

Ace Social Care Ltd

# Ace Social Care

## Inspection report

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Date of inspection visit:  
24 November 2016

Date of publication:  
02 January 2017

## 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

The inspection took place on 24 November 2016 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was re-registered with the Commission in June 2016 as the provider changed to a limited company, so this was the first inspection of the service under the new registration.

Ace Social Care provides personal care to people living in their own homes. Its office is based near the centre of Maltby. The agency mainly supports older people, including some people who are living with dementia, and younger people with a physical disability.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of our inspection there were 14 people using the service. We spoke on the telephone with two people who used the service and three relatives. When we asked them about their experiences of using the agency they told us they were happy with the service provided. We saw people had a team of care staff who visited them on a regular basis.

We found the service employed enough staff to meet the needs of the people being supported. Staff had completed various training to meet people's needs, but staff support sessions were not always provided in line with the company policy. Overall the system for recruiting new staff helped to ensure staff were employed with all of the required employment checks, but there was some inconsistency in records completed. People who used the service praised the staff who supported them and raised no concerns about how their care was delivered.

We found people received a service that was based on their personal needs and wishes. Their needs had been assessed before their care package commenced and where possible they, and their relatives, had been involved in formulating their care plans. Care records sampled identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

People were provided with information about how to raise a concern and how it would be addressed. The people we spoke with told us they were confident that any concerns they raised would be dealt with promptly.

The registered manager had a clear oversight of the service, and of the people who were using it. People

were encouraged to share their views about the quality of the care provided. Quality assurance systems had been developed to monitor how the service operated and identify areas for improvement.

## 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

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The process for recruiting new staff helped to make sure the right staff were employed to meet the needs of people safely.

People were supported to take their medication safely.

### Is the service effective?

Good ●

The service was effective

Staff had access to a varied training programme that enabled them to care and support people who used the service safely and to a good standard.

Records demonstrated people's capacity to make decisions had been taken into account. Staff had completed training in this subject and understood their role in supporting people in their best interest.

### Is the service caring?

Good ●

The service was caring

People told us they were happy with the care and support provided. They told us care was delivered in line with their wishes.

Staff knew the people they cared for well, which meant people received consistent care that met their needs.

People were involved in making decisions about their care and offered choices. Staff took account of their individual needs and preferences.

### Is the service responsive?

Good 

The service was responsive.

People had been encouraged to be involved in planning and reviewing care plans. Plans identified the areas where people needed support, and provided clear guidance for staff on how to meet these needs.

Overall care records had been reviewed and updated in a timely manner to reflect people's changing needs.

There was a system in place to tell people how to make a complaint and how it would be managed.

### Is the service well-led?

Good 

The service was well led.

The registered manager had a clear oversight of the service, and of the people who were using it.

Systems were in place to gain people's opinion of how the service operated and evaluate where improvement was needed.

Staff were clear about their roles and responsibilities, and felt supported by the registered manager.

# Ace Social Care

## Detailed findings

### Background to this inspection

The inspection included a visit to the agency's office on 24 November 2016. To make sure key staff were available to assist in the inspection the provider was given short notice of the visit, as in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We looked at any notifications sent to us. We also requested the views of other agencies that worked with the service, such as service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 14 people using the service. Following our visit to the agency's office we spoke on the telephone with two people who used the service and three relatives. We also spoke with the registered manager and three of the six care workers employed at the service.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing three people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

# Is the service safe?

## Our findings

People told us they felt the care and support provided was delivered in a safe way. Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately.

Staff had received training in relation to safeguarding people as part of their induction to the company, which was followed by periodic refresher training. Staff we spoke with demonstrated a satisfactory knowledge of safeguarding procedures and their responsibilities in relation to protecting people from abuse and acting upon suspected abuse.

The provider had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices. We saw people's care package was planned and delivered in a way that helped to ensure people's safety and welfare. We looked at three people's care files and saw records were in place to monitor any specific areas where they were more at risk, such as moving people safely from bed to chair. They explained what action staff needed to take to keep people as safe as possible. We also saw environmental risk assessments had been undertaken to ensure people were living and working in a safe environment. People we spoke with told us they felt staff supported them, or their family member, safely.

Some people, or their relatives, were responsible for administering their own medication, whereas other people required assistance from care staff. Where the care package included staff being responsible for administering medication we saw this was managed safely. A policy was in place to guide staff about the correct procedures to follow and their responsibilities when administering medicines to people. We also saw staff had received medicines management training.

We sampled medication administration records [MAR] returned to the office and found overall these had been completed correctly. The registered manager had introduced a system to check records were completed accurately. Information was available to staff regarding the management of medicines that were only taken 'when required' [PRN], and a separate MAR was used to record these medicines. This helped to make sure people received this medication in an appropriate and timely manner, and only when required.

The service had a recruitment policy which helped to ensure only suitable people, with the right skills, were employed by the service. We checked four staff files and found they included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, two files only contained one reference, instead of the required two. The registered manager told us they could be at her home office, we later saw appropriate references were in place. We found generally files were poorly organised, making it difficult to find specific information, and some files did not contain the same documents as others. For example, two files had copies of interview notes, while the other two did not. Again the registered manager said this could

be due to the documents being at her home office. She said she was planning to only have the one office in the future.

Overall we found the service employed sufficient staff to enable them to meet the needs of the people being supported, but some staff felt additional staff would be beneficial to cover for holidays and sickness. One person using the service also said they felt more staff was needed. They told us, "The girls [care workers] are so good and work so hard. They need more staff; they work a lot of hours." The registered manager said she was looking to recruit more bank staff, who would fill in for any absences. She told us she also provided care when needed, and was on call when the office was closed. She said the latter was to ensure staff could request guidance and support.



## Is the service effective?

### Our findings

People told us staff delivered care in an inclusive way and that their wishes and preferences were respected. The relatives we spoke with were also complimentary about the staff that supported their family member. One person using the service told us, "They [staff] are fabulous. They are so good to me." Another person commented, "Staff seem to be trained well, very good." People also felt the service operated effectively. A relative told us, "It's [care] generally very good. Staff are especially good at communication. The carers and the manager ring me if there are any concerns."

We found new staff had undertaken an induction to the agency which included them completing the 'Care Certificate,' if applicable, along with other essential training. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The registered manager told us she was to attend a workshop in the near future to gain more understanding about the care certificate.

There was no formal training matrix to assist the registered manager in monitoring which staff had completed specific training and when refresher courses were due. However, staff comments and certificates included in staff files showed that essential training had taken place and refresher courses were periodically completed. This included topics such as health and safety, moving people safely, food hygiene, medication administration and dementia awareness. We discussed with the registered manager the benefits of having a training matrix to help monitor and evidence the training staff had completed.

Most staff who had worked for the company for over a year had received an annual appraisal of their work performance. One to one supervision meeting and observational checks had also taken place, but the timescales were not in line with the provider's policy. The registered manager was aware of this shortfall and said she was taking action to make sure support meetings were provided in a timely manner and formally recorded. They said they worked closely with staff on visits to people using the service and were always on call if staff needed advice or support. Staff we spoke with said overall they felt supported by the registered manager, but felt additional one to one and group meetings would be beneficial.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and staff had completed training in this subject. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. The registered manager understood that where decisions had been made in people's best interest, these needed to be fully documented. They gave an example of how the best interest of someone living with dementia had been considered in a multidisciplinary approach; this had included a social worker, staff at the memory clinic and the person's family.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically. Staff were able to describe the actions they would take should someone not be eating or drinking sufficiently. This included recording people's intake and reporting any concerns promptly to the registered manager or their line manager. A relative described how when they had concerns about their family member not drinking enough staff had made sure drinks were always available. They added, "They even stay with her while she drinks whatever drink they have made for her." Another relative described how staff 'tempted' their family member to eat by offering them their favourite foods.

## Is the service caring?

### Our findings

People who used the service, and the relatives we spoke with, said they were happy with the way staff delivered care and felt they respected people's decisions and preferences. People described staff as being caring, efficient and responsive to their needs. One person who used the service told us, "They [staff] are so good to me. I'm so pleased with the way they care for me and respect me." A relative commented, "The carers are so caring and thoughtful, they make sure he has a shave and a wash, as they know he wouldn't do it unless prompted."

Staff received training in respecting people and maintaining their dignity as part of their induction to the agency. Staff we spoke with described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions. For instance, one care worker explained how they always showed people living with dementia two options for their lunchtime meal. Another care worker explained how they provided personal care in a respectful manner by covering the person up and making sure doors and curtains were closed. Someone who used the service told us how staff were very attentive when providing personal care. They said, "I can wash my top half myself, then they make sure I put my top on before moving me to the bed. Then they wash my middle and bottom half, making sure I'm covered up as they go."

The registered manager told us that as the care team was so small it enabled her to provide the same care team for each person. This meant the staff and people who used the service could build up relationships, as well as helping to ensure consistency when delivering care and support. The people we spoke with confirmed they were happy with the arrangements in place.

Everyone we spoke with told us they had been involved in developing care plans. They said staff worked to the agreed care plans and they were satisfied with how their needs were met. Care files sampled contained details about people's likes and dislikes. They also outlined their abilities, so people's independence could be respected and encouraged. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences.

The registered manager told us they had been enhancing their knowledge of end of life care as part of a training course they were completing. They said they had also discussed the possibility of all care staff completing end of life care with the local authority, as they felt this could improve the service the agency offered.

## Is the service responsive?

### Our findings

People told us staff provided personalised care which met their, or their family member's, needs to a good standard. They confirmed they had been involved in planning the care and support provided. Everyone we spoke with was very happy with how care was delivered. One relative told us, "They are flexible and will change visits without a lot of notice to fit in with what we are doing."

We looked at the office copies of three people's care records and found they contained good information about the person's needs, any risks associated with their care and their preferences. The people we spoke with confirmed care files were available in each person's home. Care plans were written in a person centred way that gave staff clear guidance about how to support individual people. We also noted that staff were reminded of particular areas that needed attention, such as ensuring someone was wearing their Rothercare pendant so they could summon help if needed. We found one person's care plan did not quite match the visit notes completed by staff. The registered manager told us the care plan in the person's home had been amended recently and they intended to update the office copy.

Records showed the provider worked responsively with external professionals, such as social workers and commissioner. A relative also described to us how care workers had worked with a district nurse to ensure their family member's needs were met. We found staff had completed a record of each visit which described the care and support provided, as well as how the person had been during the period of their visit. Staff had completed these records to a satisfactory level of detail, so the registered manager could monitor what support had been provided and whether it reflected people's assessed needs.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. The registered manager told us no complaints had been received since the service was re-registered, however they said there was a structured system to record all complaints and concerns received. A record of compliments received had also been maintained. We saw the service had recently received three thank you cards and three verbal compliments.

People we spoke with did not raise any complaints or concerns about the service provision. They said they would feel confident raising any issues, which they felt would be taken seriously. Staff told us if they received any concerns about the services they would share the information with the registered manager. They also told us how they would raise concerns on behalf of people who felt unable to do so themselves.

## Is the service well-led?

### Our findings

The service was re-registered with the Commission in June 2016 as the provider changed to a limited company, so this was the first inspection of the service under the new registration. At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They told us they were undertaking a level five diploma in adult social care for adults and younger people, which would be completed in December 2016. They said this had helped them develop their management skills.

The registered manager told us the company's aim was to only support a small number of people, so they could provide an individualised person centred service. People told us the registered manager took 'a hands on role' in the running of the service and had a good knowledge of the people who were using the agency. People told us they saw or spoke on the telephone with the registered manager on a regular basis. One person described how the registered manager visited them to provide care, while a relative said they discussed their family members care regularly with them on the telephone.

When we asked the people we spoke with if there was anything the agency could do better no one could think of anything that could be improved. People were complimentary about ACE Social Care. They told us they were very happy with the service provided and the way staff delivered care. One person said of the agency, "It's absolutely brilliant. If I ever need care I would book it with her [the registered manager]. I can't fault them." Another person commented, "I can happily go away [on holiday] and not worry. ACE support her as needed."

The registered manager had used phone calls, visits and care reviews to gain people's views about how the service was operating. She showed us some new questionnaires the company had started to use, but said they felt they were too comprehensive, so they planned to modify them before sending any more out to people.

The registered manager said they had gained staff feedback through meetings and working alongside them and one to one support meetings. The staff we spoke with told us they could raise concerns with the registered manager and felt they would be listened to. One care worker said, "The manager is as fair as she can be, she's approachable and we can always call her when we need support." However, staff also said they would like more staff meetings and one to one discussions with the registered manager. A care worker commented, "We have about two meetings a year and they are a bit one way, the manager says what she needs to say, but we don't have time to say our bit." They felt this would improve staff morale. The registered manager told us they worked alongside staff on a regular basis, which provided staff with the opportunity to discuss any concerns they might have or ask for guidance. However, they said they were taking steps to ensure staff received one to one support on a more regular basis, and they described how they were working at improving staff morale. For instance, they told us they were looking at team building exercises that may be beneficial.

When we asked staff if there was anything they felt the service could change to improve the service provided,

overall they said they were very happy working for the agency. However, two staff said they would like staff rotas to be available earlier, especially the Christmas one, so they could make plans. We discussed this with the registered manager who said they would try to improve this area.

Policies and procedures were available to inform and guide staff and people using the service. We also saw there was a system in place to check if the service was operating in line with these policies. For instance, care files contained a form that demonstrated that the provider had periodically reviewed the content and highlighted any areas where action was needed. We also saw the registered manager had completed quarterly checks on medication administration records [MAR] and daily visit notes completed by care staff.