Inspection Report

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 East, Welwyn Garden City, AL7 1HL

Date of Inspection: 17 October 2013

Date of Publication: November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

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'.

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 17 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

When we inspected AC Homecare on 17 October 2013 we found that people were involved in making decisions about their care and treatment and that their independence was promoted. One person who needed help with their personal care said, "I always feel I am in control. Sometimes I can manage most things for myself and other times I need more assistance. [The staff member] waits till I ask for help." The relative of a person using the service said, "The carers try to encourage my relative to drink and to do things for [themselves] and they are very respectful."

We found that staff understood the particular needs of the people they were supporting and that care was delivered according to those needs. One person said, "I am very happy with [name of care staff member]. They always know what I want help with and I am very lucky to have them." The relative of one person told us, "It's very consistent. My relative gets the same people all the time so they always know what [the person] wants."

People using the service were protected from the risk of abuse, because the care staff understood the provider's safeguarding policy and could identify and respond to concerns about potential abuse.

Staff members were supported to carry out their role by means of a comprehensive workplace training programme and an on-going supervision and appraisal system. Staff were also enabled to obtain further qualifications relevant to their role.

We found that the provider effectively monitored the quality of service through the use of feedback from people using the service and by carrying out spot checks of staff members' work.

Care plans and risk assessments were not completed adequately and contained limited information about the risks to people or their support needs. This meant that staff members relied upon their own personal knowledge of people's needs when delivering care.

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

What we have told the provider to do

We have asked the provider to send us a report by 03 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and their independence was respected and promoted.

Reasons for our judgement

When we inspected AC Homecare on 17 October 2013 we found that people expressed their views and were involved in making decisions about their care and treatment. We looked at four records of people using the service and saw that these were signed by the person or their representative. This indicated that they had been involved in creating their care plans and had agreed to the elements within them.

We spoke with a senior care staff member who told us that the staff team always tried to involve people in all aspects of their care and promoted people's choice and independence. They said, "It's their home we are going into so it is their choice about what we do when we are in there." This was echoed by two of the staff team we spoke with. One care staff member told us, "It's always the client's choice; whether they want to get up, sit in a chair or stay in bed a little longer, what they want to wear and what they want to eat." Another care staff member described how they supported a person to wake up in the morning. They said, "When I go in I sing to wake [name] up gently, make them a cup of tea, give them time to wake up slowly then ask if they are ready to get up."

People using the service and their relatives told us they felt they were the focus of the work of the care staff. The relative of one person using the service said, "We always feel that they are going to work for us."

People were supported in promoting their independence and community involvement. One of the care staff members told us, "I always try to explain to people what things might not be safe for them to help them to understand and decide how much support they need." One person who needed help with their personal care said, "I always feel I am in control. Sometimes I can manage most things for myself and other times I need more assistance. [The staff member] waits till I ask for help." The relative of a person using the service said, "The carers try to encourage my relative to drink and to do things for himself and they are very respectful."

Care and welfare of people who use services ✓ Met this standard

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

We found that staff understood people's needs and that care was delivered in line with those individual needs. We spoke with a senior care staff member who told us that people's needs were assessed by the provider prior to the service commencing. They said that such assessments were based on what people told them about their individual support requirements. We saw that people's needs had been assessed in relation to, for example, their mobility, skin integrity, medication, personal care, diet and fluid intake.

The relative of one person told us that they had been involved in the assessment. They said that they felt this had been a thorough process and that it had involved information from the social care team who had previously been managing their relative's support requirements. They told us that staff at AC Homecare asked lots of questions to determine what the person could do for themselves and what they needed help with. This had resulted in a support package that met their relative's needs at breakfast time whilst helping to maintain their independence throughout the rest of the day.

Staff members we spoke with explained that they logged the care and support they had delivered in people daily records books. They said they used the written daily records to help them to understand what people's precise needs were. One staff member said, "I always read the daily books so I know what the client has had that day."

Both care staff members we spoke with said that they liked the fact that they were always assigned to provide support to the same people every day. They said that this helped them to get to know the people very well and to understand their particular needs and preferences. In turn, this helped them to provide the right support at the right time. People who were using the service and their relatives shared this view. One person who needed help with their personal care said, "I am very happy with [name of care staff member]. They always know what I want help with and I am very lucky to have them." The relative of one person told us, "It's very consistent. My relative gets the same people all the time so they always know what [the person] wants."

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found that people were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. We saw that the provider had their own safeguarding policy and whistleblowing policy as part of a suite of policies held at their main office. This was accessible to staff members whenever they visited the office. The safeguarding policy described the different types of abuse and the internal escalation process that staff members should follow if they had any concerns.

In addition, staff members told us that they were issued with personal folders when they joined the organisation and that this folder had a copy of the provider's safeguarding and whistleblowing policies. Staff members also explained that the safeguarding policy was also a part of the service guide that people using the service held in their homes.

We saw that staff members had undergone training in protecting vulnerable adults as part of their induction programme. Staff members were also obliged to undergo different on-line learning programmes every month as part of their on-going training. Protecting vulnerable adults was one of the programmes that they were required to undertake annually. We spoke with two staff members and tested their knowledge and understanding of safeguarding and whistleblowing by asking some questions about hypothetical scenarios. In each case the staff members correctly identified the types of abuse and described the process for escalating any concerns. Although staff members understood how to identify and respond to abuse, the provider might find it useful to note that there were no records available to demonstrate when they had last received safeguarding training.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff members received appropriate professional development and were supported to carry out their role. We saw that staff received a comprehensive training programme when they first started working for the provider. We spoke with a senior carer who described their role in training and supporting staff they were responsible for. They said they accompanied each new staff member for the first two full weeks of their employment. In this period they carried out on-the-job training on a one-to-one basis for each aspect of their role, such as using mobility aids to transfer people and checking medication. This two week period could be extended depending on the competency of the staff member concerned. We saw staff records that showed that their competence had been assessed during this period.
In order to enable them carry out this role, and to assure the quality of the training they delivered to their staff, we saw that the senior carer themselves had undergone trainer training. Both care staff members we spoke with, one of whom had recently undergone induction training, said they felt very supported by this process and that they were equipped with the skills to do their work. One staff member described their training as "… first class."

We saw that staff members received a formal appraisal at the end of their three-month probationary period and then every six months after that. The next round of appraisals was due at the end of October 2013. We looked at appraisal records and saw that these formal meetings examined the person's performance and considered their developmental and welfare needs. Staff members told us they found these useful but that they felt more supported by the regular spot checks of their work that were carried out by the senior carer in people's homes. The records showed that spot checks were carried out on average around once every six weeks.

We saw that staff members were able, from time to time, to obtain further relevant qualifications. Three members of the staff team were being supported by the provider to undertake a nationally recognised qualification in care. The senior carer was also being supported through a 'leadership in care' programme. This meant that people receiving the service could be assured that staff were properly supported and trained for their role.

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.

Reasons for our judgement

People using the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the provider sought the views of people in a variety of different ways, such as the use of a questionnaire and by speaking with people during the spot checks. We saw that a person had completed a questionnaire on 30 September 2013 and had stated a wish for an earlier visit at weekends to enable them to get ready for church. At the time of our inspection the provider was in the process of re-organising staff rotas to accommodate this change. The provider had arranged for the person to be connected to a church service through a telephone service whilst the rotas were being arranged.

The provider took account of complaints and comments to improve the service. The experiences of people using the service were gathered during the regular spot checks. The senior care staff member we spoke with told us, "I go out and talk to people and find out whether they are happy with their care and check whether staff are following the correct procedures." They explained that any comments and complaints were addressed there and then and provided a number of examples of occasions when this had led to improvements. For example, they told us of an occasion when a person who was using the service made an observation about a staff member's absent-mindedness. This had led to a straightforward and informal solution that had left the person using the service happy with the response and the staff member being advised.

The spot checks were also used to monitor the staff performance and the effectiveness of the call timings. We looked at staff records and saw that these took place on average every six weeks. We saw that staff performance in relation to timeliness, carrying out tasks, medicine records, demeanour, attitude and appearance. Staff members we spoke with understood that spot checks were an essential monitoring tool and that "…it keeps us on our toes." Staff told us that they felt supported by the process. We noted that this was an effective system for ensuring that visits occurred on time. One person using the service confirmed that spot checks had taken place at their home and said of their care workers, "They are always on time and I have never had to complain."

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records including medical records were not accurate or fit for purpose.

We noted that people's daily records were completed in detail and these records provided regular staff members with enough information to understand what support people had received at each foregoing visit. However, people's risk assessments and care plans were completed only superficially and did not provide sufficient information, direction or guidance to staff members about the way that each person's support was to be delivered.

Each of the four care plans we looked at was comprised of two principal documents entitled 'Care Plan Profile' and 'Risk Assessments'. The first document was intended to summarise the needs and support arrangements of the person it related to. However, for each person this document was consistently completed with minimal information about the person. For example, the sections of each person's care plan profile on hobbies, interests, social and emotional needs contained no information. This meant that the document did not perform the function it was intended for, which was to provide staff with information about those needs.

The risk assessments document was a collection of assessments about different aspects of each person's life that might give rise to risks and a description of the support requirements for managing those risks. For each of the four sets of care plans we looked at, we found that the information was sparse. Each risk assessment was completed in a check-list fashion and contained limited narrative information to help staff understand how to manage such risks. One person's risk assessment for mental health needs stated, "Sometimes [name] can be a little depressed." There was no information about what precipitated the person's depression and no instructions about how staff might manage it if they came across it during a visit. In another person's daily records we saw numerous entries that emphasised whether or not the person had had something to drink. However, in the risk assessments document of their care plan there was no other information to say why the person might be at risk of dehydration. The senior care staff member we spoke with confirmed that the person was at risk of failing to drink enough fluid and that staff

members were to encourage them to drink, but this was not evident in the records.

This limited information was prevalent throughout the risk assessments we looked at for each of the four people. Staff members we spoke with told us that they reviewed people's daily records every time they visited and found them to be useful working documents. They also said they understood people's needs fully. However, there were no other documented points of reference that the staff could refer to. Although people's experience of the care and support they received was positive, it was evident that staff relied a great deal upon their own personal knowledge of the person and the information they read from the daily records.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The provider did not ensure that people were protected from the risks of unsafe or inappropriate care and treatment arising from a lack of information about them because accurate and appropriate records about their care and treatment were not maintained. Regulation 20 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 03 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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