

Ace Homecare Limited

# Ace Homecare Grimsby

## Inspection report

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Date of inspection visit:  
01 October 2019  
28 October 2019

Date of publication:  
15 November 2019

## 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

### About the service

Ace Homecare Grimsby is a domiciliary care service providing care and support to older people and younger adults; people who may be living with a learning disability or autistic spectrum disorder, dementia, mental health need, or a physical disability.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 130 people received the service, of which 95 were being supported with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were safe from harm. Systems, safe recruitment and effective risk management supported this. Sufficient numbers of staff were employed to support people with their needs, including handling medicines and keeping their homes clean.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, caring and respectful. They felt staff championed their privacy and dignity and encouraged their independence in all aspects of life.

Staff were motivated and dedicated to provide person-centred care based on people's choices and preferences. People were supported to do the things they wanted to. Any dissatisfaction in receiving the service was addressed and resolved, and any support people needed with end of life care was understood and provided.

For people with a learning disability, the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected these principles and values by promoting choice and

control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had the benefit of a service that was positive and inclusive, where the registered manager and a management team, maintained checks on how well the service was provided. Documents held in the office were secure to ensure confidentiality of people's information, and staff respected people's confidentiality when they supported them.

For more details, please see the full report which is on the CQC's website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 1 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Ace Homecare Grimsby

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing, so they can live as independently as possible.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 1 October 2019 when we visited the office location and ended on 28 October 2019 when we completed our conversations with people.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people that used the service, three relatives, the finance manager, acting manager and six support staff. We reviewed three people's care records. These included medication administration records and daily notes. We looked at four staff recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We looked at some specific information we had asked the provider to send us. This included details of staff training, meetings and recruitment, and people's surveys.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse or harm. They told us, "Of course I feel safe when receiving care" and "I have no worries about staff being in my home, whatsoever."
- Safeguarding systems were robust, the provider liaised well with the local authority safeguarding team and staff knew their responsibilities.

Assessing risk, safety monitoring and management

- People were protected from risks. They told us, "The staff work safely" and "Any areas of risk are assessed."
- Risk assessments were in place and followed to reduce risk to people in their homes and staff visiting them.

Staffing and recruitment

- The provider ensured staffing levels were appropriate and recruitment of new staff was safe.
- People were supported by sufficient and suitable staff to meet their needs. They told us, "Staff usually arrive on time and stay as long as needed" and "Details on staff likely to be late are always passed to me in advance."
- Contingency plans were in place to cover staff vacancies and new staff were being recruited.

Using medicines safely

- Management of medicines was safely carried out.
- People were supported with medicines when needed.
- Staff were trained in the management of medicines and maintained accurate records.

Preventing and controlling infection

- The provider ensured people were protected from harm of infections.
- Staff had trained in infection prevention and control and used appropriate equipment to safeguard people and themselves.

Learning lessons when things go wrong

- The provider used incidents and events as learning opportunities.
- Staff discussed progress and development of the service in meetings and supervision.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had effective systems and documentation for assessing people's needs.
- They used evidence-based guidance to meet people's needs and sought advice from expert professional bodies when appropriate.
- They followed the appropriate legislation to help protect people and provide the care and treatment in line with expected standards that met people's needs.

Staff support: induction, training, skills and experience

- The provider supported staff well. People who used the service told us staff were, "Capable and effective."
- Training was provided and monitored, supervision was on-going, and staff developed the skills they required to complete their roles.
- All staff we spoke with told us the company was a good employer and supported them well with both personal and work-related issues.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people well with nutrition, when required, as not everyone needed help with this.
- Where staff supported people, they were trained in food hygiene. They respected people's choices around meals and mealtimes. People and relatives told us, "Staff help me with the more difficult tasks in preparing my meals" and "Staff will help make meals and drinks when asked to."
- Staff encouraged people's independence and learning new skills around nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- The provider and staff worked well with other agencies to ensure people's support needs were met.
- Information was shared across agencies and particularly with the placing local authorities.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people effectively with maintaining and improving their health.
- People's health and medical information was gathered from people and their relatives.
- People received the support they needed to take medication and see doctors or consultants.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider understood and met the requirements of legislation that protected people's rights.
- People were assessed regarding their mental capacity. The management team and staff had appropriate systems in place for when they needed to request restrictions for people's safety or become involved in best interest meetings.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and compassionate staff.
- People and their relatives told us, "The staff are absolutely lovely", "The care staff are really good" and "Staff are super-duper. They are so caring."
- The provider encouraged and expected staff to be respectful, polite and considerate. The provider ensured staff understood about people's diverse needs and respected them.
- Staff told us they had completed training in equality and diversity and respected one another's differences as well.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to speak up about their care needs and be actively involved in any decisions. People and relatives told us, "I make my own decisions", "I do most things for myself, as I like to be independent, but staff do help when needed" and "My [relative] is always supported to decide things for themselves and is involved in reviews of their care."
- People's expectations and views were asked for on assessment of needs, so that the provider and staff could offer the support people wanted.

Respecting and promoting people's privacy, dignity and independence

- People were respected by the staff who demonstrated a commitment to ensuring people were supported in a dignified way.
- Some staff took on the role as 'champion' for dignity. They encouraged, monitored and spoke up for good practice among the staff group.
- People were encouraged to be independent where possible. People and relatives told us, "I manage medicines and finances myself", "I like to do what I can for myself", "Staff make sure they support me discreetly" and "My [relative] is very pleased with the way they are treated."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider responded well to people's needs. Care and support plans were person-centred.
- People and relatives told us, "I only have to ask the staff and they will help me in any way", "Staff understand what help I need. My plan is clear. It changes as necessary" and "Staff are really good. They just know what my [relative] needs and see to it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider fully understood about the AIS and arranged for whatever methods of communication people required.
- People and relatives told us they received the information they needed in an appropriate way.
- Staff knew it was important to communicate well with people and followed methods in place.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider acknowledged and supported people's needs for maintaining relationships and keeping an interest in community life.
- People told us they looked forward to staff visits, as much as family ones, to help reduce isolation.

Improving care quality in response to complaints or concerns

- The provider managed complaints well. People and relatives told us they rarely made complaints but knew how to.
- The provider's complaint procedure and systems were effective at addressing issues. People and relatives had confidence their issues would be positively addressed.

End of life care and support

- The staff provided effective support for people at the end of their lives and sought additional specialist health care when needed.
- We were told few people had received support from staff at the end of their lives, but staff were confident they could meet people's needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service achieved good outcomes for people. It was positive, empowering and inclusive. People and staff spoke about experiencing a supportive service.
- The provider had created a service that was managed well and put people and staff at its heart.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was conscientious about its duty of candour. Management and staff were open and honest about events and incidents that went wrong. They apologised and learnt from mistakes.
- Staff accepted when they had not performed as well as people expected them to, but also took action to improve at every opportunity.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff provided a quality service. The provider met their regulatory requirements.
- The provider had a staffing structure so that staff understood their role, carried out quality monitoring checks to assess the service and ensured events were notified to the CQC when they needed to be.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used systems to engage and involve people, relatives and staff in the shaping of the service, whatever their diversity.
- Everyone involved with the service had opportunities to complete satisfaction surveys. Staff joined meetings to stay informed and contribute to how the service was delivered.
- People, their relatives and staff told us their diverse needs were always respected and given equal consideration.

Continuous learning and improving care

- The provider continuously learned and improved the service. They used incidents, events and experiences to inform future practice and support, so that people benefitted from improved care.
- Staff signed up to and demonstrated an eagerness to learn and do better.

#### Working in partnership with others

- Partnership working with other agencies and organisations was effective.
- Staff understood the importance of good relationships with health care professionals and listened to advice when it was given. People then had the benefit of a staff group that were knowledgeable and competent.