

Ace Care Agency

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Inspection report

New Road
Brownhills
Walsall
West Midlands
WS8 6AT

Tel: 01543454438

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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

Ace care Agency is a domiciliary care service providing personal care to older people who may have a diagnosis of dementia. People are supported in their own homes, at the time of the inspection 16 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

The registered manager had put new systems in place, to monitor the quality and safety of the service, and these were working effectively. People received person centred care. People, relatives and staff expressed confidence in the registered manager.

People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely. Care plan and risk assessments were up to date and reviewed regularly. People received their medicines as prescribed.

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 were treated with kindness and compassion. People felt well supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People's communication needs were met. People's personal preferences were identified in their care plans. People were involved in decisions about their care.

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

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ace Care Agency

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

The inspection was carried out by two inspectors and one assistant inspector.

Service and service type

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

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.

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 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

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, general manager, assistant

manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

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.

Assessing risk, safety monitoring and management

- We identified one care plans that did not contain enough detail in relation to a person's care needs and associated risks. However, staff were very knowledgeable about the person and what support they required to stay safe. The person's relative told us they were present when staff were there, and the staff supported the person in a consistent and safe way and they had no concerns. We discussed this with the registered manager who immediately updated the persons care plan and said they would review everyone's care plans and risk assessments.
- Staff and the registered manager were proactive when people's needs changed and would contact health professionals on people's behalf. We saw care plans and risk assessments were updated following any change of need.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and any future risk was reduced.
- The registered manager carried out an environmental risk assessment, at people's homes, before agreeing to any new support package. This was documented in peoples care plans. They told us they would support people to access external agencies if they wished, such as the local fire brigade, if they identified any area of the home they felt was unsafe for the staff or person.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and staff supported people to stay safe in their own homes. A person said, "I feel safe." A relative said, "I feel my [relative] is safe with the staff."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "People are vulnerable, and you need to report anything [of concern] if you see it or if they tell you."

Staffing and recruitment

- The registered manager had a system in place to monitor missed or late calls. People told us they were given notice if calls were late, but it did not happen often. People told us they knew which staff were going to be coming to their home in advance. One person said, "They will always ring me if there's a problem. They always tell me who is coming."
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. We identified one gap in one staff members employment history, this was addressed during our visit by the general manager.

Using medicines safely

- A person told us, "Staff manage them [medicines] in a safe way." A relative told us the staff "absolutely"

knew what they were doing when they supported their loved one with medicine administration.

- Staff understood their responsibilities in relation to medicine management. They could tell us when people had medicines that had to be managed in a certain way, for example, medicines that were time critical, meaning they had to be given at a certain time.
- Records showed medicines were managed safely and in line with good practice guidance.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them. One staff member said, "We wear protective overalls, aprons and gloves. I make sure I dispose of them after personal care and use fresh ones when doing breakfast. I have them with me."

Learning lessons when things go wrong

- The registered manager discussed how lessons had been learned in relation to previous incidents that had occurred in the service. The registered manager had identified that communication between the management team and people had not always been effective, this related to when staff were late or the staff attending a call had changed. They told us they had made improvements in this area and ensured people were always updated of changes. People confirmed this to us.

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 registered manager told us that no one was being deprived of their liberty so did not require an application to be made to the Court of Protection.
- People and their loved ones told us they were able to make choices about their day to day care.
- Staff had a good knowledge and understanding of the MCA. One staff member told us, "Mental capacity is about people's ability to make their own decision."

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

- Peoples physical, mental and social needs were assessed and documented in their care plans and risk assessments.
- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. A relative said, "My [loved one] is really well looked after, this service is so good."
- Staff understood their responsibilities and what was expected of them. They told us they received training that was relevant to their roles and had access to NVQ's. An NVQ is a work-based way of learning and involves a range of on-the-job tasks and activities that are designed to test you on your ability to do a job

effectively.

- Weekly 'informal supervision' was completed with all staff members and recorded. Staff had the opportunity to discuss their working week. Trends in concerns were identified with actions logged. Staff told us they received an annual appraisal. This gave staff the opportunity for feedback, learning and development.

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

- Staff supported people to maintain a healthy balanced diet. One person told us, "They [staff] help to keep me nourished and have food."
- Where people needed support to eat their food, staff were supporting them in a safe way. One relative told us "yes" their loved one was supported to eat and drink correctly.

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

- Where needed, staff would support people to access community healthcare professionals such as the GP and occupational therapists. This enabled people to have their health needs met by external professionals.

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 now 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 felt well supported and relatives felt their loved ones were treated with kindness and compassion. A relative told us, "They [staff] get very involved and are all very kind, good, honest and reliable. I can't praise them enough."
- Staff told us what was important to people and gave us examples of how they made sure people had a sense of self-worth. One staff member said, "Each person is treated individually, everyone has their own individual needs and tailored needs", another staff member said, "We know [person] does not like daytime television, they like football or an old film [so we make sure that is on for them]."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- People felt well supported, listened to and able to express their views. One person said, "I've spoken to the company about a possible change in my care package and I feel confident to do that. I know they will listen."
- Staff had the time they needed to provide compassionate support, and this was helped by good rota planning. A relative said, "Staff take their time to complete tasks and always stay the full allocated time." A staff member said, "Our shifts aren't rushed. The rota planning is good, so we have time to travel between calls."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. One staff member told us, "You need to be respectful. I think how I would feel if it was me [receiving care]. I ask people how they feel and what they like." A relative said, "I have seen staff talk to [person] kindly, with respect and dignity."
- People and their relatives felt staff encouraged them with independence. One person said, "They encourage me, and I can do things for myself." A relative said, "I've seen the staff promote [person's] independence."
- People and their relatives felt staff were respectful. One relative said, "Yes very respectful and caring." Another relative said, "Staff are pleasant and talk in the correct manner [to person]. They are helpful"
- People's care records were kept securely in the office, and their confidentiality respected.

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 now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us, and records confirmed, they were involved in decisions made about their care. One person told us, "The initial call [between me and the management team] made me feel I was having a conversation together and we discussed what the remit of the care was. They were treating me as a human being. It was a two-way conversation."
- Peoples care plans contained detailed information about how they liked to be supported. A relative said, "Staff are all very good indeed, even the new girls who have started, they soon get in the routine. With their help we can give [loved one] a one to one service."
- Relatives told us they were able to contribute to their loved one's care planning. One relative said, "I read and sign the care plan and I keep a copy, so I know the routine and they [staff] adhere to it."
- Peoples care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.

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 registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available to people in different formats including easy read documents.
- Where people had communication difficulties, relatives told us the staff knew their loved ones well and were able to communicate with them. A relative said, "Staff know how to communicate with my [relative]."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People and their relatives could tell us how they would complain, and staff could tell us the signs to look out for to identify if people were happy or not.
- There had been no formal complaints since the last inspection.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People's end of life wishes, and preferences were not recorded in their care plans. We discussed this with the registered manager who said he would explore this with people.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During the last inspection we found quality systems were in place, but information gained from these systems was not used to continually monitor the service. This related to people's verbal concerns and accidents, incidents and complaints. At this inspection we found that the registered manager had put new systems in place that were working effectively.
- People's verbal concerns were logged, and we could see these had been discussed with people and an outcome given. This showed the registered manager was listening to people and acting on their concerns. A person told us, "I feel happy I can raise issues. If I need something changed it will be done. We [me, staff and management team] work together well."
- The management team had a weekly meeting where they discussed each person they supported. During these meetings they would look at any incidents, accidents or concerns and discuss any action they may need to take. We saw logs of these meetings and also follow up logs in peoples care records. For example, one person had started falling, when staff were not there. The registered manager had met with the staff and person and identified loose rugs in the persons home, the person agreed to remove the rugs and had not fallen since.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service.

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

- The staff and registered manager demonstrated a person-centred approach for the people they supported. People told us they had choice and control and were involved in day to day decisions. One person said, "They [staff] listen to me, they do things I ask them to."
- Staff felt well supported and staff, people and relatives expressed confidence in the manager. A staff member said, "I feel supported." A relative said, "[Registered manager] is very good and comes to see me, he stands in for staff sometimes."
- Staff were positive about the service and felt proud to work for Ace Care Agency. Comments included, "It's great working here" and, "I'm proud to be here ... the staff are really good and keep people safe ... we don't get a big staff turnover and people know the staff." Another staff member said, "I've been happy working here, it is a caring place and no corners are cut. Concerns are dealt with and we are not frightened to ask questions."
- Staff practice, culture and attitudes were monitored. The registered manager undertook regular spot

checks on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care.

- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Where people requested, the staff would communicate with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care

- The registered manager told us they were always looking at ways to develop the service and continuously improve. For example, they were trialling a new training package. They felt this would provide the staff with more in-depth information and provide training in more areas. The aim was for staff to enhance their knowledge base.

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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.