Care Quality Commission

Inspection Report

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

Ace Homecare Limited

First Floor Offices, 1 Alexandra Road, Grimsby, DN31 1RD

Tel: 01472267222

Date of Inspection: 30 July 2013

Date of Publication: August 2013

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

Standard		Outcome
Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Ace Home Care Limited
Registered Manager	Mrs. Jacqueline Armstrong
Overview of the service	Ace Homecare Services Limited is registered to provide personal care. They primarily support people who want to retain their independence and continue living in their own home. Services are provided to people of all age ranges. At the time of the inspection the provider was delivering services to 105 people.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 unannounced 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 30 July 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

During our inspection we looked at five support plans, spoke with three people who used the service and three relatives as well as eight members of staff. We noted that care plans had been signed by the person they had been produced to support or their relative. Signatures were gained in order to confirm people's understanding and agreement to the content of their care plan.

We saw evidence that a range of other health care professionals were involved in the holistic care of people who used the service. Information from and referrals too GPs, psychiatrists, pharmacists, social services and district nurses were included in support plans.

A person who used the service said, "They help me with what (medication) I need to take, I'm a lot more forgetful then I used to be." A relative told us, "I don't know what would happen with Mum's medication if the staff didn't remind her to take it."

The provider had an effective system to regularly assess and monitor the quality of service that people receive. We were shown evidence that audits had been recently completed in areas such as rotas, mileage, complaints and MARs (Medication Administration Charts).

The office manager said, "A senior carer completes a review of people's care and any issues can be brought up then" and went on to say, "Every time we receive a complaint we use it as an opportunity to learn and adapt the service as necessary."

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.

Reasons for our judgement

During our inspection we looked at five support plans, spoke with three people who used the service, three relatives and eight members of staff. We noted that care plans had been signed by the person they had been produced to support or by their relative. Signatures were gained in order to confirm people's understanding and agreement to the content of their care plan. We saw evidence that consent had been obtained for specific areas such as medication support.

The provider had a 'consent to care and treatment' policy and an 'autonomy and independence' policy in place for staff to refer to. We saw evidence that staff had undertaken training in areas such as, dementia, The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The office manager told us, "North East Lincolnshire social services team provide information on people's capacity. For our private clients if we thought their abilities were changing we would inform the person's family and their GP." We noted that one support plan had documents in relation to lasting power of attorney in relation to 'property and finance' and 'health and welfare'.

We spoke with one person who used the service and they said, "No they don't do anything we don't agree on, they assist me with certain things but that's all been agreed." Another person said, "They wouldn't do anything I didn't want" and "We work as a team, they help me with anything I ask."

Staff we spoke to in relation to gaining consent told us, "When I need to get someone's consent about something I just ask them, if they say no I try and explain why I think they should do something but it's their choice", "I ask them", "I give people choices" and "You can encourage people, prompt them a bit and explain the benefits of doing it."

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.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

The five support plans that we saw contained a 'care needs assessment' that was used to develop an individual plan of care. They also included a 'brief history' sheet that contained details about the person's life and their preferences. The provider may find it useful to note that through discussions with staff, it was clear that whilst they had very in depth personal knowledge about people they supported, this information was not documented in people's support plans. This meant that key details about how care should be provided could potentially be lost.

We saw that risk assessments had been completed in a number of area's including, memory loss, behaviour, mobility and falls. We also saw assessments of continence, daily living, mental capacity and personal care. The registered manager told us, "We review all assessments for people at least every three or four months, but any changes in behaviour or things like hospital admissions will also trigger a review." A member of staff we spoke to said, "The family of a gentleman I visit raised concerns about their father being mal-nourished, I have told management and a review we be completed to see if we can still meet his needs."

The office manager told us, "It's my role to ensure that the right carer sees the right person, some staff encourage more, it's about matching people up." A member of staff said, "I try and make people's lives a little better every time I see them."

We saw evidence that a range of other health care professionals were involved in the holistic care of people who used the service. Information from and referrals to GPs, psychiatrists, pharmacists, social services and district nurses were included in support plans.

A person who used the service said, "The staff are all very nice and I receive a very good service." Another person said, "They are very good, very pleasant and efficient." A relative we spoke with told us, "Everything seems to be O.K, Mum really likes the girls. We have had no problems at all."

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Appropriate arrangements were in place in relation to the recording of medicine.

Reasons for our judgement

The provider had a 'disposal of medicines policy' and an 'administration of medicines' policy that provided information in relation to self-administration, refusal, disposal and storage of medication.

The office manager told us, "About two months ago some our girls had some issues and questions around medication, so we contacted a pharmacist to come and discuss the medication we deal with. He is available for advice and guidance." A staff member said, "I've had medicines training, a pharmacist lead it and covered everything you can think of, I am really confident now." Another member of staff said, "I have just completed a 16 week advanced medication course at the Grimsby Institute."

We saw that Medication Administration Charts (MAR) were used by the service. MARs are a specific document used to record what medication has been administered. The provider may find it useful to note that there we gaps in recording on a number of MARs so it was not clear if a person had received their medication on a particular day or not. Internal audits on MARs had not picked up some recording errors.

A person who used the service said, "They help me with what (medication) I need to take, I'm a lot more forgetful then I used to be." A relative told us, "I don't know what would happen with Mum's medication if the staff didn't remind her to take it."

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.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. We were shown evidence that audits had been recently completed in areas such as rotas, mileage, complaints and MARs. The accounts manager told us, "I complete checks on people's finances and spending on a monthly basis."

We saw that a quality assurance policy was in place. The registered manager said, "Last year we sent out a quality assurance review to all our service users and their families. That will happen again this year" and went on to say, "People brought up issues around consistency of carers and information about late calls; we used this information to improve the service."

The registered manager also said, "We use the care manager computer system which informs us when staff training needs renewing and when we need to review a person's care." Having systems in place to identify training needs ensures that people who use the service receive care from staff with up to date knowledge and skills.

The office manager told us, "We have staff meetings every quarter. They are used for training and to talk about any changes in care and so staff can raise any issues they want to discuss." We saw evidence to corroborate the regularity of staff meetings.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted upon, without the fear that they would be discriminated against for making a complaint. We spoke to a member of staff who said, "Of course we deal with little issues everyday but we just solve them there and then.

The provider had a 'complaints' procedure that stated that verbal complaints would be dealt with immediately and written complaints would be acknowledged with three working days. Further information was provided if the complainant was unsatisfied with the original response.

The registered manager told us, "Complaints information is given to people in the welcome pack" and "All the questionnaires we send out ask if people are happy with the service and it tells them what to do if they want to make a complaint." We saw the complaints book and noted that a recent complaint had been responded to appropriately, investigated and the outcome was to be shared with the complainant. This gave assurance that complaints were taken seriously by the organisation.

The office manager said, "A senior carer completes a review of people's care and any issues can be brought up then." They went on to say, "Every time we receive a complaint we use it as an opportunity to learn and adapt the service as necessary."

A person who used the service told us, "If I had a complaint I would ring the office but I've never had a need too." Another person said, "When I have an issue I tell the girls to do it differently and that's that." A relative said, "It seems like a very good service we have never had any problems."

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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