

Acre Care Ltd

# AcreCare Limited

## Inspection report

4 Station Parade  
Tarring Road  
Worthing  
West Sussex  
BN11 4SS

Tel: 01903505438

Website: [www.acrecare.co.uk](http://www.acrecare.co.uk)

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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

### About the service:

Acre Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of the inspection the service was supporting 61 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Acre Care Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service:

People were happy with the care they received and felt relaxed with staff, they told us they were treated with kindness. People said they felt safe, were well supported and there were sufficient staff to care for them. One person told us, "Everyone is lovely and kind including the staff at the office. They've never let me down, I've landed on my feet with this lot".

People's independence was promoted and they told us their needs were met. People had a regular team of care staff who arrived on time and knew them well. One person told us, "They deserve every bit of credit they get, I look forward to them coming to me".

People felt they were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. A relative told us, "They were always so good with my [relative] even when he was playing them up. Always patient, kind and understanding".

Staff had received essential training and feedback from people indicated that they knew the best way to care for people in line with their needs and preferences. 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.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes.

People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. One person told us, "I've been very impressed, I can't fault them".

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published 2 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good. If we receive any concerning information we may inspect sooner.

## 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.

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# AcreCare Limited

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

#### What we did:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

#### During the inspection:

We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records. We spoke with four members of staff, including the registered manager, the care manager and care staff. We met with the registered manager in the office, and observed staff working in the office, dealing with issues and speaking with people over the telephone. During our inspection we spoke with six people and one relative over the telephone.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and the physical environment of people's homes.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "It's not just feeling safe, I feel protected when they are with me".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Systems were in place to record specific details and any follow up action to prevent a re-occurrence.

Preventing and controlling infection

- People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had

access to these and were made aware of them on induction.

#### Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them via the staff in the office. This enabled staff to have up to date information on people and their call times. A member of staff told us, "My rota is fine, we cover each other when we need to".
- Feedback from people and staff was they felt the service had enough staff. One person told us, "They've never missed coming to me and are here on time give or take 10 minutes. They call if they are going to be late".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.



# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The care manager undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and their family were involved, where possible, in the formation of an initial care plan.

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. One person told us, "Certainly they are well trained, they know what they need to do".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. One person told us, "I was in pain the other day and my carer refused to leave until she'd made sure the doctor was coming to see me. I told her not to worry, but I'm so glad she did".
- Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access and attend routine health care appointments such as visits to the GP and hospital.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received effective care and their individual needs were met. One person told us, "They are all excellent, we've got to know each other over the past 18 months and they do everything I need and more".
- We spoke to people about care matching. They gave us examples of being matched with care staff who

would be most suitable to effectively meet their needs. One person told us, "They've matched me with a carer who really understands my condition, as she has experience of it herself. I'm very grateful of that".

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "They heat things up and make me breakfast, we have a chat about what I fancy".
- Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

Ensuring consent to care and treatment in line with law and guidance

- The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible.
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with choice and control in the way their care was delivered.
- People were empowered to make their own decisions. One person told us, "They do what I ask them to, not the other way around".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "We always offer choice, we are flexible in what we do".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "They'll say to me, 'you can do that' and I'm glad they do, you can get lazy at my age". A member of staff added, "You have to encourage people, it's to help them maintain their skills and dignity".
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first. A relative told us, "My [relative] was very difficult with them, they were always very patient and reassuring with him. They seemed to really 'get' him".
- Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected. One person told us, "They do everything by the book, they always make sure I'm comfortable".
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

- People's equality and diversity was respected. Staff adapted their approach to meet people's individualised needs and preferences. A member of staff told us, "I've read the care plans and they have good information in them, but also with time, we get to know people and know what they want, they're all individuals".
- People were attended to in a timely manner and were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They show up when on time and I look forward to them

coming. When they arrive I stop worrying, they go above and beyond".

- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the service responded well to their care needs and that it was flexible to meet their preferences. One person told us, "When I ring to cancel a visit, or change the time if I'm going out, it's never any bother". Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs.
- We spoke with the registered manager about how they ensured that people got their care visits when it suited them. They told us how the office staff communicated effectively to ensure that staff received their allocated rotas and were able to access the information they needed to ensure they knew what care was required for people.
- The care manager told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs. A member of staff confirmed this and told us, "We have travel time between all calls, and it's paid travel time as well".
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they did during the day, for example which room they liked to eat in, and their preferences around clothes and personal grooming. A relative told us, "They spoke about the care my [relative] needed at the beginning and they updated the care plan when things changed". Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care. People received care from a consistent and regular staff team. One person told us, "I have regulars, but all the girls [care staff] who come are good".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was funded, or part of a person's care plan, staff supported people to enjoy activities and socialise. For example, care staff took people shopping and to local cafes and restaurants. People told us they got on well with their care workers and they would always chat about things that were important and interesting to them. One person told, "We get on brilliantly, I can talk to them about anything and one of them never fails to make me laugh".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. For example, information given to people about the service had been provided in large print and recorded on tape when required. Staff ensured that where required people's communication needs were assessed and met.

#### End of life care and support

- Nobody receiving a service was receiving end of life care. However, we were told that peoples' end of life care would be discussed and planned, and their wishes were respected should this be required.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, one person told us, "They are an excellent service, I'd give them 10 out of 10 and would recommend them to anybody, I don't know what I'd do without them".
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality care. The registered manager told us, "I'm very proud of the positive reputation we have. We enhance people's lives and give them meaning to their day. It's a privilege to become part of their lives and be involved with them and their families. We have a wonderful group of staff, we don't have care staff, we have a care team".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training. A member of staff told us, "I've never seen or felt any discrimination".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse. This meant we could check that appropriate action had been taken.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively involved in developing the service. There were systems and processes

followed to consult with people, relatives and staff. One person told us, "They call me and ask me if I'm happy and I sometimes fill a form out".

- Satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

#### Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and other local providers, to share information and learning around local issues and best practice in care delivery.

#### Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We are a good team and we all support each other. We can call each other or the office at any time to get assistance".
- Up to date sector specific information was made available for staff including details of specific conditions, such as dementia, to ensure they understood and had knowledge of how to assist people.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

#### 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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.