

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

AC Homecare

Pure Offices, Albany Chambers, 26 Bridge Road
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Date of Inspection: 16 September 2014

Date of Publication: October
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Miss Alison May Conroy
Overview of the service	AC Homecare is a domiciliary care service providing personal care and support to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our inspection there were 15 people receiving personal care and support from this service in their own homes. The registered manager was no longer at the service and a new manager, who had been the deputy manager, had been appointed. During our inspection we spoke with three people using the service, three care workers, four relatives, one external health professional and two management representatives. We considered all the evidence we had gathered under the outcomes we inspected. The inspection was undertaken by one inspector over one day and included visiting people receiving support in their own homes, contacting people by telephone and looking at records and systems at the provider's main office.

This is a summary of what we found.

Is the service safe?

People who used the service told us they felt safe with the care workers who provided care and support for them. They told us they were treated with dignity and respect. Comments included, "They are always very polite and helpful" and "They are brilliant."

Safeguarding vulnerable adults from abuse procedures were robust and staff understood how to safeguard people they cared for. Systems were in place to make sure that managers and staff learnt from events such as accidents, incidents, complaints and whistleblowing investigations. This reduced the risks to people and helped the service to continually improve.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put into place to ensure that people's human rights are protected should their liberty be restricted in any way. Staff had been trained to understand when an application should be made and knew how to submit one.

Staff knew about risk management plans and showed us examples where they had

followed them. People were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.

The service had robust recruitment processes in place and undertook full employment checks when recruiting new care workers. This meant the service had taken all reasonable steps to ensure people were protected from risk of harm and suitable staff were employed appropriately to work with vulnerable people.

Is the service effective?

This service was found to be effective because we saw that people were supported in a way that suited their personal needs and maintained their quality of life. People and their relatives told us they had been included in all decisions relating to the care they had received. It was clear from our observations, and from speaking with people and care workers, that they had a good understanding of people's care and support needs and they knew them well.

People's health and care needs were assessed and their care plans and assessments were reviewed monthly. This showed people were having care delivered effectively in accordance with their assessed needs.

Is the service caring?

People were treated with respect and dignity by the staff. People told us they were supported by kind, polite and attentive staff. People we spoke with told us, "In one word I would describe the care staff as absolutely excellent."

People who used the service, their relatives, friends and other professionals involved with the service completed a yearly satisfaction survey. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People knew how to raise a concern or complain if they were unhappy.

The service worked well with other agencies and services to make sure people received care in a joined up way.

Is the service well-led?

The service had a quality assurance system in place. Records seen by us showed that identified shortfalls were addressed promptly. We were therefore assured that the provider had taken steps to continually improve the service.

Staff told us they were clear about their roles and responsibilities and staff demonstrated a good understanding of the ethos of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. The manager told us all care staff had been made aware of their responsibilities in relation to obtaining consent from people before they provided care and support. We talked with three care workers and they confirmed this. They told us they only provided support to people who had given their consent for them to do so. They told us this had been covered during their induction training. One staff member said before they provided support they always asked the person for their agreement. Another staff member commented, "I always say, what do you want to do and what would you like to eat?" They said although all the information was recorded in the person's care plan, "I still ask daily, how they want it done."

We spoke with three people who used the service and they confirmed staff sought their consent on a daily basis. One person said, "They always ask me for permission first, in everything they do." Another person told us, "They ask every time. When they are helping me with anything they ask what I would like and how I would like assistance."

We looked at a sample of daily records recorded for five people who used the service. These provided evidence that people had been consulted and their choices had been respected. We were told that all of the people using the service had capacity to make decisions. We saw records of, 'spot checks' carried out by the manager at frequent intervals to evaluate and assess staff abilities to carry out their duties in line with the agency's policies and procedures. This included whether the staff member had gained consent from people before they had provided any support.

We looked at the care plans and records of five people who used the service. The provider may wish to note we saw that only four out of the five people had given their signed consent to care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection, we reviewed five care plans which we found reflected individual needs. The care records we reviewed had needs assessments, risk assessments and plans of care and support. We saw evidence that people had been involved in the monthly reviews of their care and support. Most people who used the service had signed their support plans which showed us they had participated with the planning process and had agreed to the content. This showed us that the provider had actively sought people's involvement and consent when planning their care.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care plans and the risk assessments for five people who used the service. We saw environmental risk assessments and moving and handling assessments had been completed before staff had been asked to visit people in their own homes. Risk assessments were relevant to the individual according to their support needs and risk management plans had been written to reduce risks identified. For instance one person had plans to reduce the risks associated with poor nutrition, moving and handling and falls. Another person's care plan identified, due to their limited mobility, there were risks associated with pressure area care. There were detailed plans in place to manage and reduce these risks.

After each visit care staff had completed a written account of their visit and this included detail of the support that they had provided. We cross-checked these written accounts with the care plans and saw that care had been provided in line with the original assessment and as per the care plan. We spoke with three people who used the service. They told us that they received care and support as per their care plan. They all said that staff were punctual, flexible, completed all tasks and would often do additional things if time allowed. We saw the manager had carried out spot checks to ensure staff had provided care as per the care plan. One person told us they considered their care plan described their support needs accurately. They said, "It describes me well. All the important things are in there." One relative said, "The daily reports are so detailed and accurate. I rely on them totally when I visit to have a good catch up on how my relative has been."

All of the people we spoke with were very happy and complimentary about the standard of

care they or their family member received. One person we spoke with said, "I was so sceptical at first about whether this service could be beneficial to me but this service has been really very good. The carers are so obliging and helpful. I have built up such a good rapport with them." One relative we spoke with said, "This is an excellent service. The staff are always punctual, respectful, polite and caring. I have raised concerns on occasions and the service responded immediately. Any suggestions I have made for improvements in care delivery are always considered." This showed us that the provider was motivated to continually involve people who used the service and relatives in assessing needs and in the development of individually appropriate support plans.

All of the care workers we spoke with were very positive about the standard of care provided by the service. One care worker told us, "I have never worked for such a supportive employer. I can raise any worries or issues I have, when I'm caring for someone, at any time. I know I will be listened to and get a positive response from my manager." Another care worker said, "Our clients are the most important person in everything we do. We are given sufficient time to care properly to people's needs. We are not rushed and if we ask to be allocated more time it is considered and acted on."

We spoke with an external social care professional who said, "This service has worked so hard to engage my client in a positive way and it has been so successful. The service is very flexible and person centred in meeting client's needs."

Staff we spoke with demonstrated their awareness of the likes, dislikes and care needs of the people who used the service. Staff we spoke with told us about the importance they attached to ensuring people's safety and welfare. We saw that all staff had received a detailed induction programme. We saw evidence in the staff training plans that all staff had completed training appropriate to their role. This showed us the provider had given staff clear guidance with regard to keeping people safe and well.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We sampled six staff records and found them accurate and fit for purpose and stored in a locked cupboard in the office. We saw that effective recruitment procedures were in place. We saw evidence in the staff files that identity checks had been made. For example, each folder contained photocopied personal documents which included passports, utility bills and driving licences. No staff had commenced working for the service until enhanced disclosure and barring checks had been made.

Four out of the six staff files we looked at had received two satisfactory references prior to starting work for the service. The provider may wish to note that two staff members had only received one satisfactory reference. The manager told us they had repeatedly requested the reference from the organisations in question and we saw evidence that this had occurred in line with the provider's policy and procedures. The provider had ensured that the required checks had been carried out prior to staff commencing their employment at the service.

We saw evidence and heard from several staff members that the induction process was "thorough." The induction programme for all staff included training on health and safety mandatory areas.

We found that staff records were stored securely and that the required recruitment processes had been followed at the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw evidence that the manager had visited and contacted people who used the service to assess the quality of the service provided. We looked at the records for five people who used the service. We saw the manager had completed a six weekly quality assurance check with all five people.

Records, risk assessments, policies and procedures had been regularly reviewed and staff told us that they had access to these. Audits of records held in people's homes had been carried out. Staff training records were monitored to ensure that staff attended refresher courses on a regular basis.

The provider took account of complaints and comments to improve the service. We looked at the complaint log and saw any complaints had been dealt with following the service's complaint procedure. Three people we talked with confirmed they knew how to make a complaint. One person said, "I would raise any concerns if I had any without hesitation." People told us whenever they had raised any issues they had always been dealt with to their satisfaction. One relative said, "This service is so responsive to any suggestions I make, each and every time."

We were told by staff we spoke with that they were actively encouraged to make suggestions to improve the quality of service delivered. They had done this either individually in supervision or in the regular team meeting. One example given was a suggestion to increase visit frequency times for a person who was using the service as they were feeling very lonely and depressed. The care worker had also suggested a housing review. Both suggestions had been taken up and showed us that the provider was taking steps to continually improve the service for the benefit of the people who used the service and staff.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our inspection on 17 October 2013 we found that people's personal records, including their medical records, were not accurate and fit for purpose. The provider sent us an action plan that told us how they would improve this.

During this inspection we found that improvements had been made. People's personal records, including care records, were accurate and fit for purpose. We sampled the care records of five people who used the service and found detailed records that were regularly updated. The care needs summaries for each of the people who used the service were individualised and regularly monitored by the manager. The plans gave clear information with regard to people's preferences and how best to meet their needs. The care and support schedules were an accurate reflection of actual support delivered. Information was safely and appropriately stored in the office.

Staff records were accurate and fit for purpose and were located in a locked filing cabinet in the office. We sampled six staff records and found them ordered and that all appropriate checks had been completed including enhanced disclosure and barring checks. This showed us that the staff records were stored securely and that the appropriate recruitment processes had been followed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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