

A C Homecare Limited

# AC Homecare Limited

## Inspection report

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24 June 2019

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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

AC Homecare is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was supporting 15 people, many of whom were older people.

### People's experience of using this service and what we found

People were protected from the risk of harm including potential abuse. Risks to people from potential accident, injury and health concerns were managed effectively. People received their medicines as prescribed.

People were supported by sufficient numbers of staff who had been recruited safely. Care staff had effective training and the provider ensured the staff team had the skills required to support people effectively.

People's needs were assessed thoroughly and the provider ensured people's care was delivered in line with current guidelines and legislation. People were supported to live their day to day lives as healthily as possible. People were supported to gain access to healthcare professionals in a timely way whenever needed.

People were supported by a staff team who were committed to providing high quality, person-centred care. Care staff were kind and caring towards people and promoted their dignity and independence. People received support based on their individual needs and preferences. People were fully involved in developing their care.

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 developed an open, honest and transparent culture within the service. People were able to raise complaints and concerns if needed and the provider actively sought people's feedback about the service. Quality assurance and governance systems were in place in order to identify areas of improvement required. The provider was committed to continually developing the service and making ongoing improvements to ensure people received high quality care.

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

The last rating for this service was good (report published 06 October 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

## 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.

# AC Homecare 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service over 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 June 2019 and ended on 24 June 2019. We visited the office location on 24 June 2019.

#### What we did before the inspection

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. 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 also reviewed information that had been sent to us by the public. We

used this information to help us plan our inspection.

#### During the inspection

During the inspection we spoke with 11 people who used the service about their experience of the care provided. We spoke with the nominated individual who was also a director of the provider organisation and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a second manager who was also a director of the provider organisation and two care staff.

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt exceptionally safe with the care staff supporting them.
- ☐ Care staff we spoke with were able to describe signs of potential abuse and how they would report concerns.
- ☐ Where concerns about people had been identified these had been reported appropriately and the local safeguarding authority was informed. This enabled investigations to be completed and plans put in place to protect people from further harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- ☐ People felt care staff understood risks to them and managed these very effectively which helped them to feel safe.
- ☐ One relative told us their family member had developed confidence to remain in their own home while their family took a trip away. They told us the person would normally go into a residential respite service, but the support of the service helped them to feel safe at home. They told us, "I knew that [my relative] was safe in their hands... [Person] is very happy with the care she gets and has much more confidence now, she feels safe in their [staff] hands".
- ☐ Staff we spoke with understood risks to people and how they could minimise the risk of harm to people.
- ☐ The provider stated in their Provider Information Return (PIR) that risk assessments were in place outlining key risks to people and how they needed to be protected. We saw this was the case during our inspection visit.
- ☐ The provider also said in their PIR that accidents and incidents were recorded appropriately and recorded. We found this was also the case and the provider used incidents as a learning to improve the safety of the service in the future.
- ☐ The provider also had systems in place to monitor risks that may arise outside of care visits. For example; where someone experienced a high number of falls in their home when care staff were not present the provider ensured referrals were made to appropriate professionals. This assisted in protecting people from the risk of harm.

Staffing and recruitment

- ☐ People told us there were sufficient numbers of care staff in place to ensure their care visits were completed consistently and at appropriate times. This helped people to feel safe. One person told us, "I know that they are reliable and that makes me feel safe, they would never let me down". Another person told us, "I have two workers am and pm. They are always on time. Never been more than five minutes late."

- The provider said in their PIR they always introduced new care staff to people before they completed care visits. People confirmed to us this always happened. One person told us, "If they have a new worker, they always bring them out and introduce them to you before they come and work with you so there are no surprises."
- We found the provider completed a range of pre-employment checks before people started work. These included identity, reference and Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- People told us they were happy with the support they received with their medicines. One person told us, "My medication is in blister packs and they do give it to me at the same time every day".
- We found safe systems were in place to ensure people received their medicines safely and as prescribed.

#### Preventing and controlling infection

- People told us care staff were aware of how to protect them from the risk of infection. One person told us, "They wear aprons and always put gloves on. They are brilliant!"
- Care staff we spoke with understood the importance of wearing Personal Protective Equipment (PPE), such as gloves and aprons. They were able to competently describe how they protected people from the risk of the spread of infections.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same add rating. 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

- ☐ People confidently told us the care delivered by staff was of a high standard. One person told us, "I have just got Utopia!".
- ☐ People's needs were assessed effectively and in partnership with the individual person. Their holistic needs were considered including their emotional needs and wellbeing in addition to their physical health.

Staff support: induction, training, skills and experience

- ☐ People were happy with the care staff that supported them and felt they had the skills to care for them effectively.
- ☐ The provider stated in their PIR that care staff received regular training and support. Care staff we spoke with confirmed this. Staff told us they could approach management and request additional training and support if needed. One staff member told us, "If there's anything we don't understand I know that I can go to [the registered manager] and ask for support"
- ☐ We saw from records that care staff received regular training and supervision. The provider ensured that the competency of care staff was assessed on a regular basis.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People told us care staff provided good quality support with their nutrition and hydration needs.
- ☐ Relatives supported this view and told us care staff were proactive in monitoring people's needs. One relative told us, "They make sure [person] drinks enough and let me know if I need to call and make sure he drinks some more."
- ☐ Care staff we spoke with were able to describe people's needs. Care plans also contained information about the support people required. We saw from records and found from speaking with people that these support needs were met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- ☐ People and their relatives told us care staff proactively ensured they were able to live as healthy a life as they were able to. They told us care staff proactively supported them in monitoring their health needs and involved healthcare professionals promptly when needed.
- ☐ One relative told us, "[Person's name] had a little rash and [staff] called the doctor and asked for a home visit. They notified me and let me know what was happening".
- ☐ We saw from people's care records that the provider ensured the staff team were very proactive in terms



of monitoring people's health needs. We saw they worked closely with a range of healthcare professionals to ensure people received the support they needed to live healthier lives.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- ☐ People felt care staff consulted them about their care and that they were supported to be involved in decision making and to provide consent wherever possible.
- ☐ Care staff we spoke with understood the importance of giving people choices, involving them in decision making and seeking consent. Staff knew the basic requirements of the MCA. One staff member told us the law was there to ensure people were treated appropriately. They told us, "To give [people] rights, choices. To treat everyone as an individual. To respect their wishes".
- ☐ Most people using the service at the time of the inspection had the mental capacity to make their own choices and decisions. We found consent was sought from people prior to care being delivered. Where appropriate, the provider understood how to make decisions in people's best interests if they lacked mental capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People spoke very highly of the caring nature of the staff team and the support they received. One person told us, "They make me feel like a human being and not a nuisance, I have a dedicated [staff team] and they are outstanding". Another person told us, "They are all very kind and treat me with respect".
- ☐ Relatives also told us how caring the staff team were. One relative said, "They [staff] are exceptionally caring. They are a small company, the two bosses are care workers as well and everyone knows them". Another relative told us, "[Staff] very much treat [person's name], me and our home with respect".
- ☐ Care staff we spoke with were passionate about providing good quality, caring support to people. They described to us how they would ensure people felt valued and important by treating them as they, themselves would want to be treated and getting to know them as a person.

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

- ☐ People told us they were fully supported to share their thoughts and views. They felt care staff were genuinely interested in their personal preferences and were supported to make decisions about their own care.
- ☐ We found people were encouraged to have support from appropriate representatives where they may need additional support to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ People consistently told us they felt care staff had helped them to remain living at home alone which protected their independence.
- ☐ One relative told us, "My [family member] can do most things for herself now thanks to their care. Knowing they are calling in regularly gives her confidence".
- ☐ Care staff told us they encouraged people to do as much for themselves as they were able and comfortable in doing. They were also able to describe how they would ensure people's privacy and dignity were respected and upheld. We saw this supported by information recorded in people's care records.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service 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 ensure people have choice and control and to meet their needs and preferences

- ☐ People strongly felt they received care that was person-centred and personalised around their own individual needs and preferences. People gave consistently positive feedback about the support they received from care staff.
- ☐ Care staff we spoke with were able to describe the unique needs of the people they supported. Staff understood the importance of getting to know the individual preferences of people and ensuring these were met.
- ☐ Care plans contained information about people's individual needs and reflected the involvement people had in developing their own care and support.
- ☐ People and their relatives told us effective record keeping and communication helped to ensure their needs were met. They told us this helped ensure any changes or updates were known and understood by the person, family members and the staff team. One relative told us, "Staff always write in the book and I can see what they have done. If anything is different at all they contact me". Another relative said, "If I leave staff a note about anything at all they always respond, the communication is really good".

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 needs were being met in terms of the accessibility of the information they received. People understood the information that was being shared with them.
- ☐ The provider was aware they were required to make information available in alternative formats if required by people in order to aid communication and understanding.

Improving care quality in response to complaints or concerns

- ☐ People told us they had not had a need to raise a complaint and this reflected the records we reviewed at the service.
- ☐ People did tell us where they raised any concerns or feedback; this was taken seriously and any issues raised were addressed immediately.

End of life care and support

- ☐ At the time of the inspection there was nobody using the service that was in need of end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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; 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

- ☐ People felt the provider had developed an open and honest culture within the service. People felt able to raise any concerns and issues knowing they would be taken seriously and addressed.
- ☐ Care staff also felt the culture within the service was positive. One staff member told us, "I just think we're a nice little company. We're all friends but should there be anything that needs sorting it's done and it's done professionally... If there's something that needs saying we know it can be said". Care staff told us the provider dealt with any issues proactively and in a timely way.
- ☐ The provider understood their legal duties in relation to the Duty of Candour and was open and honest with people if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ The provider was committed to driving improvements in the service in order to ensure they were providing the highest possible quality of service to the people they were supporting.
- ☐ The provider outlined in their PIR how they had taken on board feedback from the last inspection. They said they had made improvements to quality assurance systems and risk assessments and we saw this was the case during our inspection.
- ☐ We saw quality assurance and governance systems were in place. Where issues and concerns were identified these were addressed in order to make any required improvements. For example; we saw issues had been picked up with the completion of documentation by care staff which had been addressed.

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

- ☐ People told us their views about the service were sought and where any issues arose these were dealt with promptly. People told us they received regular feedback questionnaires and we saw the results of these within the office.
- ☐ Care staff told us they were fully involved in the development of the service. They told us their views were also sought regularly by the provider. Care staff said they had regular staff meetings and told us they were able to share any concerns or issues they had freely. One staff member told us, "If we see something and we see it's not working then we ask if we can try to do things in a different way".

#### Working in partnership with others

- ☐ The provider had developed positive working relationships with a range of professionals which enhanced the quality of care people received. This included both health and social care professionals from a range of agencies and organisations.
- ☐ The provider had also developed positive working relationships with relatives and representatives of people using the service. This partnership working with both people and their wider support networks helped to ensure people's care and support needs were met effectively and that they received a high standard of support.