare Limited are registered to deliver personal care. They provide Domiciliary care to older people living in their own homes. At the time of our inspection 12 people received personal care from the provider.

The service had a registered manager. 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.'

Care staff supported people in a way that made them feel safe. Staff knew the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. People and staff we spoke with knew who to contact to report any concerns, including how to escalate any concerns out of hours. Criminal records checks were acquired prior to people commencing work. People were supported to take their medication in a safe way, at the appropriate times. People received the support they needed by staff they were familiar with and did not experienced any significant delays in receiving their care. Staff were fully informed of any new or potential risks before supporting a person.

Staff had the skills and knowledge required to support people effectively. Staff were provided with an induction before working for the service and also had their competency in relation to care provision periodically observed. Staff had been trained in a range of subjects relevant to the people using the service and those that were due for updates had upcoming dates for these to be completed. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Care staff prepared meals that people had selected and knew how to support them according to their nutritional and dietary needs. Staff knew who to contact should they have any concerns about the health of the people they were supporting.

People's preferences for how they wished to receive support were known and always considered by the care staff. People were involved in making decisions about their care and how it was to be delivered. People felt listened to, had the information they needed and were consulted about their care. Staff provided dignified and respectful care in a way that maintained people's dignity. People were encouraged to maintain their optimum level of independence with staff there ready to support them if they needed help.

Staff were knowledgeable about people's needs and knew the importance of providing them with personalised care, that met their preferences. Staff considered all aspects of people's well-being when supporting them and knew how peoples more diverse needs should be met. People knew how to raise

complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

People were happy with the service they received and felt the service was led and managed well. Staff were well supported in their roles with a clear management structure. Staff were able to speak openly or make suggestions for improvement and were listened to. Staff understood the values of the service and there was a culture of openness and support for all individuals involved in the service. The provider was keen to get feedback from people using the service and periodically contacted them to ask for their views about the care they received. Some of the records we reviewed in relation to the quality and monitoring of the service lacked detail and/or a timely update.

## 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 consistently safe.

Care staff supported people in a way that made them feel safe.

People were supported to take their medication in a safe way, at the appropriate times.

Staff were fully informed of any new or potential risks before supporting people.

### Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service and also had their competency in relation to care provision periodically observed.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Care staff prepared meals that people had selected and knew how to support them according to their nutritional and dietary needs.

### Is the service caring?

Good

The service was caring.

People's preferences for how they wished to receive support were known and always considered by the care staff.

People were involved in making decisions about their care and how it was to be delivered.

Staff provided dignified and respectful care in a way that maintained people's dignity.

### Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and knew the importance of providing them with personalised care.

Staff considered all aspects of people's well-being when supporting them.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

People were happy with the service they received and felt the service was led and managed well.

The provider was keen to improve the service and used surveys as one way of gaining people's feedback.

Some of the records we reviewed in relation to the quality and monitoring of the service lacked detail and/or a timely update.

# AC 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.

This announced inspection took place on 9 August with phone calls made to people using the service and relatives on 11 August 2016. The inspection was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. Before the inspection, the provider was asked to complete 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 improvements they plan to make. Our inspection took place before the dead line for the PIR to be returned, so we were unable to use this in our planning. However the provider returned the PIR to us within the set timeframe and we received this after our inspection.

We liaised with the local authority and Clinical Commissioning Group [CCG] to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with four people who used the service and three relatives by phone, four care staff, the deputy manager and registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care records, we reviewed three staff recruitment records and two medication records. We also looked at records that related to the management and quality assurance of the service, such as staff training and rotas.

Good

# Is the service safe?

## Our findings

People spoke positively about how the care staff supported them and how it made them feel safe. They said, "I feel safe when the carers help me because they go at my pace and they reassure me as we are doing things", "When the carers leave they make sure the doors are closed and locked to make sure I'm safe" and "Absolutely I feel safe, they lock up for me as well, I trust them completely". A relative told us, "I feel that my relative is in safe hands because they are competent, caring and don't cut corners in their work". A care staff member said, "When I do a 'tuck' call, I make sure the windows and doors are all locked, the key safe is put away, the person's night light is on if that's what they like and make sure that their alarm pendant is near the person or in their hand, I know they are safe then until the morning".

Staff were able to describe the procedures they would follow if they witnessed or suspected that a person was being abused or harmed in anyway. They told us, "I know how to identify abuse and things to look for. I have had no concerns to raise but know how to record and report abuse, we are encouraged to report concerns" and "If someone was fearful, for example not eating or drinking well or upset, I would talk to them and find out what was wrong to rule out any abuse". We reviewed the records in relation to safeguarding and found that referrals had been made as was appropriate to the local authority. Staff had received training in relation to safeguarding and were due to have updates which had been organised by the registered manager. Staff were aware of the providers whistle blowing policy and how they would use this should they have any concerns about people that needed to be reported in confidence.

People and staff we spoke with knew who to contact to report any concerns, including how to escalate any concerns out of hours. One person told us, "The carers fill in the paper work in the folder that has got all the contact details if I should need to ring them for any reason". Relatives said, "I have a very good relationship with the management team and I often call them to talk through any concerns that I might have" and "I have no worries but if I did I would call the office that have always been very helpful in the past". Staff we spoke with knew how to respond appropriately and report incidents that occurred within the service. They told us that they received feedback about incidents in meetings, from entries in updated care records and/or verbally from the registered manager. We reviewed the records the provider kept in relation to incident and accidents that occurred within the service. We found that incidents were appropriately recorded and some monthly analysis was taking place to check for any trends or learning to be adopted or put into practice. However, the records lacked some detail and the analysis did not always clearly outline what, if any outcome there had been. The registered manager told us in their PIR and we were assured on inspection that they had planned to improve their reporting systems in this area.

Staff had received training and were able to discuss how they maintained peoples' safety in a variety of ways for example, when using moving and handling equipment. The records we reviewed included risk assessments of people's health and welfare needs; they described the risks for staff to consider when supporting the individual. Overall these had been reviewed and updated as necessary. One record we looked at had not been updated in terms of risk after the person had suffered a fall. This was raised with the registered manager for immediate update. However no changes were required to the person's care plan or moving and handling needs as a result of this fall and staff were aware of this incident. All the staff we spoke

with were confident they would be fully informed of any new or potential risks before supporting a person. They were able to describe to us peoples' individual risks and how they provided support to minimise these risks. A staff member described to us how they considered risks saying, "I make sure the environment is clear of any trip hazards, the bath water is not too hot or cold and the person is in a comfortable position, according to their needs".

People told us they had consistency of staff that supported them and that they had not experienced any significant delays in receiving their care. They told us, "They [care staff] are always on time and have never missed calling on me, but if there's been an emergency and they are delayed they call me and tell me what's happened and what time they will be here" and "The carers arrive on time and have never missed calling on me, they stop for the time allowed and they don't go early either. It's mainly the same carers who come to see me so they know what I need doing". Relatives told us, "The carers arrive on time and have never missed a call" and "It's always the same carers who attend my relative so that ensures continuity of care and my relative knows who they are too". We saw that rotas were planned in advance and with consideration of providing consistency of staff to people. No missed calls had occurred. A care staff member told us, "I have enough time to care, I won't rush people and I make sure I have time to do my job". This meant that staffing and care was planned to ensure there were sufficient numbers of regular staff to meet people's individual needs.

Staff told us they had been subject to the appropriate checks and references being sought before they had commenced in their role. They said, "I had to provide all the necessary documents and references" and "After I came for interview I was asked to provide evidence of training and references". We reviewed the records in relation to recruitment and found that although a brief employment history had been sought, this was not a full history as required by the regulations in two of the three records. We also found that one of the references sought for one staff member had not been provided by a suitably senior member of staff from their previous place of employment. The registered manager was made aware of our findings and agreed to correct these issues straight away. Criminal records checks were acquired prior to people commencing work.

People told us they were supported to take their medication in a safe way, at the appropriate times. They told us, "The carers make sure I have taken my medication and stay with me until I have taken them and put cream on my legs and arms like they should" and "They give me my medication in little pots from the pack and make sure I have swallowed the tablets". Relatives were happy with how the care staff supported their loved one with medicines, telling us, "The carers give my relative medication from the blister pack and when it needs re-ordering this is arranged for us", "They [care staff] complete the work folder including the MAR sheets after administering the medication" and "They [care staff] prompt my relative to take the medication prescribed and the forms are filled in that are in the folder". Medication administration records [MAR] were completed by staff in peoples' homes and then returned to the office base each month. Checks were completed on the MAR by the registered manager each month to check for errors or omissions. Staff we spoke with told us how they supported people with their medicines; they demonstrated to us that they had a good knowledge of how to do this safely. A staff member told us, "I check what's in the blister pack with the MAR chart and put them into a pot and give this to the person. I wait to make sure the person has taken them and with enough water, then sign the MAR". Staff had their competency periodically checked and had undertaken medicines training about how to support people with their medicines. The registered manager informed us that all care staff were booked in to receive medicines training updates.

Good

# Is the service effective?

## Our findings

People were asked whether they thought the staff had the skills and knowledge required to support them effectively. They told us, "The carers know what they are doing so they must be well trained" and "They [care staff] are competent and trained well as they look after us very well". Relatives were confident that staff were well equipped to care for their loved one saying, "I'm very pleased with the care that's given to my relative and I feel they are well trained" and "The care is provided by good and well trained staff, they know how to help my relative". Staff we spoke with demonstrated they had a good level of skills and knowledge and had completed an appropriate level of training. Some of the staff were in need of updates in some areas of their training and the registered manager had booked sessions for this to be completed.

Care staff told us and we saw that they were provided with and completed an induction before working for the service. Staff told us this included confirming any training to be completed in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing the registered manager or more established care staff. A person said, "New carers are introduced to you before they come and visit me alone". A care staff member said, "My induction was good and involved shadowing the manager and being introduced to the people I will be caring for" and "I went to meet everyone I would be caring for and the manager showed me step by step how they [the person] liked and should have their care delivered and I also got to read the care plans, it was really helpful". We saw that the new employee's performance was monitored by the registered manager through their direct shadowing of them on induction. We saw records that demonstrated that staff competency in relation to care provision was periodically observed and checked. The registered manager told us, "I support staff on induction closely as I want show them the high standard that I expect when delivering care".

Staff received regular supervision to discuss their performance and development needs. A care staff member said, "I am called into the office every six to eight weeks or so for a one to one" and "They [management] are always around to talk to if you need support". Staff told us they were happy with the level of the supervision they received and that they could access support at any time if they needed to.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw that the carers had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS]. People told us that staff sought their consent before supporting them with their care needs. A person said, "When the carers come to help me they ask me always what I need doing and get my permission". A relative said, "When I have been there the carers say to my relative what they intend to do and was that okay". Staff were able to describe how they supported people in line with MCA and how they gained their consent before assisting or supporting them. A carer said, "I

always make sure I ask and don't just assume people are happy for me to help them".

People told us that staff ensured they were eating and drinking enough when they visited. They said, "The carers leave me drinks and snacks, just in case I fancy anything", "They give me my meals that I choose, it's always hot and tasty" and "I'm very pleased with how they cook and prepare my food for me". A relative told us, "They [care staff] prepare all my relatives meals which are served hot and appetising, they always ask what my relative would like to have at each meal time". Care staff told us they prepared meals that people had selected and knew how to support people according to their nutritional and dietary needs. Staff had received training in food hygiene and told us they recorded and reported any concerns they had about people's nutritional intake accordingly. Care plans outlined how staff should support people in line with their preferences, for example one person liked to have a jug of juice left out for them and staff were also reminded to check that the person had eaten.

People told us they thought staff would know what to do if they were unwell. They said, "If I'm not feeling very well the carers talk to me to see if I need anyone to come and see me; they make sure I'm okay before they leave" and "If I'm not well they [care staff] will arrange for my doctor to come and see me". Relatives were positive that the care staff would respond appropriately if their loved one was ill, telling us, "A couple of weeks ago when the carers visited they found [relative] distressed and unwell so they called an ambulance and it was found [relative] had a chest infection, they [care staff] did brilliantly well" and "If there are any concerns about my relative's health and well-being they [care staff] will call me or they will ask the GP to attend and then let me know how it went". Care plans included information about their general health needs and conditions. The staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any health concerns arise. A care staff member said, "If I thought someone was poorly I would ask them if they wanted me to contact the doctor or if I felt it appropriate the ambulance and also let the office know". Records showed that the service supported people to access the health care they needed and reported any concerns they had about their health appropriately.

Good

# Is the service caring?

## Our findings

People told us the care staff that supported them were 'caring and 'compassionate'. They said, "I'm very pleased with all that they do for me, they [care staff] are so loving and caring" and "The girls [care staff] are polite and caring". Relatives told us, "They [care staff] are polite, passionate and respectful" and "They are really good carers so much so that I don't worry about [relative] because of the care that's given".

People told us that their preferences for how they wished to receive support were always considered by the care staff. One person said, "The carers do everything to my liking and I'm very happy with what they do for me". Staff described to us how they showed caring towards the people they supported. They described how they took the time needed to get to know people well. They said, "It's about looking after someone's every need and looking after people like I would want to be looked after " and "It's about building a relationship with them and getting to know them and then you can tell when something's wrong". Records we reviewed reflected that people were involved in making decisions about their care and how it was to be delivered.

People told us they felt listened to, had the information they needed and were consulted about their care. They said, "The carers never leave early if they have finished and they have time we can have a cuppa together which is very nice", "Nothing is too much trouble for them if I'm a bit upset they sit and chat with me which makes me feel better" and "I get on very well with the office staff and the communication is good too". Relatives said, "We have an informal journal that carers fill in if they need to leave me a message" and "I have a good working relationship with the manager and the team and the communication works well". Staff we spoke with confirmed that they consulted people in aspects of care provision.

The registered manager told us that they had not identified anyone using the service as requiring access to independent advice and/or support. They told us that if a need was identified they knew they could contact the local authority to access the details of local advocacy services.

People told us that they were treated with respect and their care was provided in a way that maintained their dignity. They said, "They [care staff] come in the morning to help me to shower but they make sure the curtains and doors are closed to protect my privacy" and "The carers are very good to us they treat me with respect and when I'm talking to them they listen to what I have to say". Relatives said, "They [care staff] talk to [relative] and have a laugh and joke with him but they still treat him and me with respect and it's always dignified" and "The carers complete the personal tasks with dignity and respect and go at [relatives] pace always chatting and reassuring them as they go along".

Staff we spoke with were knowledgeable about the importance of providing dignified and respectful care. They gave examples such as making sure family members were not present when personal care was being delivered and covering people's bodies to maintain the person's dignity when they were supporting them with personal care. They also told us, "I always knock and shout 'morning', ask how they are, have a chat with the person, it's about building trust. I use a towel to cover people as I help the dress, to save them any embarrassment" and "I like to talk to people when supporting them, ask about what their interests are to get them chatting and not concentrating on the task to reduce any embarrassment they might feel".

People were encouraged by staff to try to do as much for themselves as possible, but staff were there to support them if they needed help. A person told us, "I am helped but allowed to do things that I still can for myself, it's important for me to have some independence". We saw that people's care plans were based upon their abilities and choices about how they wished to be supported. For example one person's care plan outlined the clothing they preferred to wear and exactly what support they required to dress themselves. Staff told us that people were encouraged to remain as independent as possible and encouraged them to be involved in completing the daily living activities they were still able to. A care staff member said, "I encourage people to do as much as they can for themselves but always offer to help them if this is their preference".

Good

# Is the service responsive?

## Our findings

People told us that they had been involved in discussions about their support needs and the care staff knew their individual needs well. They said, "When I first came onto the service the manager came and asked me and talked to me about what I needed doing, the carers know what I like", "The staff talked to my family and me to find out what I need doing for me" and "There's nothing that I want changing as they give me everything that I need". Relatives told us they had been involved in the assessment and planning of care for their family member. Records showed assessments were completed to identify people's support needs that people and their relatives had contributed to; these were overall reviewed and updated in a timely manner. Care plans contained relevant information, detailing how people's needs should be met with their likes, dislikes and preferences in mind. Staff were knowledgeable about people's needs and demonstrated they knew the importance of personalised care and told us how they put it into practice. A staff member said, "People make all the decisions about the care they want, the care plans are of good quality and tell me everything I need to know to support the person as they like".

People's cultural and diverse needs were discussed and considered as part of their initial assessment. At the time of our inspection no one using the service had any specific cultural, language or religious needs that staff were supporting them with. However, staff demonstrated that they considered all aspects of people's well-being and that they knew how peoples more diverse needs should be met.

People told us if they wanted to raise complaints or concerns they knew who to speak with. They said, "I'm happy so far and have no complaints if I did I would tell the office people or my family" and "If I was concerned about something or wanted to grumble I would call the office and they would help me". Relatives told us, "If I have any concerns or need to complain they would respond well I know. I am very happy no worries or concerns about any of the service they provide". We saw that all telephone calls or queries were logged in and out of hours, so that if any concerns were raised the registered manager could respond accordingly. Although no complaints had been received by the provider had developed a policy to follow to respond to complaints and arrangements for recording complaints were in place. A 'provision of services information booklet was provided to people which informed them the provider had a policy in place. However, this did not give people clear guidance about how to make a complaint. It also lacked guidance about external agencies that people could contact for support with any concerns or complaints they had, if they were not satisfied with how their complaint was dealt with by the provider. Care staff told us how they would support people to make a complaint.  A care staff member said, "I would take any complaints seriously, help the person by calling the office for them and letting them now, so the manager could call them or their family".

Requires Improvement

# Is the service well-led?

## Our findings

People told us they were happy with the service they received. They said, "It's a wonderful service that they provide for me", "Lovely carers and there's nothing we want changing" and "If I need anything doing for me they will happily do it for me, it's all going very well so far". Relatives were satisfied with the service being provided, stating, "It's an excellent service" and "A well-managed care service and they provide really good carers". Staff were positive about working for the provider, saying, "It's all very well organised" and "This is the best company I have ever worked for".

People and staff spoke about how well the service was led and managed. The service had a registered manager. The registered manager was aware of what notifications had to be sent to us at the Care Quality Commission (CQC). Notifications would tell us about any significant events that had happened in the service. We requested a PIR to be returned to us within a given timeframe, the registered manger ensured that this was completed.

Staff we spoke with told us there were clear lines of management and they were clear about their role and responsibilities. Staff told us that they had access to management support whenever they needed it. They said, "I think the management is good here, it all works well, any problems they sort it out" and "The managers are so helpful and really approachable". Regular staff meetings were held and staff spoken with said they were able to speak openly and any suggestions for improvement they had were listened to. A care staff member said, "We have information given to us at staff meetings about any changes and to meet new members of staff".

Staff understood the values of the service and there was a culture of openness and support for all individuals involved in the service. We were able to clearly see that staff encompassed the values of the service when they spoke about their work. The registered manager told us they were clear with prospective employees even at the interview stage about the values of the service and her expectations of them. They told us, "I want staff to go that 'extra mile', by doing the small things that can make a real difference to people". A staff member told us, "We build trusting relationships with people and always try to support them however we can to have a good life".

The provider was keen to get feedback from people using the service and so periodically contacted them to ask for their views about the care they received. This was done through surveys sent to their homes. A person told us, "On occasions I have a questionnaire to fill in to find out what I think of the service". A relative said, "I think they have asked me once or twice to fill out a survey". Testimonies we saw from the providers most recent survey included, 'I really couldn't ask for a better service' and 'The carers make a real difference to how I feel'. No negative comments were received from the returned surveys, but the registered manager told us that they would address these if received to improve people's experience of the service.

The provider showed us evidence of how they monitored the quality assurance of the service. We found overall that their systems were effective. We saw that areas needing attention or improvements were identified through the quality assurance process and any action required was taken by the registered

manager. However some of the records we reviewed during our inspection varied in the level of detail and analysis and/or lacked an update, for example incident reports and risk assessments. This meant that the effectiveness of the quality assurance of the service was inconsistent. The provider outlined their plans to improve their quality assurance processes at inspection and also in the PIR we received shortly after our inspection.