

Aceso Services Ltd

# Aceso Homecare

## Inspection report

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27 January 2023

03 February 2023

24 February 2023

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06 April 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Aceso Homecare is a homecare agency providing personal care to older people and people with physical disabilities. At the time of our inspection there were 28 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received a safe and well managed service. The needs of people were met in a person-centred way which included their involvement. Recruitment of new staff was robust and risk assessments identified the main risks faced by people in their daily lives.

People were happy with the support they received and considered staff approach to be positive and consistent.

Governance of the service was effective with shortcomings in quality being identified and acted upon. The registered manager had been open about these and had employed effective methods to ensure that the service was well managed. The views of people and staff had been included and governance of the service was now robust.

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.

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

### Rating at last inspection

The last rating for this service was good (published 30 January 2019).

### Why we inspected

Our last regulatory contact with the service had identified shortcomings in aspects of delivery of the service. This had included aspects of recruitment, risk assessment, care plan review and mental capacity assessments. The registered manager had been transparent in reporting these. This inspection was prompted by this information.

This inspection found that all these improvements had been met.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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.

Details are in our safe findings below

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Aceso Homecare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to ensure members of the management team were available to assist with the inspection.

Inspection activity started on 27 January 2023 and ended on 24 February 2023. We visited the location's office on 3 February 2023.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service including relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager and 3 members of the staff team. We reviewed a range of records. This included 4 people's care records and 5 medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We found that one recruitment record only contained one reference and another did not include a photograph to confirm the person's identity.
- The registered manager was aware of these and provided the required information to us subsequent to our site visit.
- There were sufficient staff to meet people's needs.
- A real time computer system enabled the management team to identify when staff had started their support calls.
- People told us that they had the same consistent group of staff supporting them and that, "We have good rapport and relationship with them".
- People told us that staff always arrived to support them when required. They said, "They [staff] never miss me out" and "I can understand if they are a little bit late with traffic, for example, but they never miss a call".

### Assessing risk, safety monitoring and management

- People were protected by risk assessments.
- Information given to us by the registered manager prior to our visit, outlined that some risk assessments had not been updated.
- Our visit confirmed that action had been taken and that appropriate and reviewed risk assessments were in place to protect people.
- Assessments extended to those risks possibly present in people's homes that could adversely affect them.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff team, "I have no concerns about the staff; they [staff] are very kind." Another said, "I feel confident with them [staff]."
- Systems were in place for the reporting of any safeguarding concerns. Staff were aware of the types of abuse and how to report them.
- The service had co-operated with the local authority in investigating any concerns.
- Staff had received training in protecting vulnerable adults.

### 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 MCA 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 service was now working within the principles of the MCA. Capacity had now been fully assessed for all people and legal arrangements such as power of attorney was clearly recorded in care plans.

#### Using medicines safely

- Medication was safely managed.
- Not all people were supported by staff with medication administration as they felt confident to manage this themselves or have a family member assist. This meant that people were more independent in this aspect of their daily lives.
- Medication records were appropriately recorded and arrangements in place for the safe storage of medicines in people's homes.
- People who did receive support from staff with their medication were happy with this arrangement. They told us, "I always get my tablets when I need them" And "They [staff] never miss me out".
- Staff received training in medication and had their competencies checked to ensure that their knowledge was up to date.
- The performance of staff in administering medication was included in regular spot checks by the management team.

#### Preventing and controlling infection

- People were protected through the adoption of effective infection control measures.
- People told us that staff always wore personal protective equipment (PPE) when they visited and disposed of these appropriately. They told us, "Yes staff always wear masks and aprons; they are very good with that."
- Spot checks on staff performance included an assessment of how staff followed hygienic practice during a support call and these were found to be satisfactory. Adequate supplies of PPE were available.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded
- Records provided an account of any causes and consequences of accidents as well as any action undertaken by staff to keep people safe.
- While incidents and accidents had been recognised, these had been infrequent and no pattern of accidents could be identified at present.



# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Our previous regulatory contact with the service in October 2022 had identified some shortcomings in the provision of care. These related to recruitment, risk assessments, application of the Mental Capacity Act and the review of care planning. The registered manager had been open and transparent about these issues which they had inherited from a previous management team.
- As a result, the registered manager had created an action plan outlining how these would be achieved and by when.
- This inspection found that the identified shortcomings had now been addressed. Other goals such as the combining of computerised care planning systems had been identified to enhance the support provided.

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

- People considered the staff team to be "kind, caring and consistent."
- Care plans were person centred and now subject to regular review. Care plans focused on the individual preferences of people.
- Where people were independent in some aspects of their daily lives; this was respected by the service who only concentrated on where support was needed.

Manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had noted that assessment of quality performance had not always been effective. This had now been actioned and sustained through more effective and regular governance of quality within the service.
- This had included supervisions of staff, staff meetings and incentives to recognise staff achievements.
- Supervision of staff had been extended through spot checks on staff with any issues for action being identified and addressed.
- Staff meetings were now in place and 'Staff member of the Month' scheme had been put into place to recognise good practice and appreciation for staff's work.
- Staff considered the registered manager to be approachable. People told us that they could contact the office when needed and speak with either the registered manager or deputy.

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

#### characteristics

- The equality characteristics of people were included in care plans extending to individual preference and religious/cultural beliefs where applicable.
- People told us that they had received questionnaires inviting them to comment on the support they received. Comments received had been positive and these had been fed back to support staff.
- Care plan reviews also gave people the opportunity to comment on the support they received.
- The management team had met with staff seeking feedback about challenges facing them. As a result of these discussions a "You Said, We Did" summary had been produced in response to any issues raised.

#### Working in partnership with others

- The service worked with social workers and local authority teams.
- Where people had complex needs, close working relationships had been established with professional agencies to ensure effective support for people.