

## Ace Homecare Services Limited

# Ace Homecare London

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Ace Homecare Limited is a domiciliary care agency. The agency provides personal care to people living in their own homes in the community. There were approximately 36 people using the service at the time of our inspection.

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

There were arrangements to protect people from potential risks. However, we found that not all risks to people's health and wellbeing had been fully assessed. This placed people at risk since staff may not be fully informed of risks to people and action to be taken to minimise potential risks. We have made a requirement accordingly.

Some aspects of the service were not well managed. Although checks and audits had been carried out, these were not sufficiently comprehensive or effective. A high proportion of calls to people were not on time and staff did not stay the agreed duration. Some scheduled visits to people by staff had also been missed. Similar concerns had also been expressed by a care professional. We have made a requirement accordingly.

With one exception, people received their medicines as prescribed. Staff had received medicines administration training and knew how to administer medicines safely. There had however, been a recent incident where a person had not been administered their medicines as prescribed. The service had taken action to prevent such incidents.

People and their relatives told us they were mostly satisfied with the care they received. They stated that staff were capable, did their jobs well and people felt safe when cared for by staff. We however, noted that there had been a recent incident when staff did not turn up as agreed.

Staff were safely recruited, and essential pre-employment checks had been carried out. There were enough staff to attend to people's needs. Staff were supported to carry out their duties. Essential training had been provided. The registered managers and senior staff carried out regular supervision sessions, annual appraisals and spot checks on the care provided by staff.

The healthcare needs of people had been assessed and staff worked closely with healthcare professionals to meet the needs of people.

Staff encouraged people to have a healthy diet where this was part of their contracted responsibilities. They were aware that if there were significant fluctuations in people's weight, they should alert their manager, relatives and professionals involved.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible.

People were treated with dignity and respect. Staff had received training on ensuring equality and valuing diversity and respecting the human rights of people.

The service provided people with person-centred care and support that met their individual needs and choices. People's preferences and choices had been responded to.

The service took complaints seriously and with one exception complaints recorded had been promptly responded to. People and relatives were aware of who to complain to.

Results of recent satisfaction questionnaires indicated that people and their representatives were mostly satisfied with the care and services provided. We however, received feedback that further improvements were needed to ensure that the service provide care that was reliable, punctual and in accordance with agreements made. The service had imposed a voluntary embargo on new contracts so that they could address and rectify deficiencies identified.

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 the service was Good (published on 16 May 2018).

Why we inspected:

This was a scheduled planned comprehensive inspection.

Enforcement:

We found two breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 in relation to safety and governance.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

Some aspects of the service were not well led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ace Homecare London

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 carried out by one adult social care inspector.

#### Service and service type:

This service is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults and some younger adults. 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.

The service had two managers registered with the CQC. 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. The second registered manager was not on duty when we inspected the service.

#### Notice of inspection:

We gave the service 48 hours notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 21 and 22 January 2020 to see the registered manager and office staff and to review care records, policies and procedures and other records associated with the running of the service.

#### What we did before the inspection:

We reviewed information we held about the service such as reports about the service and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they planned to make. We used this information as part of our planning.

During the inspection:

We spoke with the registered manager, two care co-ordinators, the human resources manager and a care staff. We looked at six care records, five staff records, training records, policies and procedures, audits, satisfaction surveys and other records needed for the running of the service.

After the inspection

We spoke with four people who used the service, five relatives of people who used the service and seven care staff. We received feedback from four care professionals and an external trainer for the service.

# 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, we found the provider had deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with vulnerable people. They had the appropriate checks prior to being employed. Staff records contained evidence of Disclosure and Barring Service checks (DBS), references, evidence of identity and permission to work in the United Kingdom.
- The service had adequate staffing levels to meet the needs of people. Staff told us they had enough travel time between visits. We however, noted that some visits to people were later than agreed. The computer printout of actual call times indicated that staff did not always arrive or leave on time. Out of the five records examined, all had at least ten occasions when staff did not arrive on time and stay the agreed duration. In one recent incident, staff did not visit a person for several days and management was unaware of this until they were informed by a care professional. Concerns were also expressed by a care professional that staff did not always arrive on time or stay the agreed duration. The registered manager stated that they were taking remedial action. This included employing additional staff and having an electronic monitoring system so that visits to people can be closely monitored.

The registered provider had failed to monitor and mitigate risks to people. This is a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

### Assessing risk, safety monitoring and management

- People were not fully protected from potential risks. This was because not all potential risks to people's health and wellbeing had been identified and documented.
- Risk assessments had been documented for risks associated with moving and handling, falls, and people's home environment. We however, noted that where a suction machine was needed because of a debilitating condition there was no appropriate risk assessment. This was needed to inform staff of potential risks associated with this person's care. The risk assessment of a person with diabetes was not sufficiently detailed and did not include guidance for responding to symptoms of high or low blood sugar levels. This is needed to provide guidance on action to take when such complications of diabetes occurred. There was no risk assessments for a person being administered an anticoagulant or medicine that can delay clotting time of blood in the event of injury. Following the inspection the provider gave us details of actions they were to take to address these shortfalls.

Failure to provide adequate risk assessments which included guidance to staff for managing risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

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

- The service had policies and procedures in place to safeguard people from abuse. Staff had received training and were aware of action to take if they suspected people were subject to, or at risk of abuse.
- People and relatives told us that people were safe when cared for by staff. One person said, "My carer is very, very good, gentle and I trust her absolutely." A relative said, "The carer is excellent, respectful and gentle."
- A small number of safeguarding concerns had been reported to us and to the local safeguarding team. The service had co-operated with the investigations and had taken action to address deficiencies identified.

### Using medicines safely

- Medicines were managed safely. Staff had received training in the administration of medicines. Medicine administration records (MARs) indicated that people received their medicines as prescribed. With one exception, there were no unexplained gaps in the eight MAR charts we examined. The registered manager explained that the gap was due to a person being in hospital. He agreed to ensure that a code was provided in the gap. There had also been a recent incident where a person had not been administered their medicines as prescribed. The registered manager stated that lessons had been learnt and they were now more vigilant and checks and audits were in place.
- Two monthly checks of MARs had been carried out to ensure that medicine administration procedures were followed. Disciplinary action had been taken against staff who did not perform their duties. We discussed the need for more frequent checks so that errors can be identified promptly. The registered manager agreed that checks would be carried out weekly and audits would be done monthly.

### Preventing and controlling infection

- The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection.
- Staff had received Infection control training and were aware of infection control measures. The service had a stock of personal protection equipment (PPE) such as shoe covers, gloves and aprons kept in the office for use by staff. Staff told us that they used PPE and this was also confirmed by people we spoke with.
- People using the service and their relatives told us that staff observed hygienic practices when attending to people who used the service, and this included wearing gloves and aprons when needed. A person who used the service said, "My carer is hygienic and also wear gloves and apron."

### Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, action had been taken to prevent re-occurrences.

# 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 remained Good. 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's needs, and choices had been assessed and their care needs had been met. This was noted in the care records examined and confirmed by people and their relatives. A person who used the service said, "I am very happy with the service. The carers know their job." A second person said, "I am very happy with my carers. I absolutely trust them. They do a good job."
- The service assessed people before their care was provided. This ensured their needs could be met. Assessments covered people's environmental, physical, mental health and social care needs.
- People's cultural, religious or other special needs and preferences were identified so staff could understand and meet these.
- We noted that the assessment of people's skin condition had not been completed. The registered manager explained that this was not done as no skin problems were identified in those people. As the form was not completed, we could not be sure if the assessments were missed or not. The registered manager agreed to ensure that the forms were completed to indicate that people's skin condition had been assessed.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. They had received a comprehensive induction and shadowed experienced staff to ensure they were familiar with their duties.
- Staff confirmed they had completed a wide range of essential training including safeguarding of adults, moving and handling, health and safety, food hygiene, first aid and the Mental Capacity Act 2005. The external trainer for the service confirmed that she had delivered a range of training for the service.
- Staff were well supported by management. There was documented evidence of regular supervision and an appraisal of their performance. Staff told us that the registered managers were approachable and helpful.

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

- Staff had been provided with training on the importance of nutrition and hydration. Where support with meals was required, they had recorded individual food preferences such as what people liked to eat and how the food was to be prepared.
- Care plans had guidance for staff on their responsibilities in preparing meals for people. People informed us that staff prepared the meals according to their preferences and cultural needs.

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

- The service worked closely with local authority service purchasers, health and social care professionals. Staff told us that if needed, they could contact relevant professionals to ensure that people received

appropriate care.

- We received positive feedback from three care professionals who told us that the agency worked well with them and people's well-being had improved when cared for by the service. A care professional provided us with an example of good practice. They stated that recently, when staff observed that their client wasn't feeling well, they reported their concerns immediately to senior staff and social services. Staff concerned also took the initiative to call an ambulance. This had ensured that their client received appropriate care and support.
- One care professional however, stated they noted there were issues related to staff punctuality and reliability. This professional stated that although effort had been made to improve the situation, more work was needed.

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

- Most people arranged their own healthcare appointments or had family who supported them in making appointments.
- Staff monitored people's wellbeing. They were aware that if there were any deterioration in people's health, they should inform people's relatives or contact the registered managers so that if needed, the appropriate care professionals can be informed.

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.

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.

- Care plans included detailed information about people's capacity to make decisions.
- Staff had received MCA training. They were aware that when a person lacked the capacity to make a specific decision, their representatives including relatives and professionals would be involved in making a decision in the person's best interests.
- There was documented evidence in care records that people or their representatives had been involved in decisions made regarding people's care arrangements. People and their relatives confirmed that staff had consulted with them and where appropriate, their consent had been sought.

# 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 remained Good. 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 had been treated with respect and dignity. This was confirmed by them and their relatives. One person said, "My carer is excellent! She shows respect for me and my culture and take her shoes off before coming into my home. She does not discriminate." A relative said, "We are happy with the carers. They are respectful."
- The service had a policy on ensuring equality and valuing diversity. Staff we spoke with had a good understanding of equality and diversity and respecting people's human rights, their individual beliefs, culture and background. They knew what was expected when entering the homes of people from other cultures. Feedback we received from people and their relatives indicated that staff were respectful of people's culture, religion and any special needs they may have.
- A care professional informed us that care staff were very caring and compassionate and their client was very satisfied with the care and support provided.

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

- People and their relatives were involved in the planning of people's care. The information obtained from them was used in preparing people's care plans. The plans contained information on what they liked, their interests, how they wanted to be cared for and their preferred times of calls.
- The service employed some staff who spoke the same language as some people they supported. This enabled staff to communicate more effectively with people who could not speak English.
- The care co-ordinator met at intervals with people and their relatives to seek their views. This was confirmed by people and their relatives. Telephone monitoring was also used to obtain people's views of the care provided so that the service can respond to any concerns expressed.

Respecting and promoting people's privacy, dignity and independence

People and their relatives told us that staff were friendly and respected people's privacy and dignity. One relative said, "The carers protect my relative's privacy when attending to their personal care. They are respectful." A care professional told us that staff were always very respectful and understanding of their client's needs and their client was well treated at all times.

- Staff were aware of protecting people's privacy. They said that when providing personal care, they would close the doors and curtains and make sure people were not exposed.
- Staff promoted people's independence. They told us they would encourage people to do as much as they could for themselves.

## 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 remained Good. 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

- The service provided people with personalised care and support. People had been assessed prior to services being provided. Care plans were then prepared with guidance for staff on how to support people's individual care needs. People and their relatives told us they were satisfied with the care provided. One person said, "I am well cared for and happy with the care. They do what is in the care plan." A relative said, "I am very happy with the service. The carers know their job."
- Feedback received from three care professionals indicated that the care needs of people had been met. A care professional stated that their client and relative were very satisfied with the care provided. They added that staff provided very flexible support in some difficult circumstances. They were always good and understanding and knew the importance of keeping to a routine when caring for the client.
- People's care had been regularly reviewed with them and their representatives. People and their relatives confirmed that this happened in practice.
- Care workers completed daily records which included personal care given and any difficulties experienced by people.

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.

- The service had assessed the communication needs of people and this was recorded in the care records so that care staff knew how to meet these needs.
- The registered manager stated that the service employed a mix of staff to meet the language, and the cultural needs of people. Care workers could be matched with people who spoke the same language so that communication with people could be improved.
- The registered manager stated that they currently did not have anyone who required special arrangements to improve communication. However, he stated that if needed, they would produce policies and procedures in various formats such as large print and in pictorial format so that they can be easily understood by people.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. We looked at concerns and complaints recorded. With one exception, these had been promptly responded to. The registered manager stated that they would closely monitor complaints to ensure that all were promptly responded to.

- People and relatives knew how to make a complaint. Feedback from them indicated that where concerns and complaints had been raised, these were promptly dealt with.

#### End of life care and support

- At the time of our inspection, the service was not provided end of life care to any of the people who used the service.

# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

### Continuous learning and improving care

- The registered manager present told us that they carried out checks and audits on medicines, health and safety and the care provided. Evidence of these were provided.
- The checks and audits had identified certain issues such as medicine errors and certain care issues. However, these checks and audits were not sufficiently comprehensive or effective. Prompt and effective action had not been taken to deal with some deficiencies identified in this report. For example, no audits had been done regarding complaints, incidents, and risk assessments. Although the service had started to check the punctuality of visits and any missed visits, these checks and audits were not documented. This is needed to evidence they had been done. Medicine audits were done two monthly. This was not sufficient as there had been complaints that some people had not been given their medicines.
- We also found deficiencies in risk assessments. Certain risk assessments had not been carried out and the diabetes risk assessment was not adequate. Assessments for the condition of people's skin had not been completed for some people.
- One care professional stated that further improvements were needed to ensure that the care provided was closely monitored and effective audits and checks were carried out.

Our findings indicated that the service did not have a sufficiently comprehensive and effective quality assurance system for identifying deficiencies and promptly rectifying them. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The registered manager informed us that they would be making improvements and they would be having additional staff to assist with their checks and audits.

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

- Staff told us they were well managed and supported by the management of the service. They informed us that they were happy to work for the agency and they had confidence in their managers. They informed us that there was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.
- People and their relatives spoke positively about the management of the service and told us that the service listened to them and had responded to concerns expressed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. She knew when she needed to report notifiable incidents to us.
- People and relatives told us that people were well cared for and they were involved in decisions to do with people's care. They stated that senior staff had visited them regularly to discuss the quality of care provided. The care records contained documented evidence of regular communication with people and their relatives.

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

- The service had two registered managers who were supported by a care co-ordinator and a field supervisor. A second care co-ordinator had already been recruited and was due to join the team a week after the inspection. Staff we spoke with were clear about their roles.
- There was a wide range of policies and procedures available to provide guidance for staff on how to fulfil their roles and responsibilities. These had been subject to regular reviews.
- Registered providers are required to inform the CQC of certain incidents and events that happen whilst providing its service. The registered manager and senior staff we spoke with were aware of this responsibility and had submitted notifications when required.

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

- There were systems in place to gather feedback about the quality of service from people who used the service, their relatives and staff.
- The completed satisfaction surveys in people's care records indicated that people were mostly satisfied with the services provided and they had been treated with respect and dignity.
- The service fully considered and met people's equality and diversity needs. This was confirmed by people and their relatives.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as community nurses, GPs and social workers. Feedback we received from four care professionals indicated that the service co-operated and worked well with them to meet the needs of people.
- Three professionals who provided us with feedback indicated that staff maintained good communication with them and were willing to work flexibly to ensure that people's needs were met. However, one care professional stated that there were concerns regarding the punctuality of staff and the service needed to closely monitor the reliability of staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider failed to provide adequate risk assessments which included guidance to staff for managing risks to people.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have a sufficiently comprehensive and effective quality assurance system for identifying deficiencies and promptly rectifying them.