

Ace Homecare Limited

# Ace Homecare Grimsby

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Ace Homecare Grimsby is a domiciliary care agency that is registered to provide personal care to people living in their own houses and flats in the community. It primarily provides a service to older adults. The office is situated in a central area of the town. At the time of the inspection the service was providing support to up to 95 people.

This inspection took place on 22 February 2017 and 2 March 2017 and was announced. The service was last inspected in January 2016 when it was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have effective recording and monitoring systems in place to ensure people were provided with support that was safe, effective, caring, responsive and well-led.

At this inspection we found improvements had been made to address the above breach of regulation and the service was now compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were protected from harm by care staff who had been safely recruited and provided with training to ensure they knew how to recognise and report potential abuse. Assessments about potential risks to people had been completed to ensure staff knew how to keep people safe. Training had been delivered to staff to ensure they knew how to administer medicines safely. People told us they received a service from staff who overall were consistent, reliable and did not rush.

Care Staff had been provided with training to enable them to perform and effectively carry out their roles. People told us care staff involved them in decisions and ensured their consent was obtained in relation to their tasks of personal care.

People told us they had developed positive relationships with care staff who treated them with courtesy and kindness and maintained their personal dignity. People told us their care staff respected their wishes for privacy and supported them to be as independent as possible. People's support plans contained evidence of assistance provided to ensure their health and wellbeing was maintained.

People told us that overall they were happy with the service they received and were confident any concerns they might have would be appropriately addressed and resolved where this was possible. Some people told us communication from the office could sometimes be improved if care staff were going to be late.

Recording systems were in place to ensure the quality of the service was monitored. This included a range of audits and checks that enabled trends to be analysed and helped improvements to be implemented when required. The service consulted and engaged with people who used the service to ensure their views could be obtained to help it learn and improve. Staff told us there was a management culture that was open, approachable and positive and which listened and worked in partnership with people in order to help the service develop.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe

People were protected by staff who had been trained to ensure they knew how to recognise and report incidents of potential abuse.

People's needs were met by suitable numbers of staff who had been safely recruited and received training to enable them to carry out their roles.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

People were consulted about their support needs to ensure they consented to personal care interventions that were provided.

Staff completed a range of training to enable them to effectively meet people's assessed needs.

People were encouraged to maintain a healthy and balanced diet.

### Is the service caring?

Good 

The service was caring.

People were involved in making decisions and choices about support and their personal preferences for this were respected.

People were supported by staff who were courteous and kind and who respected their individual needs and wishes.

Staff knew how to support people's dignity and understood the importance of maintaining people's independence.

## Is the service responsive?

Good 

The service was responsive.

People were involved in the planning of their care and support and this was reviewed to ensure their changing needs were upheld.

People's health and wellbeing was supported by appropriate medical professionals where required.

A complaints policy was available to ensure people were able raise concerns and have these addressed and resolved wherever this was possible.

## Is the service well-led?

Good 

The service was well led.

Systems had been developed to enable people to provide feedback about the service and monitor the quality of the support provided.

People told us the service provided them with a reliable service and had confidence in the registered provider.

Care staff told us they were provided with good support and enjoyed their work.

# Ace Homecare Grimsby

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 February 2017 and 2 March 2017 and was announced. The inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

The inspection team consisted of an adult social care inspector and two experts-by-experience on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone with learning disabilities and uses this type of care service. The second day of the inspection was carried out by an adult social care inspector, in order to follow issues up.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at details we held about the registered provider on our systems and looked at notifications submitted by them about significant issues affecting the people who used the service. This showed us how they had responded to incidents that concerned the people who used the service.

When planning the inspection process we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England. Healthwatch and the local authority safeguarding and performance teams told us they were not aware of any current issues concerning the service. We also sent out questionnaires to 50 people who used the service, their relatives, care staff and professionals in the community. Overall, the feedback from these

was very positive.

During the inspection we made a visit to the registered provider's office and spoke with the registered manager and staff who were based there, together with five members of care staff who were visiting to collect their rotas. We visited the homes of three of the people who used the service to ask them about the quality of provision they received. The experts by experience contacted 15 people who used the service and seven relatives by phone in order to obtain their views. Two social care practitioners in the local authority social services department were also contacted about the service.

We looked at the care files belonging to five people who used the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes of meetings and performance reports.

# Is the service safe?

## Our findings

People who used the service and their relatives said they felt safe using the service and trusted their care staff, with whom they had generally developed strong relationships and knew well. People confirmed they were supported to make choices about their lives and their support by care staff who ensured they were protected from potential abuse and neglect.

People's comments were virtually all universally positive about the service and the quality of the care staff. One person commented, "They are very safe, friendly and sit and chat with you. Certain ones give you extra care, they help me in the shower and getting upstairs." Another person said, "Yes I feel very safe, the staff prompt me with my medication, I'm fully involved with all my care", whilst another person told us, "I am blind and completely trust them to do anything."

Relatives were generally pleased with the quality of the service that was delivered. Speaking about the staff, one relative stated, "They are safe, professional and really kind to my husband and treat him well." Whilst another relative commented, "We are very safe with the staff, they are just like friends. When a new member of staff comes first time it's different, but they get introduced."

People told us their care staff were largely consistent, reliable and had never missed a call. They said that overall staff time keeping was good. We were told that if staff were likely to be delayed, people were generally contacted by the office. However, some people said communication from the office about this could be improved. The registered manager told us new care staff were introduced to people before they started to work with them wherever possible, to ensure they were familiar with their individual needs. We found people were provided with a rota to help them know which staff would be making their visits, although some people said this was not always accurately kept due to last minute changes or delays from previous calls. One relative commented, "I find the service, generally good, the only thing that bothers me is that [name of person] used to get a lot of different carers each week, but lately this has improved."

There was evidence safe recruitment practices were followed to ensure potential employees were appropriately checked before offers of employment were made. We saw these included checks of personal identity and past work experience and that references were followed up, together with clearance from the Disclosure and Barring Service (DBS). The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. Care staff told us they were not allowed to start work until their references and DBS check had been received and worked alongside experienced staff before working alone, to enable them to get to know people and learn about what was expected of them.

We saw the needs of people who used the service were assessed at the commencement of their use of the service to ensure it was able to support their needs. We found that information was maintained to enable the quality of the service to be monitored in accordance with people's assessments and ensure this was delivered by appropriate numbers of staff. Staff had a good understanding of people's needs and received training on a range of issues to ensure people's health and safety was maintained and appropriately

promoted. One person commented, "I have a care plan and assessment and they fully involved my cousin and my next of kin was there when it was all put into place."

We found the service adopted a positive approach to the management of risks, whilst enabling people to be stay safe from potential harm. We saw assessments about known risks were completed with people before their service commenced to ensure staff knew how to support them safely and minimise restrictions on people's freedom, choice and control. One person told us "I'm fully involved with all my assessments and care plan, I'm absolutely safe."

People's risk assessments covered issues such as moving and handling, people's personal strengths and abilities to carry out tasks of daily living, their domestic environment and health and safety issues, together with details about their nutritional and hydration needs where this was required. The registered manager told us people's risk assessments were monitored on an on-going basis and there was evidence senior staff carried out visits to people every six months or more frequently if needed, to ensure their risk assessments were updated.

Care staff confirmed they were aware of their responsibilities to ensure people who used the service were protected from potential harm or abuse. We found safeguarding policies were available that were aligned with the local authority's guidance on this. Training in relation to the protection of vulnerable adults was provided to ensure care staff knew how to recognise and report potential safeguarding concerns. Care staff were aware of their duties to 'blow the whistle' about any concerns or incidents of poor practice. They told us they would report issues of potential concern to the registered manager and were confident appropriate action would be taken and disciplinary procedures implemented if this was required.

The registered manager told us people who used the service were encouraged to take responsibility for managing their own medicines where possible and that care staff provided assistance or prompts to people with this when required. Care staff confirmed they had completed training on the safe use and handling of medication and we saw evidence of this in their personal files. We found that daily records and medication administration records (MARs) were completed, where people were assisted to take their medicines by care staff, to ensure people received their medicines as prescribed. We saw that audits of people's MARs were carried out on a monthly basis and that where medicine errors were identified, investigations were completed to minimise them from occurring again. Competency checks and observations of care staff skills were carried out by senior staff to ensure their practice was safe.

We found that care staff were issued with identity badges and uniforms for use when attending people's homes, together with personal protective equipment, such as aprons and gloves to enable staff to promote positive infection control measures.

There were contingency arrangements in place to enable people to make contact with the provider in case of emergencies. There was a 24 hour on call system to ensure people and staff were supported should an emergency occur. Policies and procedures were available to ensure care staff were safe when lone working out of usual office hours. Care staff confirmed they felt safe when working early or late evening hours and had been issued with personal alarms. One carer told us, "If we work at nights we have to ring in after 5pm, we have to text if after office hours. I know that if we don't text them, they always text us to check if we are home. If you don't answer, they tell us they will ring our next of kin."

## Is the service effective?

### Our findings

People who used the service told us they were supported by care staff to live their lives in the way they choose and that the service had helped improve their quality of life. They told us they felt care staff were well trained and communicated with them well to ensure they were happy with the way their support was delivered. One person said, "I think they are good at their job, I am well satisfied, there is nothing to complain about", whilst another told us "When a new carer comes, I tell them what to do and then they know what to do the next time."

People told us the service was adaptable and fitted around their lifestyle and choices. People told us their care staff listened and involved them in decisions about their support and did not rush. One person commented, "They are obliging and flexible for my health needs due to all my appointments. They don't send anyone without coming first. They bring a roster for a full week and ring me if they're going to be late. I rang them from hospital and they had two Carers waiting for me at home. They also get meals ready for me." Talking about their care staff another person said, "She's always on time, stays the right time and rings me or I ring Ace if she's late. She writes everything in my care plan. She's very well trained."

Relatives told us they were happy with the way people's support was delivered by a generally consistent set of care staff. One relative commented, "Lately, they have been sending the same person for most of the calls, which makes me feel more confident that they know Mum's complex needs." Another relative told us, "The staff are very well trained. They get her food from the freezer to cook and make her drinks. They gave us a schedule for the week." Whilst another stated, "They are well trained I would definitely recommend them to others. They are good at attending to health needs. They are worth the price."

A range of training and development opportunities were provided to ensure care staff had the right skills to meet the needs of people who used the service. We found newly recruited staff undertook an induction that was linked to the Care Certificate. (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.) We also found that both the service and individual staff had signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. Staff training records contained evidence of completed courses on a variety of topics, including safe handling and administration of medicines, moving and handling, emergency first aid, health and safety, infection control, communication skills and specific training on the specialist needs of people who used the service.

Care staff confirmed they received supervision and appraisals of their skills and were encouraged to undertake external qualifications to ensure they had the knowledge and skills needed to enable people's health and wellbeing to be promoted. Care staff told us about one to one meetings that were held and used as an opportunity to discuss support they provided for people, together with any training requirements. Care staff said they felt well supported and were able to freely speak with the registered manager about issues whether connected with work or of a personal nature. The registered manager told us that direct observations, via spot checks, were carried out to monitor staff as part of the quality monitoring for the

service and used to implement good practice.

People who used the service told us care staff consulted and communicated with them about decisions concerning their support to ensure they were in agreement with how this was delivered. We saw people's care plans had been signed to demonstrate their agreement and consent to their support. Care staff confirmed they understood the importance of gaining consent and agreement from people about their support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA.

People's care files contained evidence a range of support plans that had been developed to address their needs and medical conditions. Care staff confirmed training on nutrition and food safety was provided to ensure they were aware of safe food handling techniques. Care staff told us they provided support and encouraged people to maintain a healthy diet to ensure their nutritional needs could be met.

We saw evidence of liaison and involvement with health and social care professionals in the community when this was required. A member of care staff told us that how they had informed the office when they had a concern over a person using a new item of equipment. They told us how office staff had referred this on to an occupational therapist and the problem was solved and that a new risk assessment was subsequently carried out by the service. Speaking about the service a member of social services staff told us, "Ace Home Care has always been extremely helpful and professional. I have always had every confidence in their ability to fulfil the role I have requested and every confidence in them contacting me to address any issues in a timely and suitable manner." They went to say, "I would happily work with Ace Home Care on future care packages and feel they are reliable and effective."

## Is the service caring?

### Our findings

People who used the service were universally positive about the caring approach of care staff. People told us their care staff were courteous and friendly and helped promote their independence. People also said care staff were considerate and kind and treated them with dignity and respect.

One person said, "They are exemplary, very kind very compassionate and they do everything I ask. I couldn't wish for any better. I'm on my own so I appreciate their company. They respect my privacy and dignity." Another person told us, "I have a regular carer every morning Monday to Friday. They are punctual, lovely, kind, caring and compassionate. My carer helps me with personal care what I can't do. They are good at respecting my privacy and dignity and always keep me covered and knock on the door before coming in." Another person commented, "They help me with my personal care and respect my privacy and dignity and cover me with towels. They are caring kind and compassionate." People told us their care staff stayed their allocated time and were patient and did not rush. One person stated, "They take their time with me and are caring and considerate. If they are going to be late they ring me. I've been with them 4-5 years, I'm quite happy."

Relatives of people who used the service commented on the adaptability and friendly approach care staff displayed. One relative told us, "They are just like friends, they treat [name of person] with dignity and respect and they make him laugh which is hard. They are compassionate, kind and caring. The manager came to see that everything was OK. She asked permission. They always make sure [name of person] has their inhalers, they are regular and flexible and we work together." Another relative commented, "They are very nice and very flexible. On Christmas afternoon mum cancelled and they checked with me. They are good at attending to her needs health wise and personal care needs. Mum wants to be in her own home and independent."

People who used the service told us they participated in reviews of their support to ensure it was delivered in a way they were happy with. We saw people care files contained individual plans of care that focussed on their individual strengths and needs, together with details about how their support was provided. We found people's care records contained assessments about known risks to help staff to protect them from potential hazards, together with liaison and requests for equipment, to maximise their independence and enable their abilities for self-control to be promoted.

Care staff told us they enjoyed their work and generally provided support to the same group of people to enable continuity of support to be delivered. We found care staff were familiar with people's preferences for how their support should be delivered. Care staff told us about training that focussed on the importance of maintaining people's dignity and the importance of maintaining confidentiality. Comments from staff included, "When I am giving personal care I always make sure they are covered up as much as possible." "When I have a new service user, I always get there early to find out where everything is and I go through the care plan and then ask them how they would like to be supported. I chat and joke with them to make them feel as comfortable as possible," and "I genuinely love my job and working here, it is like a family."

People confirmed details about the service was provided to them at the start of their use service to help them to know what to expect and who to contact if this was needed. We found that care staff demonstrated a good understanding about the importance of maintaining people's confidentiality and we saw that information about people was securely held.

## Is the service responsive?

### Our findings

At the last inspection we found the service was in breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care staff had been provided with limited written details of how to minimise potential risks to people and some people's support had not been regularly updated and reviewed. At this inspection we found the registered provider had invested in the development of people's care plans and implemented these for people to ensure this regulation was met and that people's support was delivered in a planned way.

People who used the service were overall positive about the service they received. Everyone told us they knew how to raise a complaint and had confidence these would be appropriately addressed and resolved." One person told us, "I've nothing to complain about but I'd ring the office if I did", whilst another person commented, "If I want to complain, I just ring up." A relative told us, "I once told the office that I did not want a certain carer and they responded quickly by sending another carer in their place."

People who used the service told us they were involved and participated in decisions concerning their support. They told us they felt the service worked in partnership with them and listened to and recognised their individual needs. One person told us, "I have two reviews a year. I'd ring the office if I had a problem. They've been twice from the office to check everything's alright." A relative told us, "We have a three monthly review which takes place at [name of person's] house. We are always asked for our opinions and feedback about how we feel about the service."

We saw evidence that assessments of people's support were carried out when they began using the service together with the development of risk management plans to ensure it could safely meet their needs. Plans of support had been developed from people's assessments which were reviewed and updated and covered a range of their needs and abilities to carry out tasks of daily living in order to help staff to maximise people's independence and self-control. People's assessments covered areas of known risks such as skin integrity, mobility and falls in order to help staff keep them safe from harm. A relative commented, "We had meetings when the care first started, a care plan was put in place and we have reviews twice a year. We get a weekly roster."

People told us that relevant health care professionals were contacted if their needs changed. Phone numbers for doctors, district nurses were available so that office staff could liaise and make contact with them if this was required. Care staff told us they reported changes about people's needs and conditions to the office staff, to ensure additional time could be arranged if this was needed. Speaking about this a relative told us "Mum's care needs have changed, so we have extended the morning call to ensure that the carers have enough time."

People and their relatives told us the service asked for their views to help it to learn and develop. One relative told us, "I live away but communication is good and we are fully involved with mum's care. We get a weekly plan of who to expect when. Reviews are every six months. If I had a complaint I would go to the

manager, then the director, then social services if I still wasn't happy. I've done friends and family questionnaires." Some people however told us communication from the office could be improved, when staff were going to be late. One person told us, "The carers are good, I just think it is the office that is the problem as they don't tell me anything." Another person commented, "You don't mind if they are a little late, say 10 minutes or so but when it gets to half an hour or more and you don't know what is happening, you get worried."

The registered manager told us, "We have found that when care staff have found a person on the floor and have to wait for an ambulance, this often disrupts people who could be waiting for medication or meals. We would like to reintroduce call monitoring to be able to quickly identify problems and also to analyse staff time keeping." The registered manager told us they were looking at ways to address this issue and were considering recruiting another member of duty care staff to enable the service to respond to emergencies in a proactive manner.

A complaints policy was in place to enable people to raise a concern and have these investigated and where possible resolved. We saw evidence the registered provider had responded to formal complaints that were received and provided written responses to people with an outcome of their investigation. We found complaints and concerns were monitored by the service to enable potential themes to be highlighted and enable learning strategies to be implemented. We found a proactive approach was adopted by the service to people's concerns and welcomed their comments to help it develop. There was evidence that people were involved in the development of the service and quality assurance questionnaires and 'spot check' visits were used to enable them to provide feedback to help it improve.

## Is the service well-led?

### Our findings

At the last inspection we found the service was in breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not effective arrangements in place to monitor the quality of the service that was provided. At this inspection we found the registered provider had developed their systems and that the service was now compliant with this regulation.

We found that systems were available to enable accidents and incidents to be monitored with action taken to minimise them from reoccurring. We saw that checks were now carried out of people's medication administration records and daily care records and that action was taken to identify shortfalls associated with these. We found that audits of people's care plans, complaints, medicines management, staff training and development and supervision were carried out. This enabled trends and patterns to be analysed and helped improvements to be implemented whilst assuring the quality of the service was well led. We saw that monitoring visits and spot checks took place to ensure care staff performance could be monitored and these were used to implement good practice when this was required.

People who used the service, their relatives and staff told us they thought that overall the service was well-led. Comments and feedback received from people and staff was positive about the service although some felt communication from the office could sometimes be improved.

People were positive about the reliability and overall consistency and quality of staff in meeting their needs. People and their relatives told us they were consulted about their views on the service to help it to learn and develop. One person told us, "During care plan review meetings, I have been asked to give feedback by Ace Homecare." Another commented, "I have been asked to give feedback and have also completed some questionnaires."

Care staff all told us they enjoyed their work and felt the service was well run. Care staff told us they felt management was approachable and supportive. One member of care staff told us, "When I first started I was very nervous about working alone and the company fully understood this so introduced me to another carer who would always be willing to offer me support. This helped me to feel at ease." Another member of care staff told us, "I recently wanted to change my hours and they listened to me and let me change, no problem."

There was a registered manager in post who had a range of knowledge and experience of health and social care services and was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager was supported by a range of office staff, including a quality assurance and business development manager who was currently enrolled for a level 5 Diploma in Leadership in Health and Social Care. This helped the service keep up to date with developments in the care sector.

Whilst speaking to office staff and management we found they wished to provide a quality service and had

made a positive business decision to not accept a contract with the local authority as they felt this would compromise the standards they set. The registered manager told us, "We don't promise anything we can't do or meet. If we feel we are not able to do this then we advise of other providers who might be able to help."

The service operated a culture and approach that was based on listening to people involving them and its staff in the service on-going development. We saw evidence that surveys and spot checks were used to ensure the service was meeting its operational objectives and enable people to provide feedback on service provision. Staff comments about the service stressed the approachability and honest style of management approach. One member of care staff told us, "I feel able to go to anyone in the office and tell them if I have any ideas for improvements. They always listen to me and explain if it wouldn't work", another stated, "I feel comfortable about speaking out about concerns and they listen to my suggestions" whilst another member of care staff commented, "If I have a problem or concern over someone, I feel able to contact them and talk things through."

There was evidence the registered manager placed an importance on the development of an inclusive culture that encouraged staff to question practice and ensure communication was open and constructive. Care staff told us the registered manager listened to them and was fair. We saw evidence of meetings and observations of staff with members of office based staff to enable their behaviours and attitudes to be monitored and their skills to be appraised. A whistleblowing policy was in place that enabled and encouraged staff to highlight issues of poor practice and potential abuse. Staff were confident the registered manager would take action to follow up issues where this was required.