

Ace Homecare Services Limited

Ace Homecare London

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Ace Homecare Services Limited took place on the 12 April 2018 and was announced. Ace Homecare Services Limited is registered to provide personal care services to people in their own homes. The services they provide include personal care, housework and supporting people to take their medicines. At the time of this inspection, the two registered managers informed us that there were 30 people who used the service, all of whom lived in Harrow. This was the first inspection as the service was newly registered with the CQC in March 2017.

Not everyone using Ace Homecare Services Limited receives a regulated activity. CQC only inspect the service 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.

The service had two registered managers who work full time. They informed us that they wanted to ensure that the service was well supported. Registered managers are people who have registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and relatives of people who used the service spoke highly of care workers and informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults' policy and care workers were aware of the procedure to follow if they suspected people were being abused.

There were suitable arrangements for supporting people with their medicines. There was a policy and procedure for the administration of medicines. The medicine administration records (MAR) had been properly completed to indicate that people had received their medicines.

Risk assessments were seen in the care records of people. However, two of them were not sufficiently comprehensive as they did not describe signs and symptoms to look for. These were rectified soon after the inspection.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of six records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

The service had a training programme to ensure care workers were competent and able to care effectively for people. Certificates were seen in the records of care workers. They had the necessary support and supervision from management staff. Teamwork and communication within the service was good. New care workers had received a comprehensive induction.

Care workers were caring in their approach and able to form positive relationships with people. There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Individual assessments and care plans had been prepared for people. These contained information regarding people's cultural and religious background.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. Complaints recorded had been promptly responded to. People and their representatives expressed confidence in the management of the service.

Audits of the service had not yet been carried out. The registered managers stated that they had only started providing care to service users. The registered manager informed us that the service was newly set up and they were in the process of arranging their audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had arrangements in place for supporting people to take their medicines.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs.

Infection control measures were in place and care workers observed hygienic practices.

Is the service effective?

Good ●

The service was effective.

Care workers had received support from management and been provided with induction, training and supervision.

People's care needs and choices were assessed and responded to.

There were arrangements for meeting The Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

The feedback received from people and their relatives indicated that care workers were highly regarded. Care workers treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good ●

The service was responsive. The registered managers and care workers listened to people and their views and responded appropriately.

Care plans addressed people's individual needs and choices. Reviews of care took place with people and their representatives.

People, their relatives and representatives knew how to complain. Complaints recorded had been promptly responded to.

Is the service well-led?

The service was well-led.

Checks of the service had been carried out. These included spot checks on care workers and reviews of the services provided. Telephone monitoring had been carried out to obtain feedback from people who used the service.

Audits of the service were in the process of being established.

People and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

Good ●

Ace Homecare London

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 checked 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 12 April 2018 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had 30 people who used their service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service.

We spoke with six people who used the service and a relative of a person who used the service. We also spoke with the two registered managers and six care workers. We also obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people using the service, six staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Is the service safe?

Our findings

People who used the service told us that people were well treated and mostly satisfied with the service provided. A person who used the service said, "I am satisfied and happy. My carer does a nice and good job and is usually on time." Another person said, "I feel safe with my carers. They are honest and very good. They give me my medicines." A third person said, "My carer always turns up. I feel safe with them. They put my eye drops properly and then sign the medicine chart."

The service had a safeguarding adults' policy. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The contact details of the local safeguarding team were available in the office.

The care records of people contained a section for risk assessments. Identified risks included risks associated with falling, people's living environment and medical conditions. Risk assessments were seen in the care records of people. However, two of them were not sufficiently comprehensive as they did not describe specific signs and symptoms related to a medical condition which care workers should be aware of. The registered managers provided us with documented evidence that information related to these were kept in a different folder. They stated that these would be transferred to the two risk assessments. Soon after the inspection they confirmed that this had been done.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of six records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

The service had sufficient care workers to meet the needs of people and this was confirmed by people and a relative who stated that care workers were reliable, mostly punctual and able to meet the needs of people. Care workers had been provided with support and essential training. Training provided included health and safety, moving and handling, equality and diversity and safeguarding people.

The service had a medicines policy for supporting people with their medicines. There was a policy and procedure for the administration of medicines. The seven medicine administration records (MAR) examined had been properly completed to indicate that people had received their medicines. People who had been supported with their medicines told us that their care workers had administered their medicines as agreed and they had recorded these in the records.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. The service kept a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons which were stored in the office. People informed us that care workers

followed hygienic practices when attending to them.

No accidents had been recorded. The registered managers stated that there had been no accidents. They were aware that if accidents were reported, lessons learnt and guidance for preventing further accidents would need to be provided for care workers to ensure the protection of people.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People who used the service and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "My carer does check things with me and have asked for my consent before providing care. Time keeping is good and they know what to do." Another person said, "I am satisfied with the care. I can trust them. They check with me what I like to eat and cook for me." One care professional stated that the agency had been providing an effective and reliable service for their clients.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for care workers on the dietary needs of people. However, the registered manager and care workers we spoke with said they rarely prepared food for people. They stated that care workers mostly warmed up food for people. This was confirmed by people we spoke with.

Care workers were aware that some people had healthcare needs. One care worker stated that if a person had lost a significant amount of weight, was unwell or had deteriorated, they would inform their manager, relatives or medical staff involved. A care professional informed us that the service worked well with them and had participated in meeting with other professionals to ensure that they were well informed of people's healthcare needs.

Care workers were knowledgeable regarding their roles and the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, equality and diversity and food hygiene. Care workers confirmed that they had received the appropriate training for their role. They had undergone a period of induction and shadowing of more experienced care workers to prepare them for their responsibilities. The induction programme of the service was extensive and covered important topics such as Communication, Code of conduct, Handling & Administering Medication, Safeguarding, First Aid, Moving and Handling and The Mental Capacity Act. The registered managers explained to us that care workers were also encouraged to enrol for the Care Certificate. The Care certificate provides an identified set of standards that health and social care workers should adhere to in their work. Three care workers had already completed it. Care workers stated that they found the induction helpful and it prepared them for their roles.

Care workers said they worked well as a team and received the support they needed. The registered managers had organised supervision sessions for care workers. They stated that appraisals had not yet been done as they had only started operating recently. Spot checks of care workers had been recorded. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw documented evidence of this.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own

decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. The registered managers informed us that most people using the service had capacity to make decisions for themselves. They also stated that most people had close relatives such as people's spouses or their next of kin who would be consulted if people lacked capacity. They were aware that where needed, best interest decisions would need to be recorded. Information regarding people's mental state was documented in the care records. Details of people's next of kin were also recorded.

The registered managers stated that most of the care workers had received MCA training. This was confirmed by them. Care workers had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin can be consulted.

Is the service caring?

Our findings

People and their relatives were positive about the care provided and spoke highly of their care workers. They told us that care workers listened to them and were caring in their approach. One person said, "My carer respects me and is gentle when providing personal care. She is quite good." Another person said, "My carer communicates well in English - nice and very kind." One relative said, "The carers are caring and do a very good job. They respect our culture and religion."

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get their consent.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by people and a relative. There was evidence of meetings and discussions with people and their representatives either face to face or via the telephone. Care plans included information that showed people or their relatives had been consulted about their individual needs and the type of tasks people needed help with. We saw information in people's care plans about their choices and preferences. People's care records routinely include information regarding their hobbies, special interests, background, culture and religion.

The service had a policy on ensuring equality and valuing diversity. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They had a good understanding of people's culture and what was expected when entering the homes of people from other cultures. People we spoke with and one relative informed us that their carer got on very well with their relative as the care worker understood their culture and religion. The registered managers stated that one person needed to go early in the morning to pray at their temple. The service had therefore made arrangements to ensure the care worker provided their care early so that they could go to the temple.

The registered managers stated that the service aimed to match care workers with people they could get along with. This included matching care workers with people with similar interests, the same cultural background or who could speak the same language. One person we spoke with wanted to have a care worker who spoke the same language. This was discussed with the registered managers. They informed us soon after that they had contacted this person and would be responding to this request if possible. Another person stated that although the care worker attending to them did not speak her first language, they still managed to communicate with each other "quite well". Care workers explained that some people did not like them to wear shoes in their home. In these cases they wore shoe covers so that they respected the person's wishes.

We discussed the steps taken by the service to comply with the Accessible information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells

organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible information policy. The registered managers stated that the service was newly registered and they intended to meet this standard. The service had a policy for complying with the standard. The registered managers stated that they were in the process of translating some documents into the language people understood and having them in large print for those with visual impairment.

Is the service responsive?

Our findings

People and a relative informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One person said, "I am thankful and satisfied with care provided. They do the job properly-I think so. I am aware of the office telephone number to ring if there are problems." Another person said, "I have no complaints. They talk nicely to me and provide a good service. They record in the book what they do." One care professional informed us that the service was responsive and worked flexibly to meet people's needs.

People's care requirements had been assessed before services were provided and this had involved discussing the care plan with people or their relatives and representatives. The assessments included important information about people's health, mobility, medical, religious and cultural needs. People's choice of visit times and the type of care they wanted were also documented. Care plans were then prepared and agreed with people or their representatives. This ensured that people received care that was appropriate.

Care workers had a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. They said they had been informed by the registered managers in advance of care being provided to any new person. They stated that communication with their managers was good. People and a relative stated that care workers were competent in performing their duties and they knew how to meet the care needs of people.

We discussed the care of people who had specific needs such as those with dementia and any issues which may be experienced. The service had guidance for care workers on what was dementia and how to care for people. One care worker told us that people with dementia could be confused and forgetful and not remember what personal care tasks needed to be done. This care worker stated that they would repeat what they say in a simple and clear manner if needed. Another care worker said they would be patient with people and give them time when providing personal care. A third care worker stated that if it was difficult to provide personal care, they would give people time then try and try again later. This care worker also said, "To people with dementia, I am like a new person to them each day. I have to remind them who I am. I talk clearly and slowly. I am sensitive towards them as they may take longer than other people." Care workers told us that they usually were successful in getting people with dementia to accept assistance from them as they had got to know people and knew how to approach them.

Some reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. Some people were new to the service and their care had yet to be reviewed. The registered managers informed us that they were in the process of arranging more reviews.

The service had a complaints procedure and this was included in the service user guide. People and relatives informed us that they knew how to complain. Complaints made had been promptly responded to. People told us they had the office contact number and knew who to contact if they had concerns.

Is the service well-led?

Our findings

We received positive feedback regarding the management of the service. People and one relative expressed confidence in the management of the service. One person said, "They provide good care. The manager had visited to check if the care was alright. Sometimes their office ring to check with me." A relative said, "I am satisfied with the management of the service. The manager had visited a few weeks ago to check if everything was alright."

Feedback from two care professionals indicated that they were satisfied and impressed with the management of the service. They found that the registered managers were pro-active and dedicated to improving service provision.

The service had essential policies and procedures to provide guidance for care workers. These included the safeguarding procedure, medicines policy, equality and diversity and complaints procedure.

We saw evidence of spot checks on care workers to ensure that they provided the agreed care for people. Reviews of care had also been started. Telephone monitoring had been carried out to obtain feedback from people who used the service. The service had started checks on areas such as medicines and care documentation. The registered managers stated that the service would be carrying out more checks and audits. Soon after the inspection, they informed us that further checks and audits had started.

The service had a management structure. There were two registered managers. They were supported by one administration staff and a team of care workers. Team meetings had been held and the minutes of these were available. Care workers informed us that they were happy working for the service and they found their managers to be supportive and approachable. They stated that communication was good and they had been informed about their roles and responsibilities.

Satisfaction surveys of the service and care provided had not yet been carried out. The registered managers explained that they had only started having contracts for care recently. However, the service had a records of compliments received. These included the following:

"This is to let you know how satisfied we are with the service provided by your staff who has been dealing with us on your behalf. He has always been very polite in his manners, prompt in his response and very professional in all his dealings."

"I am very happy with the carer – very polite and caring."

"Carer is providing excellent care for my relative even though she cannot speak our language. She is very good and caring with my relative."