

Review of compliance

<p>Ace Home Care Limited Ace Homecare Limited</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>First Floor Offices 1 Alexandra Road Grimsby Lincolnshire DN31 1RD</p>
<p>Type of service:</p>	<p>Domiciliary care service</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Ace Homecare Services Ltd is registered to provide personal care. They primarily support people who want to retain their independence and continue living in their own home. They provide services to all age ranges. At the time of the inspection they were providing services to 95 people.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Ace Homecare Limited was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 July 2012, carried out a visit on 10 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

We carried out a themed inspection looking at domiciliary care services. We asked people to tell us what it was like to receive services from this home care agency. This inspection was part of a targeted inspection programme of domiciliary care agencies with particular regard to how people's dignity was upheld and how they can make choices about their care. The inspection team was led by a CQC inspector joined by an Expert by Experience, a person who has personal experience of using or caring for someone who uses, this type of service.

We spoke with 15 people who used the services. We used telephone interviews and visited people who use the service at their home. We also spoke with their main carers (a relative or friend) to gain views about the service.

Everyone we spoke with was positive about the care and support they received. They told us that the care workers treated them with respect and they felt their dignity was protected. People told us "They are polite and pleasant and respect my privacy."

People told us their care and treatment was planned and delivered in line with their individual care plan. Comments included "I have a book and they put things in there about my care", "The care is wonderful", "They do everything I need" and "I am satisfied with the care I receive."

People we spoke with told us that they felt safe when care workers visited them. They told us "The carers are very kind and caring, we feel safe" "I feel safe, they treat me well", "They are all nice, I feel safe, they speak nicely to me and are gentle when assisting me " and "I feel respected and safe."

People we spoke with said that they were asked for their views about their care and treatment and their feedback was listened to and acted upon. Comments included "They (senior member of staff) have been to see me and had a chat. They have asked me if I am alright", "I have had a questionnaire" and "They have been to ask if we are happy with the care."

What we found about the standards we reviewed and how well Ace Homecare Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were trained to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The majority of people we spoke with understood the care and treatment choices available to them and they were involved in making decisions about their care and treatment. One person told us "They (senior member of staff) came to see us and the times of calls are what we asked for."

People told us that staff always asked how they would like to be addressed.

People we spoke with told us that the care workers treated them with respect and they felt their dignity was protected. People told us "They are polite and pleasant and respect my privacy."

People we spoke with told us they received a regular group of carers and were usually informed of any changes. They told us "I have a written list of who is coming", "I have a small group of carers and they are all very nice" and "We have a small group of carers and I get a list of the carers so I know who is coming."

People told us that the care workers supported and encouraged them to maintain their independence with their personal care. One person told us "They do everything in the way I want it to be done."

People told us they were given appropriate information and support regarding their care or treatment. Everyone we visited told us about the information folder that was in their homes and they were aware that this contained information about the care they required and information about the agency. Everyone we visited told us that the care workers always asked them how they would like their care to be delivered when they arrived and if there was anything else they could do before they left.

Other evidence

Was privacy and dignity respected?

We found that staff received information about promoting people's independence and privacy and dignity as part of staff induction training. We spoke with care workers who gave us good examples of how they promoted independence and privacy and dignity whilst recognising the individual needs of the person they supported. For example one care worker told us they ensured they always discussed the level of support people wanted and another care worker told us how they encouraged the person to be involved in care tasks such as personal care and making drinks and meals. We found that care plans included detailed information about people's abilities which enabled care workers to support people to retain their skills and independence.

During the home visits we observed good examples of care workers protecting people's privacy and dignity whilst providing care. For example they knocked on doors before entering, asked people how they wished their care to be delivered that day and addressed people appropriately.

Were people involved in making choices and decisions about their care?

We found that people expressed their views and were involved in making decisions about their care and treatment.

We found that when people's needs had been assessed they had been asked about their preferred routines and their preferred times for care workers to call. We found the care packages provided usually reflected these preferences. One person told us that their care worker had noticed that their call had been put on the rota at a different time and had ensured that this was changed to the usual time.

We found the care provided took into account people's diverse needs. For example we observed one care worker assisting a person with mobility problems and they were very knowledgeable about the person's specific needs and allowed as much time as the person needed. This had enabled the person to retain a degree of independence.

We observed care workers offering people choice during our home visits in areas such as meals, drinks and level of support required that day. We observed how the care workers involved and took into account a spouses' needs and wishes during care delivery.

The manager told us that they consulted with people about their care through reviews, spot checks and phone calls. People we spoke with confirmed that they had been consulted with as described.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us their care and treatment was planned and delivered in line with their individual care plan. Comments included "I have a book and they put things in there about my care" "The care is wonderful", "They do everything I need" and "I am satisfied with the care I receive."

People told us that their care packages were reviewed periodically or if there were changes. One person told us "They came round three months ago to review and ask if we were happy."

People told us that they received a consistent group of care workers and that they were sufficiently skilled to meet their needs. One person said "They are ok using the hoist and know how to use it" and "Two carers always turn up and on the whole they know what they are doing."

Other evidence

Assessment of people's needs

We were told that the agency received referrals from a social worker or from the person requiring the service if they were funding the care themselves. Information was initially gathered over the telephone but care and treatment was assessed by the manager or a senior member of staff.

The manager told us that people's needs were reassessed every three to four months

or when needs had changed. We saw evidence in care records that people's needs and care plans were kept under regular review. We found that care plans had been updated where any changes had been identified. Care workers told us that if they identified that people's needs had changed they would report this to the office and a senior member of staff would reassess the person as soon as possible. A relative told us the care plan had been reviewed and changed when necessary.

Care planning

We saw documented assessments of risk on each of the four care files we looked at. Where specific risks relating to people's care needs had been identified risk assessments had been completed. For example where people had difficulties with their mobility and required aids such as a hoist this was included in a risk assessment. We found that Occupational Therapists had been involved in the assessment process where specific moving and handling needs had been identified.

We found that care plans had been developed in each of the care files we looked at and these were available in the homes we visited. We found that care plans provided detailed information for care workers about people's routines and preferences and identified the care required at each visit.

Delivery of care

We found that people received a consistent and small group of carers which ensured continuity. We observed that care workers arrived on time and stayed the full length of time and were patient and kind. We observed that on arrival at the person's home care workers discussed and confirmed care requirements for that day with the person using the service. We found that care workers were knowledgeable about people's needs and their preferences and routines. People we spoke with told us that the support they received reflected their usual routines and preferences and their needs were met.

Family members/carers told us that their needs had been taken into account at assessment and during the visits by the care workers and we observed this during our home visits. They told us care requirements were discussed with them where this was appropriate, for example where their relative was very ill and was unable to express themselves.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us that they felt safe when care workers visited them. They told us "The carers are very kind and caring, we feel safe" "I feel safe, they treat me well", "They are all nice, I feel safe, they speak nicely to me and are gentle when assisting me " and "I feel respected and safe."

Other evidence

Preventing abuse

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. We saw that staff had been given opportunities to attend safeguarding training and their attendance was monitored by the management team.

Staff we spoke with were able to give examples of types of abuse and how to recognise the signs and symptoms of abuse. They identified that meeting a person's individual needs reduces the potential for abuse.

Raising concerns

The provider responded appropriately to any allegation of abuse in that referrals had been made to the local authority safeguarding team for investigation.

We saw a copy of the procedures which showed staff what action to take if they

suspected that a person was being abused. There was a whistle blowing policy and procedure in place which informed care workers and other staff of their obligations and the support available to them to raise alerts about poor practice or allegations of abuse. We found these policies and procedures had been reviewed regularly and were given to staff on commencement of employment as part of the staff handbook.

Staff we spoke with knew that they had a duty to take the appropriate action to protect a person from harm and told us they would report any concerns to their line manager or other agencies such as the local authority safeguarding team or the police as required.

People we spoke with felt confident about reporting any concerns to the staff or the office. We found that on commencement of a service people had been provided with information about the care they should expect and how to raise concerns.

Our judgement

The provider was meeting this standard. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People we spoke with were very positive about the care and support they received. Comments included "On the whole they know what they are doing and are competent as a carer" and "They are good, they know what they are doing."

Other evidence

Development, supervision and appraisal

On employment with the agency, staff completed induction training which included the topics of privacy, dignity and choice, safeguarding adults from abuse and incident reporting. The care workers also completed a period of shadowing more experienced staff until they felt comfortable to work alone.

Staff were given the opportunity to meet their manager regularly to discuss their work. Staff told us that they received regular supervision with their line manager and that this included a discussion about their training needs. We found that records of the supervision sessions were maintained. We found that staff had had regular spot checks of their performance and an annual appraisal.

Training

The agency employed a training manager who planned and conducted training for staff.

We found that there was a comprehensive induction programme which consisted of five

days study and shadowing senior members of staff. During induction staff received information about maintaining people's privacy and dignity and choice. They also received training in manual handling and safeguarding vulnerable adults.

We saw a copy of the records that identified the training care workers and other staff had undertaken. We found that staff had a training plan and that training that was arranged to ensure that staff received regular updates. Staff told us that they had completed induction training and confirmed that they had received refresher training in areas such as moving and handling and safeguarding vulnerable adults. They also told us they had received training relating to the specific needs of the people using the service including dementia awareness epilepsy awareness, pressure area care and nutrition and challenging behaviour.

The manager told us that where specific equipment was provided they would request advice and training from an appropriate health professional such as an occupational therapist or district nurse.

Our judgement

The provider was meeting this standard. People were cared for by staff who were trained to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People we spoke with said that they were asked for their views about their care and treatment and their feedback was listened to and acted upon. Comments included "They (senior member of staff) have been to see me and had a chat. They have asked me if I am alright", "I have had a questionnaire" and "They have been to ask if we are happy with the care."

People told us that they would know how to raise concerns if necessary and would feel happy to do this with their care workers or with the office staff. They confirmed they had been given information about the complaints procedure. People told us "I would ring the office if I had any complaints" and "We have been given the complaints procedures and contact numbers."

People told us that when they had raised issues or if there had been any problems these were addressed.

People told us that the agency had systems in place to manage emergencies. Everyone we spoke with was aware of how to contact the agency in an emergency.

Other evidence

Monitoring quality

The manager described how the quality of the care was monitored. She told us that spot checks and telephone interviews were completed and that they received feedback

from questionnaires. She told us that quality was also monitored through the review processes and that senior care workers checked records when they were covering calls. She told us that they also audited care records such as diary records and medicine records as they were returned to the office and staff time sheets. Staff confirmed that they had regular spot checks of their performance.

Questionnaires had been sent to people using the service in November 2011. The comments had been summarised and an action plan had been developed where areas for improvement had been identified. For example we found that people had commented about when they received the staff list and this had been addressed by the agency and they were now sending the list out earlier.

Risk assessment and management

We found evidence that there was learning from incidents and appropriate changes were implemented. Reviews of care packages were completed every three to four months. We found that if there had been any changes in people's needs a review and reassessment of need had been completed.

Prior to commencement of a service a 'generic' risk assessment was completed by senior staff which alerted staff to potential hazards that may affect their own safety such as access pathways in disrepair. Specific risk assessments relating to people's care needs for medicines, mobility and moving and handling were also completed. Where specific pieces of equipment or care was required by an individual training by an appropriate health professional such as an occupational therapist or district nurse would be arranged. Staff confirmed that they had received health and safety training.

The agency provided people using the service with contact details for duty staff who were available outside office hours. People confirmed that they were aware of the emergency procedures.

The manager told us that if she needed to inform staff of any incidents or learning from incidents she would do this through meetings and training. Staff told us that if there were any incidents they reported these to the office by phone and completed an incident record. They told us that the office staff kept them informed of any issues relating to people's care and that there were good communication systems within the agency.

Complaints

We found that the last complaint record in the complaints file was dated 2007. The manager told us that they now recorded complaints and concerns on individual's computerised files. We found that detailed records had been maintained and action had been taken to address these. The provider may wish to note there was no information available, other than what staff could remember, to identify who had raised a concern or complaint and there was no formal system to monitor complaints and concerns in order to improve the service. The manager told us that as a very small number of staff handled calls coming into the agency any patterns would be identified and as such she felt the risks were reduced. She told us would put systems in place to be able to formally monitor complaints in future.

Staff told us they had had training relating to complaints during their induction and they were aware of the complaints procedures. They were able to describe how they would handle a complaint made by a person using the service.

We found that people had been provided with a copy of the complaints procedure and relevant contact details when the service started. The records provided in people's homes contained a copy of the complaints procedure and people confirmed that they had been made aware of this.

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.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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