

Ace Social Care Ltd

Ace Social Care

Inspection report

Aston Springs Farm
Mansfield Road, Aston
Sheffield
S26 5PQ

Tel: 01709943044
Website: www.acesocialcare.com

Date of inspection visit:
20 August 2020
21 August 2020
25 August 2020

Date of publication:
22 September 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Ace Social Care provides care and support for people living in their own homes. The provider is registered to provide care and support to people in the community. 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. At the time of our inspection the service was supporting 13 people with their personal care and support needs.

People's experience and what we found:

Some improvements had been made since our last inspection which took place in June 2019. We found the service had made positive changes in their staff recruitment process, and were lawfully obtaining and acting in accordance with people's consent. However, governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement.

At our last inspection there were some shortfalls in the way medicines were managed; there were no protocols in place setting out when medication prescribed to be taken on an "as and when" basis should be administered, these protocols were still not in place. Also, staff could not remember having their competency checked and there was no record of this. The registered manager took immediate action to resolve this.

People were safeguarded from the risks of abuse, staff received training in this area and knew how to recognise and report abuse. Staff were confident that appropriate action would be taken to keep people safe. In the main, risks associated with people's care were identified and risk assessments were in place to minimise the risk. Staff were knowledgeable about risks associated with people's care. We found a potential risk in the way a person's medicines were stored, which had not been addressed. The registered manager took immediate action to resolve this.

There were sufficient staff available to meet people's needs and to socially engage with them whilst adhering to the current restrictions due to the COVID-19 pandemic. The registered manager had managed the current COVID-19 pandemic well and implemented effective procedures. Staff we spoke with felt there were enough staff available and were able to meet people's needs.

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 happy with the quality of care and support they or their family member received. Communication with the registered manager was a strong feature and people spoke of care which met individual needs, and which could be reviewed and adapted. The management team supported staff to deliver person centred care to people. The registered manager engaged people in the service and listened to

their comments. Many described staff as being, 'friendly and caring.' Relatives felt involved in the care of their loved ones and felt staff were adequately trained.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 July 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of one regulation. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected:

We undertook this focused inspection in line with our current methodology in the COVID-19 pandemic, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvement. Please see the relevant key question sections of the full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ace Social Care' on our website at www.cqc.org.uk.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ace Social Care

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and plan to speak with people, their relatives and staff by telephone prior to our visit. This helped minimise the time we spent in face to face contact with the registered manager, staff and people who used the service.

Inspection activity commenced on 20 August 2020 and ended on 25 August 2020. During this time, we contacted relatives and staff via telephone to gain their views and asked the registered manager to send us documentation relating to the management of the service. We visited the agency office on 25 August 2020.

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.

During the inspection:

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The purpose of this inspection was to check if the provider had met the requirements we previously served.

Staffing and recruitment

At our last inspection we found the provider's arrangements for recruiting staff safely were not sufficiently robust. The provider had relied upon Disclosure and Barring Service (DBS) checks that had been undertaken by staff members previous employers and did not always have records of the work history of employees. This was a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed.

At this inspection improvements had been made and the service was no longer in breach of regulation 19.

- Appropriate staff recruitment and pre-employment checks were in place.
- People were supported by sufficient numbers of suitably qualified and competent staff who were effectively deployed.
- Care workers told us the staffing arrangements for allocating work was organised well. They said they worked in small teams to provide the care and continuity people needed.

Using medicines safely

- Protocols were not in place to support people who were prescribed medicines on an 'as and when' required basis. This was raised at the last inspection and no action had been taken. This was actioned by the registered manager following the inspection.
- Staff received training in the safe handling of medicines. However, there was little evidence they had a competency check completed on an annual basis, or before if required. Some observation of competency was recorded as part of the spot checks, but there was insufficient detail to be assured staff were fully competent. The registered manager took action following this inspection.
- People told us they received their medicines as prescribed. A relative told us, "Any problems with medicine refusals and they contact me. Additional help was offered by the company last week, they are flexible and responsive."

Assessing risk, safety monitoring and management

- Risks associated with people's care and treatment had been identified and risk assessments were in place to minimise risks occurring. However, we found a potential risk for one person relating to the storage of their medicines, but this had not been identified or referred to in their support plan. The registered manager took immediate action to resolve this.

- Staff were aware of most risks and took appropriate actions and followed people's care plans to ensure people were kept safe.
- One person said, "I do feel safe. I've had this carer for a long time. The other carers are familiar faces. They do everything I ask, they are very caring. The carers give me my medicines and do it right."

Learning lessons when things go wrong

- Following the last inspection, the registered manager implemented an action plan which they told us would address the shortfalls in the service. However, we found this did not fully address all areas.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from the risk of abuse.
- People said they felt safe in the care of the staff. Relatives told us they had "peace of mind," that their family member was being looked after safely.
- Staff confirmed they had received training about safeguarding people from abuse. Staff were able to tell us what their responsibilities were in relation to reporting any safeguarding concerns to the safeguarding authority.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment (PPE) such as gloves and aprons were provided for them.
- People and relatives told us PPE was used by staff appropriately and when needed.

Is the service effective?

Our findings

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirement we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection we found the provider was not lawfully obtaining and acting in accordance with people's consent. This was a breach of Regulation 11 HSCA RA Regulations 2014 Consent to care.

At this inspection improvements had been made and the service was no longer in breach of regulation 11.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We were told some family members had lasting power of attorney (LPA). This legally gave them the authority to make decisions on the person's behalf about their health, care and welfare. A copy of the LPA was on their file and referred to in their care plan.
- We found care workers followed the principles of the MCA and people's consent was sought in advance of care being provided.
- Care workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests. One care worker said, "We must always respect people's choices, ask them if it is okay for us to assist them and do things as they wish."

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements we previously served. At our last inspection we found the registered manager carried out audits of the service provided, however these audits had not always identified areas requiring improvement.

Not enough improvement had been made at this inspection and the provider continued to be in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since our last inspection the registered manager had developed some governance systems to monitor the service. However, these audits were not always effective, and did not always identify areas to improve on. For example, a review of medicines for one person had not highlighted a risk relating to their storage.
- Reviews and updates of care plans and risk assessments had been completed in part but had resulted in some information being conflicting and could put people at risk of inadequate care and support.
- Governance and oversight systems had failed to identify the issues found at this inspection. For example, staff had not completed their annual medicine competency check and there were no PRN protocols in place.
- The registered manager told us they audited all areas of the service, which included MAR charts, daily log sheets and care plans. However, there was little recorded evidence of this. Prior to the inspection and following the inspection we asked for other audits to be sent to us, but these were not sent.
- The registered manager showed us a newly introduced medicine audit which was being completed six monthly. This frequency was insufficient to ensure a timely response to any errors or discrepancies and safeguard people from harm.

The lack of a robust quality assurance system giving a clear oversight of the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw some evidence of improvements, including how the provider obtains people's consent, or how it proceeds when people lack the capacity to consent.
- Staff we spoke with understood their roles and responsibilities and were keen to ensure a good quality

service was provided.

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

- People who used the service, their relatives and staff were engaged in the running of the service.
- The provider carried out a quality survey in May 2020, and the results were positive, with most people not wanting any changes made to their current service.
- All respondents of the quality survey agreed that, "Care staff showed kindness and understanding at all times," and said, "I know care staff feel my safety and wellbeing are their most important considerations."
- Records showed care delivered was provided in a person-centred way.
- Relatives told us the staff team and the registered manager were approachable and professional. A relative said, "I have good communication with the management and that gives me confidence. The company runs a flexible and adjustable system and is very amenable. We are able to adjust and tweak the care plan if needed. They are supportive of the whole family, it is peace of mind for me."

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

- The management team promoted a positive culture where people felt included.
- A relative told us, "The company work with me. If I phone the manager with an issue, it is dealt with immediately. The staff are good at communicating with [name] on the iPad. They are very patient."
- We viewed a selection of care plans and supporting documentation and found people's needs and preferences were included. A relative told us, "I was involved in the care plan. We have no problems. The carer is very good, very obliging. We ask them to do something and they do it. They are polite and respectful."

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 management team understood their responsibility in relation to the duty of candour and were open and honest when needed.
- Feedback from people and their relatives confirmed they were informed and told about any concerns or issues in line with their duty of candour responsibility.

Working in partnership with others

- The registered manager was committed to working with external healthcare professionals to ensure people received the best possible care. Working relationships had been developed with the local GP's, district nurses, and social workers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance arrangements were not sufficiently robust to identify shortfalls in regulatory compliance.