

ACS Homecare LTD

ACS Homecare

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

About the service

ACS Homecare LTD is a domiciliary care agency providing personal care to people living in their own homes. The service supported children and adults with both physical disabilities and/or cognitive impairments. At the time of the inspection there were three people receiving support from the service.

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

People and relative's felt safe with care staff that visited them. People's risks were clearly documented and staff had appropriate guidance to keep people safe. Staff had received safeguarding training and were aware of their responsibilities around recognising and reporting concerns of abuse. Staff were recruited safely and appropriate background checks completed before staff started working. The service had provided effective staff training and appropriate Personal Protective Equipment (PPE) to manage the risks of COVID-19.

Staff received a good level of support to help them in their role. This included a robust induction process, regular training, support and annual appraisal. People's support needs around food and drink was clearly documented in people's care plans. 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 and relatives felt staff were, kind, respectful and understood their support needs. Care and support was tailored to each person according to their needs and lifestyle. This ensured people were able to have an active and fulfilled life. People were encouraged to do things for themselves where possible to maintain and promote their independence. Staff were aware of people's religious and cultural needs.

Care plans were person centred and clearly documented how people wanted to receive their care. People and relatives knew how to complain if there were any issues and were confident the registered manager would deal with it.

There was good management oversight of the service. Numerous audits and checks were completed to monitor and improve the quality of care. People were regularly asked for their feedback about the care they received via satisfaction surveys and telephone calls. People and relatives knew the registered manager and management team well and told us they felt able to talk to them about anything.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17/09/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

ACS 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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

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 48 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 18 March 2021 and ended on 8 April 2021. We visited the office location on 18 March 2021. Following the on-site inspection, we completed the inspection via phone and e-mail. On 31 March 2021 telephone calls were made to staff and relatives to gain their feedback.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the office visit, we spoke with the registered manager and director of the service. We reviewed five staff recruitment records.

After the inspection

Following the on-site inspection, we spoke with one person that used the service, two relatives and three care staff. We reviewed a range of records including three people's care records, care plans and risk assessments and a variety of records relating to the management of the service, such as policies and procedures, audits and feedback surveys. We continued to seek clarification from the registered manager about what we found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "Yeah [I feel safe]. I have built confidence with the staff. I am visually impaired, so I depended on the carers for many things. The agency built my confidence." A relative said, "I feel she is [safe], if not she would always let us know about anything."
- Staff understood how to recognise signs of abuse and how to appropriately report any concerns.
- Staff had received safeguarding training which was regularly refreshed.
- There had been no safeguarding concerns raised since the service had been registered. The registered manager was knowledgeable around safeguarding and keeping people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's personal risks were identified, assessed and staff provided with guidance on how to minimise those risks. One staff member said, "One of my clients has quite a few risks and the risk assessment was informative, and I knew what to do when circumstances came about."
- Where certain risks such as eating and drinking was managed by relatives, this was clearly documented.
- People were involved in working with the service to create risk assessments that met their needs and kept them safe. Where people were unable to be involved due to their complex conditions or being a minor, relatives were involved.
- Specific risk assessments had been completed for people around COVID-19. This looked at people's personal risk factors and provided staff with guidance on how to work safely with people.
- Staff had also received individual risk assessments around COVID-19. This ensured the registered manager was aware of any risks regarding staff and how to manage these.
- There had been no concerns raised since the service was registered. The registered manager was aware of the importance of learning if things went wrong and told us, "There is always new things to learn."

Staffing and recruitment

- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- People and relatives confirmed they had the same care staff visiting them which helped build good working relationships. One person told us having regular care staff was important for them, "That is the most important thing and they understand my routine which is good." A relative commented, "It's the same three care staff come. All three of them know my son really well."
- People and relatives told us staff arrived on time for their care visits and stayed the correct amount of

time. If there was any delay or change in care staff due to leave or sickness, the office would contact them to discuss.

Using medicines safely

- There were no people being supported with medicines at the time of the inspection.
- Although staff were not administering medicines, all staff had been trained in medicines management and administration.
- The registered manager told us the service were prepared to work with people who may require medicines support in the future. We saw procedures were in place to facilitate this.

Preventing and controlling infection

- People and relatives were positive around how the service had managed infection during the COVID-19 pandemic. One relative said, "ACS homecare always make sure they provide good PPE for staff. They leave some PPE at the property and they [staff] always put on their PPE when they care for mum. They are always washing their hands."
- Staff were kept up to date with current guidance around COVID-19 and had received training in the safe and effective use of PPE.
- Staff told us they had access to appropriate PPE such as gloves, aprons, sanitiser and face masks.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received a comprehensive pre-assessment before receiving care. This ensured the service would be able to meet people's needs.
- Pre-assessments formed the basis of people's care plans. Once the care plan was written, this was discussed with people and relatives and any adjustments were made. This ensured care plans reflected people's individual support needs.
- People and relatives confirmed they had been fully involved in the pre-assessment process. One person said, "The management came in first, did an assessment, went away, wrote the care plan and came back, we made any adjustments and then the carers came in."

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction prior to starting work. This included training such as health and safety, safeguarding and manual handling. Staff also shadowed more experienced members of staff for a period of time before being allowed to work alone.
- Staff told us they felt supported in their role and received regular supervision. Due to the COVID-19 pandemic, supervisions were held by telephone. One staff member said, "Now we do supervision on the phone and they check how you are and how it is going."
- Records showed, and staff confirmed they received regular training. This included topics such as safeguarding, health and safety, infection control and the Mental Capacity Act.
- People and relatives felt staff were well trained and understood their care needs and how to appropriately support them.

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

- People's support needs around food was documented in their care plans.
- Some people were able to prepare their own food. Where people were unable to do this, staff supported people to, plan meals and cook. One staff member said, "I make light meals for light breakfast and lunch and will help prep dinner. They [people or relatives] usually will have done a weekly shop, I ask them what they fancy having and sometimes they make a menu for the week. We have chats about what they like and want to eat."
- One person required a specialist diet which their family were responsible for. The care plan clearly documented what staff were and were not able to do around food and nutrition for the person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the time of the inspection the service was not involved in supporting people to access healthcare, this was done by family members.
- Although staff were not currently involved in referrals to healthcare, relatives told us staff knew people well and would raise any concerns about people's health and wellbeing with them.

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.

- Nobody using the service was subject to a Court of Protection order at the time of the inspection.
- Staff had received training on MCA. Staff that we spoke with and the registered manager demonstrated a good understanding of the MCA and how this impacted on people that they worked with.
- People's care plans clearly documented people's capacity and ability to make decisions. Staff were aware of the importance of offering people choice.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives told us they felt staff were kind and helpful. One person said, "The managers have come down to see what my care package is about and the carers actually listen and get to understand me." Relatives commented, "The carers especially have been quite fantastic. Mum has been telling us how happy she is and friendly they are" and "I'm so happy for that agency, they take care of my son so very well. They are like family they are very, very good."
- Care plans reflected people's religious and cultural backgrounds. Staff we spoke with knew people well and were able to explain how they worked with people respecting equality and diversity.
- Staff we spoke with were passionate about their jobs and came across as very caring during our discussions with them.

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

- People and relatives were fully involved in planning their care. The registered manager told us it was vital to involve people, so they received the best quality of care possible that met their needs.
- Care plans were regularly reviewed to check if there were any changes in people's needs. People and relatives were involved in reviews. One relative said, "She [the registered manager] always tends to call every month, they do reviews every six months."
- People and relatives said they felt the service was responsive if they wanted to change any part of their care package.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of encouraging people's independence and supporting them to do things for themselves where possible. For example, asking people what they felt they could manage that day around food preparation and personal care. Relatives said, "We try to get them [staff] to encourage her too to keep her independence" and "The staff encourage her to do things for herself where she can."
- People and relatives told us they felt staff gave people dignity and respect when providing care and support. One person said, "They respect my norms of care." A relative commented, "When she [person] wants to have her bath, they don't come in, the carer always tries to give her that respect and privacy."
- Staff understood the importance of treating people with dignity and respect. One staff member told us, "It's [dignity and respect] like ensuring their privacy. In the morning, talking to the client and greeting them. Having a shower, close the curtains to protect their privacy. In terms of communication as well, we show respect, speak politely."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were detailed, person centred and clearly explained what care and support people needed, and how staff could best meet their needs.
- Care plans documented people's cultural and religious needs and how staff could support these where appropriate. For example, one person enjoyed singing and listening to gospel music, staff ensured the person had access to this.
- People and relatives told us they felt the service listened to them and met their needs in a way that supported their lifestyles. One person told us, "I know what I want. ACS understand that and they work with it."
- Care plans and risk assessments were regularly reviewed. Where there were any changes, the care plan and risk assessments were immediately updated to reflect this.
- Care plans included an oral health assessment. This informed staff if people required support in maintaining oral hygiene.

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.

- Care plans clearly documented people's communication needs and explained how staff could effectively communicate with people.
- One person had an application on their phone that enabled them to read their care plan and any information in an accessible format.
- The registered manager was knowledgeable about ensuring information was available to people in formats they could understand. This included, not using jargon in care plans and sitting with people to explain things.

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

- At the time of the inspection the service was not supporting people in this area. This was partly due to people's care needs and the on-going COVID-19 pandemic.
- The registered manager told us people had requested help in the community once any COVID-19 restrictions were lifted. This was documented in people's care plans.

Improving care quality in response to complaints or concerns

- There had been no complaints since the service had been registered.
- People and relatives had been provided with information on how to complain when they started using the service. Information on how to complain was also in people's care files at their home.
- People and relatives told us they knew how to complain and were confident any complaints would be dealt with. One person said, "I would just call one of the managers."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 service had an open and inclusive culture. People and relatives felt fully involved in their care and were empowered to discuss their care needs openly and were listened to.
- People and relatives knew who the registered manager was and were positive about the care provided. One relative said, "[The registered manager] calls and goes out of her way to check how things are; is mum happy? Are the staff doing what they need to?" Another relative said, "She [the registered manager] is very helpful to be honest. I am happy with them. She does a good job, my son knows them. If I call, they will be there."
- There was an out of hours system where people and relatives were able to contact for help if required. One relative said, "They gave us the 24-hour number and we can call them whenever they have any concerns. They always pick up or get back to us."

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

- There was a clear staff structure in place and staff we spoke with were aware of how to report concerns and understood the management structure.
- There were a range of audits completed to provide oversight of the quality of care. These included health and safety, care files and information and PPE. Where any issues were found these were addressed immediately.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- There were regular documented spot checks on staff when they completed care visits. This looked at how staff were providing care and ensuring people were appropriately supported. During the pandemic, these quality checks had been paused to minimise the amount of staff visiting and keep people safe. These had recently been re-started with people and relative's consent.

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

- The service regularly sought feedback from people and relatives to monitor the quality of care.
- Relatives and people, where they were able, completed satisfaction surveys. We saw feedback was positive. Where any minor issues had been identified, this was addressed by the registered manager.
- Staff told us they felt supported and were able to contact a member of the management team at any time.

There were regular staff meetings where staff were able to discuss any concerns and support each other. Due to the COVID-19 pandemic, these had been completed by video calling.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager understood their responsibility to be open and honest with people and relatives if something went wrong.
- There was a culture of learning through feedback from people and relatives. This was used to review care being provided and improve the management oversight of the service.
- Any learning was shared with the staff team through regular team meetings and supervision sessions.
- Staff were provided with continuous training in a variety of topics to ensure they were able to appropriately meet people's needs.
- Care records showed relatives and people were responsible for any healthcare referrals.