

AC Care Services Limited

# AC Homecare

## Inspection report

Pure Offices  
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Tel: 01438419950

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

AC Homecare is a domiciliary care service. The service is registered to provide care and support for older people and younger adults who may live with dementia, sensory impairments, learning disabilities, physical impairments or mental health issues.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At the previous inspection we had identified shortfalls in areas such as recruitment processes, staff training, care planning and overall governance. At this inspection we found that improvements had been made. Additional systems had been introduced to help address shortfalls and improve the quality of care and support provided. We found these systems were effective, although some were still being embedded into daily practice. Recruitment processes had been improved.

The provider had improved the systems for medicine recording and monitoring and further developed people's care plans and risk assessments. Medicine administration was monitored to help ensure people received their medicines in accordance with the prescriber's instructions. People's care plans were detailed and included enough information to enable staff to provide consistent, safe care. The provider had improved systems to ensure staff were trained, supervised and supported.

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.

People told us their care needs were met and there were enough staff to support this. People said staff were kind and caring and promoted their dignity and privacy. People and their relatives said they would be confident to raise concerns with the management team and gave examples where they had done so to good effect.

The provider had developed robust governance systems which enabled them to have effective oversight of all aspects of the service. This included care plans, risk assessments, staff recruitment records and medicine records. People, their relatives and staff members spoke highly of the provider and told us that they were always available and supportive. People were involved in the service development and their views were continuously sought to enable the provider to provide a safe and effective service that met people's needs.

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 and update: The last rating for this service was requires improvement (published 31 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service does not have a registered manager as required so the rating for the well-led domain is limited to 'Requires Improvement'.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# AC Homecare

## 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 was undertaken by 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.

The service did not have a manager registered with the Care Quality Commission. The provider was managing the service and is 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection.

Inspection activity started on 29 October 2019 and ended on 31 October 2019. We visited the office location on 29 October 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the provider and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection the provider had failed to ensure safe and robust staff recruitment processes were adhered to. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 19.

- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and criminal records checks.
- Newly recruited staff members worked alongside experienced staff members before starting work on their own.
- People and staff told us there were enough staff members deployed to ensure people's needs were met.

### Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection a lack of detailed risk assessments for activities or care tasks and a lack of a safe system of providing and recording medicines posed a potential risk to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. These were regularly reviewed and any changes were updated on the care plan system and shared with the staff team. Accidents and incidents were logged and reviewed regularly to ensure all appropriate action had been taken and there were no themes emerging.
- The provider ensured that people's homes were risk assessed to help ensure the safety and wellbeing of both people and the staff providing their care. They told us, "If we have concerns about fire safety in people's homes we liaise with the family to have a fire officer visit."
- People's medicines were managed safely. People and their relatives told us staff were knowledgeable about their medicines and supported them safely.
- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area.
- The provider had further strengthened their system of audits to help ensure people received their medicines safely.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and appropriately report any concerns relating to the risk of abuse. For

example, a person had been a victim of financial abuse prior to using the service. Information was available to advise staff about the process to follow to support the person should they wish to make significant purchases.

- The provider's out of hours on-call system supported staff and people who used the service outside normal office hours. An electronic call monitoring system sent an alert to the on-call phone if a care visit was running late or missed. This also promoted safety for staff who may be lone working out of hours. Staff and people who used the service said this system gave them confidence and helped them feel safe.
- People and their relatives told us they felt safe when staff provided their care. One relative said, "I feel my [relative] is 100% safe whilst staff are supporting him."

#### Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. People told us staff used personal protective equipment properly and said staff worked cleanly and professionally.
- Staff practice in infection control were assessed by senior staff at spot checks.

#### Learning lessons when things go wrong

- The provider took appropriate measures to learn from things that went wrong and to share the outcome of this with the staff team. For example, a medicine error occurred where a pharmacy supplied dossett box had not clearly indicated which medicines were for morning or evening once it was opened. Once this had been identified the provider changed the pharmacy supplier to eliminate the chance of this incident happening again.

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

At the last inspection the lack of appropriate support, training and supervision meant staff may not have had the skills necessary to support carry out their role in supporting people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received training and support to enable them to carry out their roles effectively. Basic core training such as safeguarding vulnerable adults, moving and handling and infection control were routinely delivered for the whole staff team. Some staff had received additional training to support them to meet people's specific needs. These included, end of life care training and PEG feed training. (A percutaneous endoscopic gastrostomy (PEG) is a procedure where a feeding tube enters direct into a person's stomach to give them the nutrients and fluids to maintain their health and wellbeing.)
- The provider developed a monthly newsletter advising staff of what training was available. Staff told us their training needs were discussed at supervision. The management team and staff confirmed that there was a programme of staff supervision.
- Staff competency was assessed by a senior staff member to help ensure staff were skilled and competent to deliver safe and effective care. A senior staff member told us, "If I don't think someone's ready I will not sign them off as competent."

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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by AC Homecare.
- Care plans were developed from these assessments for each identified need and staff were provided with clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People told us they were satisfied with the care and support they received which demonstrated that staff delivered appropriate care and support in line with best practice.
- A relative told us, "They (staff) are brilliant. I found AC homecare after a difficult experience with two other agencies. They have been very good."

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

- People told us staff prepared simple meals for them as needed and encouraged people to take fluids to

maintain their health and wellbeing.

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

- Staff and management knew people well and were able to promptly identify when people`s needs changed and sought professional advice appropriately.
- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.
- Staff and management worked in partnership with health and social care organisations where appropriate sharing information about people to ensure that the care and support provided was effective and in people`s best interests.

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. We checked whether the service was working within the principles of the MCA.

- People who used the service at this time had the capacity to make decisions about their care needs and wishes. The provider reported they worked closely with local authority commissioning teams to access support if people's capacity changed.
- People told us staff asked for their consent before they delivered any aspects of care.

# 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 and their relatives told us the staff team were kind and caring. A relative said, "The staff are fantastic, they have a laugh with him, [person] loves them to pieces. Everything is hunky dory, it is really good."
- People received consistent care and support from a small team of staff. A person told us, "I live with anxiety and therefore the continuity of care staff is really important to me."

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

- People knew about their care plans and said they could decide what care and support they needed.
- Where people struggled to be involved in decisions about their care or did not wish to be involved their relatives, next of kin and health and social care professionals were included. This helped to ensure the care and support the person received was appropriate for their individual needs.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff promoted people's dignity and privacy. A relative told us, "I have no concerns with caring, compassion, dignity or respect, the staff are all so good."
- The provider demonstrated that they supported people to access advocacy if they needed additional support with decision making.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

# 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 requires improvement. At this inspection this key question has now improved to Good. 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

- At the last inspection we had found that care plans had not been sufficiently detailed to enable staff to provide people with consistent care and support. At this inspection we found improvements had been made. Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow.
- People's care plans were regularly reviewed to help ensure they continued to accurately reflect people's needs.
- People told us they received care and support as they wished and that they had been involved with developing their care plans and subsequent reviews.

Improving care quality in response to complaints or concerns

- At the last inspection people had not always been confident to raise concerns with the service. At this inspection people told us they were encouraged by the openness of provider and senior staff and were now confident any issue would be appropriately dealt with.
- The provider had a policy and procedure for dealing with complaints.
- People told us they would be confident to raise any concerns with the management team and gave examples of where management had responded to good effect.

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.

- Staff knew how to communicate with people to understand their wishes and preferences. For example, observing body language and facial expressions.
- The provider was aware of the accessible information standard and was able to provide information to people in alternative formats if needed.

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

- Staff supported people to access the community when this was requested as part of their agreed care package.

#### End of life care and support

- The service cared for people whose health deteriorated and they did not wish to move to a clinical setting as they approached end of life.
- Staff knew how to support people at the end of their life. The provider advised that some of the staff team had received end of life training and this was due to be rolled out across the staff team.

# Is the service well-led?

## Our findings

### 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had not operated effective quality assurance and auditing systems or processes. They had not maintained accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection in October 2018 the provider had established robust governance systems which enabled them to have effective oversight of all aspects of the service. This included care plans, risk assessments, staff recruitment records and medicine records.
- The provider had developed systems to identify shortfalls and learn from any mistakes or areas of concern.
- The provider did not have a registered manager in post at this inspection. The provider was managing the service themselves and had attempted to submit an application to register but had encountered problems doing so. This meant that the well-led section of this report must be limited to 'requires improvement'.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to.

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

- The provider was committed to providing a high standard of care to the people they supported and their relatives.
- People, their relatives and staff members spoke highly of the provider and told us that they were always available and supportive.

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 provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

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

- People were fully involved in the service development and their views were continuously sought to enable the provider to provide a safe and effective service that met people's needs. A person who used the service told us, "I think the provider has done really well to pull the company together after the dreadful time they had last year. They, and the staff team have done a great job."
- Staff were encouraged to share their views and to make suggestions to further develop the service. Team meeting minutes showed that communication between staff and the management team was a two-way process.

Continuous learning and improving care

- The provider used information gathered from quality monitoring and feedback to improve the quality of care people received.
- The provider had engaged an external care provider organisation to undertake a satisfaction survey.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.