

AC Care Services Limited

AC Homecare

Inspection report

Pure Offices
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection was carried out on 25 April and 2 May 2017 and was announced.

This was the service's first inspection since registering with the Care Quality Commission on 29 April 2016.

A C Homecare provides personal care for people living in their own homes. At the time of the inspection 53 people were receiving a service from them.

The service had a manager who was registered with the Care Quality Commission (CQC). 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.

We found further developments were needed in the assessments of activities or areas that could pose a risk to people as they were not always detailed or contained sufficient information to inform staff how to manage situations. However, staff were clear on their role and how to keep people safe.

People's consent was sought before care was offered and the registered manager and staff were familiar with the principles of the Mental Capacity Act 2005. People were supported to eat and drink enough to maintain a healthy diet and health professionals were contacted on people's behalf if needed.

People were treated with dignity and respect.

People who used the service and their relatives told us the service was flexible and able to meet their needs. People's care and support needs were kept under review to help ensure that they continued to be met.

People who used the service felt confident to raise any concerns and were confident that they would be managed appropriately. Staff said that they were fully supported by the registered manager.

People's views about the service provision were gathered regularly to help the registered manager assure themselves that the service they provided was safe and was meeting people's needs

There was a culture of openness and inclusion at the service and staff said that the registered manager inspired them to deliver a quality service. People who used the service and their relatives spoke positively about the registered manager and said the service was well run.

There were systems in place to monitor the quality of the service.

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.

Whilst there were risk management plans in place to protect and promote people's safety these needed to be more detailed to reflect each person's situation .

People were supported by staff who understood their role in safeguarding adults and would report any concerns.

The registered manager was in the process of strengthening the evidence of the recruitment processes to ensure that people's employment history was explored and references confirmed prior to working for the agency.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supervised.

People's consent was sought before care was offered.

People were supported to eat and drink where needed.

People were supported to access health care professionals as necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were kept under regular review.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

Good ●

The service was well led.

People had confidence in the staff and the management team.

There were arrangements in place to monitor, identify and manage the quality of the service.

The culture at the service was positive, open and inclusive.

AC Homecare

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 of AC Homecare took place on 25 April and the 2 May 2017 and was announced. The registered manager and provider were given 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We also contacted commissioners and health professionals who had experience of dealing with people at the service to obtain feedback. The provider had completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who used the service, five relatives, three staff members and the registered manager. We also visited two people in their homes to obtain their views on the quality of the care they were receiving. We viewed information relating to three people's care and support and four staff files. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People said they felt safe with the agency and the care they received. One person told us, "Yes I just do". Another person said, "Definitely they have become friends". Relatives were equally confident. One relative said, "Extremely safe yes they look after [my relative] so well". A relative said "[relative] walks with a frame, they make sure the frame is safe before they walk, they always supervise [relative]".

Whilst there were individual risk assessments for activities or areas that could pose a risk for people they were not always personalised or contained sufficient information to inform staff how to manage situations. For example there were no details for a person who was supported with a special chair where the controls could get stuck if positioned in the wrong place. Or another person whose personal care required special attention as the person often attempted an unsafe manoeuvre unless distracted and supported in a safer way. Some of the risk assessments in people's individual care plans were generalised and not required by the person. These were discussed with the registered manager who agreed there was a need to continue to build on the assessments. The registered manager and staff showed they were knowledgeable about each person they visited and knew how to keep people safe. One staff member said "We always make sure we know what could be a risk for people and we read the support schedule". We saw there were risk assessments completed in people's home environment to help promote and maintain safety.

The registered manager discussed their recruitment process and whilst they completed notes of interviews and explored gaps in people's employment history they had not retained the notes to evidence this. We looked at five staff files and saw two staff references were requested for prospective staff but for one staff member they were not in place before they started employment. One staff file had no references in place but these were later sent by the provider. We spoke with three staff members who told us they had completed a written application form, attended a face to face interview and that they had not been able to start to work at the agency until a criminal record check had been received by the registered manager. The registered manager put in place an interview form with a question to explore any gaps in employment. This showed that the registered manager was proactively working to address the identified shortfalls and to ensure that a robust recruitment procedure was operated going forward.

The registered manager and staff had good understanding and knowledge of how to safeguard people against the risk of abuse. They had received training which they said was clear and helpful. Staff gave good examples of what might constitute abuse and spoke of how they would manage any situation if it arose. All staff knew, and had no hesitation, in reporting any concerns and told us they were confident that any concern would be dealt with quickly.

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including the evenings and at weekends. People who used the service and their relatives praised the registered manager and staff for the consistent and reliable care and support provided. A person who used the service said "I feel safe I always know if someone can't make it they will send someone else who I will have already met. The manager comes to support me as well".

Staff told us that rotas were arranged to include planned travel time between each visit which helped them to be punctual. The registered manager said the agency had not had any missed visits. People who received support from the service and their relatives confirmed they had no missed calls and that staff would contact them if they were delayed. One relative said "They are really reliable and caring".

Where people were supported with their medicines, staff were trained to support and deliver their medicines when and how they needed them. People and their relatives were happy with how staff supported them. One relative said "The staff help my relative with their medicines and they get them on time". The on call managers checked staff accuracy at managing medicines as part of their home visits.

Is the service effective?

Our findings

People were supported by staff who were trained and supervised. People told us staff were good at supporting them and knew what support they needed. One person said "I can trust them with everything they make sure I have everything I need". One relative said "Yes definitely staff are trained, they are professional, friendly and capable".

Staff completed an induction when they started work with the service and this covered areas which included moving and handling, safeguarding people from abuse, health and safety and infection control. The registered manager said that a full induction starts on staff first day and was developed over a three month probation period. Part of the induction included staff shadowing a member of staff for two weeks, or less, if the new staff member was confident and experienced in supporting people. Staff new to care would start the Care Certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager said staff competency was tested during spot checks and training checks and during supervision meetings.

Staff told us they felt trained and supported for their role. The registered manager said they were always looking for courses for staff to attend as well the access to on line training staff had via their phones. One staff member said "I had two weeks shadowing staff alongside the training when I started. It was really good. I am now signed up for a NVQ Level 3 course" Another staff said " If I said I wasn't confident in an area the registered manager would see how best to help and would find a course".

Staff told us the registered manager introduced them to the people who they were to support. This meant that staff members were advised about people's individual care and support needs and that each person who used the service had the opportunity to meet the staff members before they visited them to provide care.

All staff spoken with said they had regular supervisions with the registered manager or one of the senior staff and were always encouraged to speak with the registered manager or seniors at any time they had any concern.

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. We checked whether the service was working within the principles of the MCA and found that they were.

People told us that staff always checked with them that they were happy with support being provided. One person said "They always ask what I would like and if I am happy with being helped". A relative said "Yes they always ask [relative] before doing anything and won't proceed until they have consent". Staff told us that people's choice was central to the care they provided. One staff member said

""It's really important make people understand what you are wanting to do. It's important to keep people as independent as possible and I would keep explaining to people until they understand rather than just do something".

People were supported to eat and drink where needed. One person told us that staff prepared food of their choice in a way in which they preferred it. A relative said "Yes they make [my relative] breakfast, sandwich for lunch and has a microwave meal in the evening made by the carers. [My relative] has a choice about what they would like, staff write it in the book. [My relative] has dementia so can forget to eat".

People told us that staff supported them to maintain good health and health professionals were contacted on people's behalf if needed. One relative said "In the past I have noticed that the evening carer has written in the book to say my [relative] has been dehydrated, more so in the summer when it is hot and the heating has been turned on. They ensure [my relative] drinks some glasses of water to help and check the temperature of the flat isn't too warm". A staff member said " I noticed [person] eye looked sore but they did not want to involve the GP.I told my manager and kept a check and it cleared up if not I would have asked to contact the GP".

Is the service caring?

Our findings

People who used the service gave us positive feedback about the registered manager and staff team. A person who used the service said "They are the finest caring company ever. They are willing, loving, caring you can't get any better". Another person said when asked if staff were caring "Definitely when I am upset they are very kind".

Relatives also spoke very highly about the registered manager and staff, some of their comments included "We would be lost without them; they bend over backwards for [my relative]. Another relative said "Yes definitely caring they don't rush [my relative] at all, they are generally very caring". One relative said how impressed they were that a staff member stayed to comfort them when their relative was rushed to hospital. "They waited until I was calm enough to drive safely to the hospital they were caring not just for my relative but for me too".

People told us that staff respected and promoted their privacy and dignity. One person, when asked was their privacy and dignity respected said "They do that quite well, they shut the door if anyone else is around and draw the curtains". Relatives comments were also positive and one relative said "They are very good, they ask what my [relative] wants help with when showering". Another relative said "Staff really are caring, they take their time, they respect my relatives dignity and when they are doing any personal care I am asked to wait until they have finished".

People said they were involved in planning their care and support and staff members were aware of their preferences when they supported them. One person said "When I started they went through all my care and how best to support me. I always have choice and one of the seniors comes regular to see if everything is ok and if I want to change anything". Relatives said "Yes staff know about my relative before we started we filled in a questionnaire with all her likes and dislikes, it helps having regular carers who get to know [my relative]".

People were supported by staff who knew them well. One person said "Staff know I don't like routine so they check each morning what I would like for breakfast and they are happy to prepare whatever I want". Staff were able to tell us about people's needs and how they needed to support them. This included their preferences and choices. One staff member said "I know for a few people I support going to church on Sunday is important so I make sure I am with them on time to help them get ready".

Confidentiality was promoted within the agency and staff spoke clearly of their responsibilities in maintaining confidentiality at all times.

Is the service responsive?

Our findings

People received personalised care that met their needs. One person said "They all go over and above that is why you can love them they know what I want and they do it". A relative said "They exceed my relatives needs they are excellent".

The registered manager explained how care plans were created with the person using the service, and their relatives if appropriate. The care plan would be completed prior to the service beginning. The registered manager would then visit within 2 weeks of the care package starting to make sure it was meeting people's needs and see if anything needed to be changed. For example the registered manager's visit showed the time allowed for a call was half an hour but the carer and manager felt it was too rushed for the person so they sought extra time to make sure the person had the time required for them to be supported.

People confirmed that they had received an initial assessment and the care plan was completed with the person and their families if appropriate. One person said " Yes I chose what help I needed they know my likes and dislikes".

We looked at three peoples care plans. Care plans were developed to identify people's individual needs and provide guidance for staff to be able to provide the support necessary to meet these needs. The care plans were reviewed on a regular basis and if needed changes were made to them. This was to ensure that people received the appropriate care and support according to their individual needs

People said they felt involved in their care and support. One person said "The staff are marvellous we work together. I get the help I need. One staff member said "We are always introduced to people before we go in to support them and we involve them in every visit we never assume what support they need we always ask". The care staff were required to record the support they offered each day which helped continuity of care with the next staff member who could then see what other aspects of support may be required. People said they had the same staff member or group of staff and they were always introduced to them before any support was offered.

People told us that staff encouraged them to maintain their independence. One person said "They encourage me and let me do things in my own time ".A relative said "They encourage [my relative] to walk with their walking frame to the bathroom, they assist if needed". People told us that staff supported and enabled them to enjoy their preferred social activities.

People and their relatives confirmed they could contact the agency out of normal hours. The registered manager said the two on call managers and themselves carried the phone for people and the care staff to contact out of hours.

People were aware of how to make a complaint should they need to. People and their relatives said they would contact the registered manager and were sure they would listen and act on any concerns. We saw there were two complaints which had been responded to and action taken.

Is the service well-led?

Our findings

People, their relatives and staff were positive about how AC Homecare was run. They were complimentary about the registered manager who was described as being approachable and supportive. One relative said "It is the best care company I have come across and I have had contact with 6 care companies". Another relative said "It is a very well-run care scheme, you can't fault the staff, and they are well trained and able".

Staff told us that the registered manager was fair, approachable and committed to providing good care for each person and to support the staff. They told us that the registered manager would provide hands on care. This inspired them and they were proud to work for AC Homecare. One staff said " They [registered manager] really manages the agency well she only wants the best for everyone one, she is always there to support and to make it work"

All the staff spoken with were enthusiastic about their roles and understood the service's vision and values, which was to ensure that people were at the centre of the service and they received quality care. Staff said they had regular supervision and appraisals.

The registered manager told us that recruiting staff with the right values helped to ensure people received a quality service. They said the attitude values and behaviours of staff were key. These were monitored formally and informally through observing practice, staff supervision and appraisal meetings. There were no formal regular staff meetings but rather informal social occasions. However the registered manager sent staff regular newsletters and planned on formalising the way staff met.

People told us their views were sought on how the agency operated and every person and relative spoken with said they felt they could approach the registered manager and any of the staff to feedback any issue.

There were systems in place to monitor the quality of the service. The registered manager and on call managers undertook unannounced spot checks at people's homes to assess the quality of the care that staff provided for people.

The registered manager was responsible for undertaking the majority of the management tasks associated with running the agency as well as covering care visits when staff went off sick. We discussed with the registered manager that this was not sustainable. The registered manager said they had delegated more tasks to the two on call managers. However having administrative support would enable the registered manager to greater reflect the level of work the agency is managing. One relative said "The manager is very caring and will undertake care themselves but that must mean that their manager's work goes unattended". Following the inspection the provider said they planned to create a part time administrative post.

The registered manager said the ethos and culture of the agency was to promote a caring and flexible agency to give good quality care for people in their homes and to promote a positive caring work culture for staff.