

AC Care Services Limited

AC Homecare

Inspection report

Pure Offices
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Welwyn Garden City
Hertfordshire
AL7 1HL

Tel: 01438419950

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

AC Homecare is a domiciliary care agency providing personal care to 31 people at the time of the inspection.

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

The management team did not always notify appropriate agencies of safeguarding concerns in a timely manner. Where concerns had been raised these were not always investigated effectively. This was highlighted as part of the inspection feedback and the management team looked into these concerns.

Where people had support with medicines this was not always managed efficiently. Medicines administration records were not always completed, and people's medicines were not always reordered promptly. This meant people did not have their medicines when required.

People had mixed views when asked about staff knowledge of their roles. Staff had not received all of the mandatory training set out by the provider, although the provider completed observations and competency checks.

Staff had access to personal protective equipment (PPE) and were tested for COVID-19 in line with guidance. People said the majority of staff were using safe practices when using PPE, although there were times where staff did not wear the PPE correctly. Staff were not cohorted into specific teams or areas to reduce the risks of cross infection by reducing the number of staff they had direct contact with. Opportunities had been missed to ensure risks were minimised in this area. This meant that staff were mixing with different staff members and people. This did not offer assurance that the provider was managing potential infection transmission risks effectively.

In December 2020 a new provider took over the service, people and staff felt there was a lack of communication with the new provider and felt unsettled with the changes. People felt the staff supporting them were kind and caring, although found some of the office staff not to be professional.

The provider did not have a robust quality assurance system in place which meant that where improvements were needed these were not identified and actioned. For example, people did not always receive their full support hours commissioned to them and people spoke about how staff were late to their support. This had not been picked up by the management team. Following the inspection, the provider spoke about a new quality assurance system they were planning on putting into place.

People told us they were involved in their care and staff listened to how they wanted their support to be

given. However, there were occasions where people had contacted the management team to ask for changes to be made to their care and this was not always actioned promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 21 November 2019).

Why we inspected

We received concerns in relation to the management of medicines, safeguarding and the working culture. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to potential safeguarding concerns not being reported and investigated promptly and assurance systems failing to identify improvements needed in the service.

Please see the action we have told the provider to take at the end of this report.

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 work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 carried out by one inspector and one 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.

Service and service type

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

Notice of inspection

We gave the service 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 4 February and ended on 26 February. We visited the office location on 4 February.

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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, manager, care co-ordinator and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five 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 Good. At this inspection this key question has now 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Potential safeguarding concerns were not always reported in a timely manner. We received information of concern where a person was left in their armchair without support visit for a period of 17 hours as staff were unable to attend due to bad weather conditions. Phone calls were made to the person during this time. This person had been assessed by the service to be vulnerable and in need of their support as there was a risk of pressure sores. The management team submitted the notification following the inspection and this safeguarding was investigated.

We found safeguarding concerns were not always reported in a timely manner. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received safeguarding training and knew how to identify and report concerns relating to allegations of harm. They told us they felt comfortable doing so, although not all staff knew to contact outside organisations. One staff member told us, "I had my training when I first started. Any signs I would report it, if it was money, people being treated poorly by family or friends, or even carers, then report it."
- People felt staff were trusted and they felt safe. One person said, "I feel very safe. All of them [staff] are very nice. I thank them. They make sure my doors are locked."
- People had risk assessments which highlighted how staff should support them to mitigate any risks. For example, people's risk assessments highlighted how they needed support with manual handling.

Using medicines safely

- Where people needed help with administering their medicine, this was highlighted in their care plans. Some people stated there had been issues with their support with medicines. For example, medicines not being reordered promptly. Logs identified several instances where medicines had run out, this meant that people either did not get their medicines when required or did not receive the medicine at the designated time.
- Medicine audits showed Medicine Administration Records (MAR) were not completed correctly and there were several gaps in the documentation. This was found to be an issue carried over each month with no clear action plan to determine how they were going to improve.

We found people's medicines were not managed safely and documentation was not clear. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and

- The provider had a medicine policy in place which highlighted that staff should be trained and competent to administer medicine. When we reviewed the training, record staff had received medicine training.

Staffing and recruitment

- People had mixed views about staff having the right skills to support them. One person said, "They get regular moving and handling sessions and training for what I need. They prepare and cook my food and cut it up for me to eat. I ask them to put everything within my reach - like my coffee." A relative said, "I don't think they do get the training needed. They don't understand type 2 diabetes or lifting and curvature of the spine and other things."
- Staff had received training in medicines, safeguarding, moving and handling and had completed the Care Certificate. However, there were significant gaps in training in subjects such as Mental Capacity, first aid, food hygiene, health and safety and fire safety.
- The management team completed competency checks and observations. This covered how staff supported people with medicines, manual handling and interactions with people.
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. People said the majority of staff had worn PPE correctly when supporting them, however there was one instance where staff were turned away from delivering the support as they were not wearing PPE correctly.
- We were assured that the provider was accessing testing for staff.
- We were not assured that the provider was making sure infection transmission risks can be effectively prevented or managed. Staff told us they were not cohorted into teams and were working with different people each day. One staff member said, "We do not work with the same people, it varies every day. Personally, I stick to one area, this is something that I asked for."
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Safety concerns were not consistently identified or addressed quickly enough. For example, where accident and incidents occurred these were logged, however the outcome and learning points for these were not shared with staff.
- Following reviews and incidents, there was not always the necessary improvements made.

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 require improvement. At this inspection this key question has now 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.

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

- People said they felt there had been lack of communication with the management team, particularly when there had been a recent change of provider.
- People felt unsettled with the changes to the office and management and, although this had not directly affected their care, some people said that they had lost trusted staff through the changeover. One person said, "There hasn't been any communication from management, only a letter. Nobody's seen nominated individual. I saw the lady manager." Another person said, "We haven't noticed the change actually. We had a letter about the change of owner and manager. They have an excellent team (carers) visiting."
- Some people felt the communication from an office staff member was not professional and they did not want to contact the office because of this. They felt that because they did not feel comfortable with contacting the office it affected their care.
- People told us they had experienced staff being late to their support calls. Staff told us that they did not always get adequate time to travel to and from different places. The electronic logging system corroborated that staff were late to calls and were not staying for the designated time allocated to the person. One relative said, "Sometimes the carers are 15-20 minutes late. I requested the company to let me know if they are late. It's hard for my son and when he needs to go to the toilet. But the company rarely phones unless they are going to be more than 30 minutes late." Another person said, "About two weeks ago they were 1 hour 20 minutes late due to staffing problems." This had not been picked up by management checks.
- People felt there had been several changes with staffing and management which was unsettling and was not coordinated properly by management. For example, one person spoke about how they had a new carer arrive without there being any communication from the management team and due to this they had a severe panic attack. Another person said, "I usually get the same carers. A good number (carers) are leaving due to the manager and the office is short of staff."
- Staff felt there had been a lack of communication with the new provider and were not clear on the new management structure. One staff member said, "The care hasn't changed, but people are a bit unhappy as we have not met them yet. The morale is low and affected staff, but not service users. We have received emails though." The provider gave example of a number of different communication methods during the pandemic to offer support.

- Staff gave example of the management team not always promoting a positive respectful culture. One staff member gave an example of poor practice they had witnessed. When raising this to the management team, it was not taken seriously and had not been investigated. Another staff member spoke about how they felt there was an element of support, however where people had passed away, management did not offer any support following this and they felt they had to carry on.
- The management roles, responsibilities and accountability arrangements were not clear. For example, there were gaps in the quality assurance checks. Where audits had been completed, they were lacking in identifying issues and implementing change.
- The providers policy detailed their expectation on what training staff should receive but staff had not completed all of the training set out in the policy.
- The provider had not always ensured they were continuously learning and reflecting on ways improve people's care. For example, there had been a recent incident relating to a fire in a person's home. Staff had dealt with the situation in a safe way. Following the incident, there were no actions taken such as seeking professional advice for the property to ensure that risk was minimised to ensure there was not a risk of reoccurrence. Staff had not received dedicated training for fire awareness and only had light touch training within the Care Certificate.

We found systems were either not in place or robust enough to identify improvements were needed in the service. Action plans were not developed which meant that improvements were not being made. This had an impact on the support people were receiving. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider gave information on a new system that will be introduced which will offer a robust quality assurance system. The provider responded immediately to the fire risk after the inspection. They confirmed that staff were booked on training and external involvement would be sought.

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

- Most people felt they had a say in their care and that staff listened to what they wanted. One person said, "Yes, I have control. The carers know exactly what I want and how I want it done. That's what they do. I've never had any trouble." However, other people gave examples where office staff did not always listen and promptly action their requests.
- People and their relatives felt it was important to have consistency with staff and wanted to build relationships. However, with staff changes, and an inconsistent staff team, they found this difficult to achieve. One person said, "I said I'd like to keep the same ones (carers) but it's not always possible. They try to keep the same ones. I know most of them (carers) and am comfortable with them. Carers are always leaving. New ones don't have a clue, but they get to know me."
- People were involved in developing their care plans. One person said, "I have a care folder in my room. I can change it if I want. I only have to ask."
- Due to the recent change of provider, there were plans to send out surveys to all people using the service and staff. There had been recent engagement with people although, where actions had been highlighted as needed, there was no evidence improvements had been made.

Working in partnership with others

- At the time of the inspection, there was limited input from other health professionals due to COVID-19 and a reduction on visiting professionals entering people's home. The service was working alongside the doctor's surgery to ensure people's care was not disrupted.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Safeguarding concerns were not always reported in a timely manner. This placed people at risk of harm.</p> <p>Medicines were not always managed effectively. Medicines were not ordered or recorded in line with guidance and policy.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to identify improvements were needed in the service. Action plans were not developed which meant that improvements were not being made. This had an impact on the support people were receiving.</p>