

Ace Care 4 U Limited

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Inspection report

Unit 19
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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 4 U is a domiciliary care agency providing personal care to people in their homes. 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. There were 115 people using the service at the time of the inspection.

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

People told us they felt safe and they received safe care. Staff understood how to recognise signs of abuse and how to report concerns.

People had up to date risk assessments around their needs and environmental safety checks were in place to ensure people and staff were safe from harm.

There were satisfactory numbers of staff to support people. Pre-employment checks were undertaken on new staff to ensure they were suitable to work at the service.

People told us staff were kind, caring and respectful. Staff involved people in choices about their care and respected their right to privacy and treated them with dignity. Staff had a good understanding of people's needs. People's end of life wishes were discussed. People felt able to complain openly if they needed to.

People were supported with their medicines in a safe and timely way. People's nutritional needs were well supported. Staff monitored people's healthcare needs to ensure they received the appropriate care that met their needs.

The service was well-led. Staff told us they felt supported by the management team. People and their relatives had the opportunity to give regular feedback on how the service was run. The management team had made recent improvements to the monitoring of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 10 August 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 effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ace Care 4 U Limited

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 conducted by one inspector, an assistant 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

Ace Care 4 U is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two managers registered with the Care Quality commission. This meant that they 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

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 sought feedback from the local authority and professionals who work with the service 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. We reviewed other information we had received since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including the registered managers, senior care workers, care workers and administration staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 Good. At this inspection this key question has remained the same. 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 very safe with carers. Staff had received safeguarding training and could identify different types of abuse. Staff told us they would report problems to the management team but were happy to go to the local safeguarding team directly.
- People told us staff wore badges and uniforms when they visited, so they knew who staff were.
- People and their relatives told us they felt safe with the equipment staff used to move them, one person told us, "I have no concerns over my safety with staff moving me."
- The management team understood their responsibilities to report concerns to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- People had risk assessments in place. For example, we saw risk assessment for pressure sores, falls and nutrition, this ensured staff knew how to care for people safely.
- People's care plans also contained comprehensive risk assessments for all equipment in their homes, to ensure the equipment was safe to use and staff knew how to use it.
- Health and safety checks of the environment were performed to ensure staff and people were safe from harm.
- People had personal evacuation plans in place, so staff could assist them in an emergency.

Staffing and recruitment

- People told us there were enough staff. Staff told us most people required two carers and there were always enough staff to provide safe care.
- The registered managers told us they had a number of 'on call' staff who covered sickness, if necessary the management team also covered staff absence.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.
- The management team discussed a recent, serious incident that had resulted in the suspension and subsequent dismissal of a member of staff, we could see that the correct process had been followed.

Using medicines safely

- People told us staff helped them with medicines safely. One person told us, "They do all my medicines, they put them in my hand and give me a glass of water."
- Staff told us they had medicines training and their competency assessed yearly to ensure they continued to be safe to administer medicines. Medicines policies and procedures were in place for staff to refer to.

- There were medicines audits in place to identify any errors that occurred. The management team told us of an incident when a medication was missed and how staff dealt with it, informing the person their family, contacting 111 and the GP for advice.

Preventing and controlling infection

- People told us that carers wore personal protective equipment, such as gloves and aprons when required.
- Staff had training in preventing and controlling the spread of infection.
- The management team told us how they would respond to prevent the spread of infection if someone was unwell, for example, by limiting the number of carers who visited.

Learning lessons when things go wrong

- Staff told us they were confident to report incidents and accidents to the management team and knew they would be actioned.
- The management team told us about an incident when an evening call was missed and the changes they had made following this. They had increased the monitoring of calls to ensure the event did not reoccur. Extra checks were implemented, involving two members of staff, this ensured that the service could identify that all calls had been completed by the end of the day.
- The management team told us how they had improved their monitoring of late call. Any calls that were running 15 minutes late generated an alert to staff and extra carers were deployed to help.

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 remained the same. 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's needs were assessed before they commenced with the service. The management team told us, "We go into hospital a number of times before people come to us to ensure we have the staff and equipment ready to meet their needs."
- People told us their care plans were regularly discussed with them and their family and we saw people had signed to agree with their plans. Care plans were formally reviewed every six months by staff.
- People and relatives told us staff were very flexible and would change things around according to their needs.
- The service delivered care in line with national guidance. We saw recognised tools that were in use, for example the Waterlow scale for skin integrity and the Malnutrition Universal Screening Tool for nutrition needs. The service was in the process of implementing a new oral hygiene assessment tool.

Staff support: induction, training, skills and experience

- Staff told us they had an induction period which involved training and working with a senior member of staff until they felt competent. Staff felt the training was good and prepared them well. Staff training was up to date and staff had completed the care certificate when they joined the service.
- People told us that staff were well trained and they knew what they were doing. One person said, "They are well trained and skilled, I trust them all."
- The management team told us they matched carers together, so they had the right skill mix and then matched the carers up with people. New staff were introduced to people before they started caring for them.
- Staff told us the management team performed regular spot checks on their work to monitor standards and identify training needs.

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

- People told us that staff were very good at cooking and their food was prepared safely.
- People's weight was monitored, and people had food and fluid charts to monitor their intake if their weight was a concern.
- Staff told us how they supported one person who had swallowing issues, by ensuring they had a pureed diet that was fortified to support them to maintain their weight.

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

- The service worked with a variety of other agencies to organise appointments and provide timely care for

people. People were supported to access a range of health care services and the service worked with people and their families to ensure people attended appointments.

- Care plans had grab sheets in place, these were information for emergency services and hospital staff in the event of an unplanned admission to hospital.

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.

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

- Staff had received training in the MCA and told us how they supported people using Mental Capacity Assessments and Best Interest Decisions as appropriate.
- People told us staff obtained consent before providing care.

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 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 told us staff were all very caring, thoughtful, and polite and they looked after them well. One person told us, "They are caring and gentle, they always ask if they can do anything else before they leave."
- People told us staff were very respectful. One person told us, "They are very respectful around my home and even do the cleaning and washing." One person told us, "They are always on time, if they are running late I get a call to tell me, they have never missed a call and always stay for the full time, I never feel rushed."
- People told us they regularly got the same carers, but there were occasions when they didn't. One person said, "They sometimes swap carers around, but I do know most of the carers, so this is alright." The management team told us carers were only swapped around if they had to cover holiday leave.
- Several people told us carers often spoke in their own language when writing notes up. People told us, they did not mind this, as all the care was delivered in English. We spoke to the management team about this and they told us they were aware of the issue and had discussed it at team meetings. The management team told us they would escalate the issue with staff to stop this practice.

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

- People were involved in their care planning and we saw they had signed their care plans to show they consented to the care agreed.
- People told us staff listened to them. One person said, "We have a good natter, they know what I like and in what order." Another person said, "They talk to me and do as I ask. They always ask first what I would like. I decide what I want to have done on the day."
- People told us their care plans were regularly reviewed. One person told us, "I have two children who help them [staff] with my care plan." Another person told us, "We look at it every three months, in fact [Name] came yesterday to check and review it with me."
- People had access to advocacy services if they needed someone to speak up on their behalf. Staff told us about one person who used advocacy services to assist them leaving hospital and returning home.

Respecting and promoting people's privacy, dignity and independence

- People told us, staff always respected their privacy and dignity. One person said, "They always close the door and curtains and cover me up to keep me warm."
- People's independence was supported, and staff told us it was very satisfying for them, to be able to help people to remain as independent as possible living in their own homes, rather than having to move into residential care.
- Records were stored securely to ensure confidentiality.

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 remained the same. 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 developed when people joined the service and contained personalised information, so staff knew what people's needs and preferences were. We saw very detailed information for staff about what people wanted them to do when they arrived.
- People's preferences for male or female carers was recorded. Staff told us they had the information needed to support people. There was information about people's life history, likes and dislikes recorded so staff knew what information was important to people and could make meaningful connections with them.
- People told us staff were flexible and would arrange visits around their appointments and social events.
- Staff told us they got to know people well from their care plans and could build up relationships with people.

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.

- People's care plans contained information about their communication needs.
- The management team told us they used different methods to assist people's specific communication needs. For example, they translated information into other languages such as Urdu as necessary.
- One person who had issues with their vision, used Braille and a voice application on their phone which helped them to understand written information. Staff told us amongst other things, they could use it when doing care plans and could send a draft of a care plan to the person, which they could then listen to using the voice application.

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

- The management team told us if they were concerned about social isolation, they advocated for extra time to spend with the person for social contact.
- Some people told us they had time allocated for social calls and staff would take them out shopping or to appointments.
- The service assisted people to maintain contact with family and friends and staff supported people to access the community.

Improving care quality in response to complaints or concerns

- People told us they had been given the complaints procedure and knew who to report complaints to. Staff told us they would address concerns themselves or report them to the management team.
- We saw evidence of recent complaints that had been followed up and actioned. One person told us, "I did complain that it was hard to get hold of the office on the phone, they sorted it straight away and it's much better now."
- People told us it was easy to get hold of the office if they needed to speak to someone.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- People's preference for end of life care was explored by staff. A number of people had declined to discuss their end of life choices and stated that their families knew their wishes, and this was clearly documented.
- Staff had end of life training and could discuss other agencies they involved if someone was at end of life.

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 Good. At this inspection this key question has remained the same. 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

- Staff and the management team shared the same values, to provide a high standard of personalised care and support, and to respect people's culture, diversity and dignity.
- The management team told us they had made recent changes to the service to ensure that the care was person-centred and of a high quality.
- For example, in order to drive quality improvements, they had changed the team structure and employed more staff to oversee and monitor the service, which had a direct effect on staff culture and the care people received.
- One member of staff told us, "The management team are quick to resolve any issues we identify."

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 was open and honest during the inspection and could demonstrate a number of occasions when they had used duty of candour to tell people and their families about an incident that had occurred.

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

- There was a very clear management structure and all staff had their roles clearly defined.
- The management team told us they had three staff designated to do spot checks on staff every day. People and staff told us that these spot checks occurred regularly. One person told us, "[Staff Name] is on the ball, they keep an eye to ensure staff do everything correctly, turn up on time and stay the allocated time."
- There were quality audits performed to monitor standards and identify any issues. We could see that there were action plans after audits which were followed up and fed back to staff at meetings.
- The management team understood what they needed to report to us legally and submitted these reports of significant events.

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

- People and relatives told us they had surveys to fill in about the service. We saw the results of a recent survey which was very positive. We could see any comments people made were followed up in an action

plan.

- There were regular staff meetings to raise issues and discuss concerns. Staff told us if they identified any problems, they would pop into the office to discuss them.
- People told us the management team were very nice and they thought it was good that senior staff came out to check everything was ok.

Continuous learning and improving care; Working in partnership with others

- The management team told us they were currently working with the local authority to make improvements to their risk assessments, care plans and medicines sheets.
- The management team told us they attended managers conferences to keep updated with best practice.
- Staff told us they had regular support from supervision sessions, spot checks and meetings to continually learn and improve.
- The service worked with several outside agencies such as social workers and healthcare professionals to support people.