Ace Social Care

Ace Social Care

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 10 August 2015 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 previously inspected on 15 April 2014, when a breach of legal requirements were identified. Therefore we carried out a follow up inspection on 25 September 2014 to check if the provider was meeting the legal requirements, we found they were.

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 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

Summary of findings

'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 receiving support with their personal care. We spoke with three people who used the service and three relatives about their experiences of using the agency. They told us they were very happy with the service provided.

People's needs had been assessed before their care package commenced and they, and the relatives we spoke with, told us they had been involved in formulating and updating care plans. The information contained in the care records we sampled was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. The majority of the time we found changes in people's needs had been quickly identified and their care package amended to meet the changes. However, in one file we saw there was no information about how to minimise the risk of pressure damage. Although staff knew about this person's needs and provided appropriate care, the lack of written guidance meant that new staff would not have all the information they needed to care for the person correctly.

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. However, we found the service had failed to make accurate records of medicines given, which could lead to people not receiving the correct medicines at the right time. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We found the service employed enough staff to meet the needs of the people being supported. We saw people had a team of care staff who visited them on a regular basis. People who used the service praised the staff who supported them and raised no concerns about how their care was delivered.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. The staff we spoke with confirmed they had received an induction and essential training at the beginning of their employment. We saw this had been followed by periodic refresher training to update their knowledge and skills. Although we found staff had not received formal support sessions on a regular basis, they told us they felt well supported by the management team.

The company had a complaints policy, which was given to people at the beginning of their care package. No complaints had been recorded since our last inspection and the people we spoke with did not identify any concerns. However, there was no system in place to record the details of any complaints made, action taken and the outcome.

The provider had used annual surveys, care reviews and direct observation of staff to enable people to share their opinion of the service provided and check staff were following company polices. However there was little evidence that the information had been analysed and acted upon, and the outcome shared with people who used the service.

We found there was no clear system in place to monitor how the service was operating. For example, although the registered manager said they checked care records when they were returned to the office there was no system in place to record their findings and what action had been taken to address shortfalls. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

We saw there were policies and procedures available to inform and guide staff and people using the service. However, there was no evidence they had been reviewed to make sure they reflected current best practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Systems were in place to make sure people received their medication in a timely manner, but we found the service had failed to accurately record medicines administered.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. However, guidance to staff regarding actions to take to minimise assessed risks were not always incorporated into care plans.

We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Is the service effective?

Good

The service was effective.

Staff had received basic training about the Mental Capacity Act and they understood how to act in people's best interest.

Staff had completed a structured induction to prepare them for working with people who used the service. This included essential training to help them meet people's needs. They had also received on-going observational assessments and support sessions.

Where people required assistance preparing food staff had received basic food hygiene training to help make sure food was prepared safely.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People told us they received a good quality of care from staff who understood the level of support they needed and delivered care and support accordingly.

Is the service responsive?

Requires improvement

The service was not always responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Most records had been reviewed and updated in a timely manner, but this was not consistent.

Summary of findings

There was a policy in place to tell people how to make a complaint and how it would be managed. However, there was no documentation in place to record the details of concerns raised and how they were managed.

Is the service well-led?

Requires improvement 

The service was not always well led.

There was no structured system being used to monitor if the service was operating correctly and staff were working to company policies and procedures.

There was a system in place to check if people were happy with the service they were receiving, but there was little evidence that the information was analysed and acted upon.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Ace Social Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection began with a visit to the services office which took place on 11 August 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector.

We spoke with one person who used the service and a relative by telephone, and visited four people in their home's to discuss the service the agency provided. When we visited people we also spoke with two relatives. We spoke with three of the seven care workers employed by the agency and the registered manager. We also sent out questionnaires to people who used the service, relatives and staff, as well as health and social care professionals.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider 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 also requested the views of 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.

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

Requires improvement

Is the service safe?

Our findings

People who used the service, and the relatives we spoke with, said they felt care and support was delivered in a safe way. For example, they described how the registered manager had visited people in their homes to check the equipment to be used to transfer them safely. One person explained how they liked to be supported when being hoisted adding, "They [care workers] use the coloured stapes properly, in the past with other care agencies this has not been the case." Other people described how staff used key safes correctly and wore identity badges so they could check they were who they said they were. One relative told us, "Mum feels safe being cared for by Ace Social Care."

The service had a medication policy which outlined the safe handling of medicines but there was no date to indicate when it had last been reviewed. We saw staff had undertaken e-learning training to support them to assist people to take medicines safely. People we spoke with said they felt staff assisted them to take their medicines correctly.

We checked the care files for three people who needed different levels of support to take their medication. Two of the three files we checked outlined the medicines the person was taking at the front of the file. However, the third file did not contain any information about medication, even though they were being supported by staff to take their medicines. We found care plans did not always outline staffs' role in supporting people to take their medicines safely in sufficient detail. For example in one file the plans for lunchtime and teatime visits asked staff to prompt the person to take their medicines, but did not tell them that support was also required at the breakfast and evening call. We also noted the care plan did not detail staffs role in prompting the person to take their medicines.

We checked people's medication administration records [MAR] and saw these had not always been completed correctly. The typed MAR detailed the individual creams and lotions staff applied for people and in one box it stated 'Tablets given from Nomad', but these were not always listed either in the care plan or on the MAR. Nomad is a monitored dose system where most medicines for a specific time of day are in one container together. This meant there were no accurate records of medicines administered. The registered manager told us staff mainly prompted people to take their medication, but we found in some cases they were administering medicines to people, which meant the care plan lacked accurate details regarding medication.

We found gaps on the MAR where staff had not signed to say a cream had been applied, but there was no explanation as to why this had not occurred. Although there was a key outlining any reasons why medication had not been given we saw staff had not always used this correctly. For example, on one person's MAR we saw an 'X' had been entered in four boxes. The registered manager told us this would be when the person using the service had not had the cream administered, but 'X' was not included in the key. We also found staff were administering eye drops for one person, but the registered manager could not provide any evidence that staff carrying out this task had received appropriate training to do so.

We saw a handwritten record at the bottom of one MAR we sampled where a staff member had recorded they had given two 5mg tablets of a medicine that reduced muscle spasms. There was no indication in the care records that this medicine could be given outside the daily dose recorded on the care plan. The registered manager told us the person using the service was able to ask when they needed additional medication and could not explain why it had not been recorded on the MAR as a PRN [to be given as required] medicine. Apart from the list of medication routinely being taken there was no guidance in place to tell staff what the PRN medicine was for and when it could be given. Therefore the service had failed to make accurate records of medicines given.

This was a breach of Regulation 12 (1) (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they randomly checked completed MAR when they were returned to the office. They said if any shortfalls were found they discussed them with the staff member concerned. However, they could not provide any evidence to show these checks had been completed and addressed. The registered manager told us they would introduce a system to formally audit the returned MAR in future, identify actions that needed to be taken, and discuss any shortfalls with the staff member concerned as part of their supervision.

Requires improvement

Is the service safe?

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 we spoke with demonstrated a satisfactory knowledge of safeguarding people. They could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic updates. This was confirmed in the training records we sampled. We saw the safeguarding policy had been given to staff when they commenced employment. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

Overall we saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at copies of three people's care plans at the agency's office and two care files when we visited people in their homes. In most cases records were in place to monitor any specific areas where people were more at risk, such as how to move them safely. However, we found the care records for someone who was at risk of developing pressure damage did not identify the risks or tell staff how to minimise them. Therefore staff did not have clear written guidance about this subject. However, we found the person was being supported correctly, appropriate equipment such as a specialist bed was in place, and staff were aware of how to minimise any risks.

As part of the service's initial assessment process the registered manager had also assessed the environment at each person's home. This helped them to identify any potential risks that may affect the person using the service or the staff supporting them.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe, and told us how they ensured risk assessments were adhered to. They also described the arrangements in place for them to access people's homes while maintaining a good level of security. One care worker told us, "The manager assesses service users and tells us what to do to keep them safe." They also confirmed this information was included in each person's care records and passed on verbally.

The registered manager said there were enough staff employed at the time of the inspection to meet the needs of the people being supported by the agency. They told us they covered some calls, but this was often when they worked with care workers to assess how they met people's needs. The registered manager said they were aiming to recruit more staff to cover holidays and sickness, and to support any new care packages. Care staff told us they felt there was enough staff to meet people's needs.

People we spoke with raised no concerns about how the service was staffed. They confirmed that most of the time they had the same team of care staff and told us staff were usually on time and stayed the agreed length of time for each visit. A relative commented, "It's not a big staff group so there is consistency with the staff who visit, he [the person using the service] is okay with everyone who comes." Another person said, "I am more than happy with the team I have."

Recruitment records, and staff comments, indicated a satisfactory recruitment and selection process was in place. The three staff files we sampled showed that appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), 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. Staff told us face to face interviews had also taken place and we saw documentation of questions asked at the interview. Two recently recruited care workers told us they were not allowed to start caring for people until all the necessary checks had been completed and were found to be satisfactory.

Good

Is the service effective?

Our findings

People we spoke with said staff had the skills and knowledge to do their job well and provided very good care and support. One person told us, "The carers are really good, I can't fault them." A relative commented, "They [staff] know what they are doing, they have been very good with her [person using the service]."

Records and staff comments demonstrated staff had undertaken an induction when they joined the agency, as well as shadowing an experienced care worker until they were confident in their role. One care worker told us they had worked in the care sector before, but had still completed essential training and shadowed another care worker as part of their induction. The registered manager was aware of the new Care Certificate introduced in April 2015 and said they had decided it would be beneficial for all staff to complete the certificate. They told us they had contacted a training facilitator to begin the process. 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.

All the staff we spoke with felt they had received the correct level of training they needed for their job roles this included, administration of medication, moving people safely and dementia awareness training. One care worker told us, "We get a lot of free training through the council and the manager will try to get us any particular training we feel we need."

The registered manager told us some staff had also either completed a nationally recognised qualification in care or were currently being registered to undertake the course. We found some staff had also completed dementia awareness training. However, we saw no evidence that other training, such as catheter care and conditions affecting the people being supported, had been provided. The registered manager told us they would look into sourcing relevant training.

Staff told us they felt well supported by the registered manager with one care worker commenting, "She is always around when you need her." Staff told us they could speak to the registered manager at any time to ask questions or gain additional support, whether it was a personal issue or connected with work. Records showed staff had only received occasional formal one to one support sessions and an annual appraisal of their work. However, we found the registered manager had also undertaken staff observation assessments to make sure they were following company policies and people's care plans.

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 Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. 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 were in place and most staff had received training about the Mental Capacity Act. Care records demonstrated that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. If someone was unable to make decisions on their own other people had been involved in making decisions in the person's best interest.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found 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 handling training as part of their induction to the agency. We were told this was updated periodically.

Staff described to us how if necessary people were monitored to make sure they received enough to eat and drink. They gave examples of health care professionals, such as district nurses, being contacted and food charts being used to monitor people's intake. A relative commented, "They [care staff] spoil her to bits. She had lost weight and they have aimed to increase her calorie intake to help her gain weight again." Care staff told us if people could not make drinks and snacks themselves they made sure these were left out for them between visits. This was confirmed by the people we spoke with who used the service or their relatives

Good

Is the service effective?

People who used the service said they would feel comfortable discussing healthcare issues with staff as they arose.

Good

Is the service caring?

Our findings

During our inspection we visited four people in their own homes accompanied by the registered manager, who introduced us to the people being visited. The people we visited, and those we spoke with on the telephone, praised the care workers. They said they were caring, friendly and "Good at what they do." One person told us, "They are lovely girls [care workers] and they have a laugh with you. They are so nice and kind."

People we spoke with said they felt could express their views and were involved in making decisions about their, or their relatives, care and treatment. They told us they had been involved in developing their care plans and confirmed that staff worked to the plans we saw. One person who used the service commented, "They know me well and do everything I need in a friendly way." Another person commented that the care workers "Go the extra mile" for them. A relative commented, "Nothing is too much trouble for them. Mum is happy and likes the staff who visit her."

Care files contained information about people's needs and preferences, with some being in more detail than others. The registered manager told us everyone using the service was supported by a small team of care staff who knew them well. The people we spoke with confirmed they were supported by the same team of care staff who they said delivered their care and support how they preferred.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They were able to tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs.

When we asked people if staff respected their privacy and dignity and enabled them to be as independent as they were able to be, they all answered positively. One person who used the service said, "They [care staff] treat me with dignity. They cover me up down below while washing me and close doors when I have visitors. They also encourage me to wash my upper half myself and then assist with what I can't do myself." Other people told us staff closed doors and blinds while delivering personal care. A relative told us, "Some days are better than others, but when he has a good day they [care staff] let him do things himself, but on bad days they provide more support."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. One care worker told us, "I always cover people up with a towel and ask family members not to come in while I am washing them." Another care worker commented, "I shut doors, even if no-one else is in the house because you never know if someone will come in. I also try to leave them on their own when they are using the toilet, if it's safe, as it gives them some privacy, but I always stay close by so they can shout me."

Staff also described how they offered people choice. One care worker told us, "We offer people choice with what they eat, what they wear and if they want their medication, it's their choice."

Requires improvement

Is the service responsive?

Our findings

The people we spoke with who used the service, and their relatives, said they were very happy with the care provided and complimented the staff for the way they supported people. One relative told us, "They are brilliant." People also told us how staff worked flexibly to meet their needs. For example, one relative explained how staff changed visit times to fit in with appointments. Another relative described how extra visits and support had been provided to enable them to go on holiday. They said this had enabled them to go away without worrying about their family member.

All the people we spoke with confirmed that a full assessment of their needs had been carried out prior to them receiving care and we saw these assessments in people's files. A relative described how the registered manager had visited their family member to carry out an assessment and left a file containing information about the agency. They said a typed version of the planned care was then sent out so care staff had guidance about the person's needs. We saw where possible people using the service had signed their care plans to show they agreed with the planned care. If they were unable to do so, a family member had signed the plan to acknowledge it met the person's needs.

The care records we sampled at the agency's office and during visits to people's homes contained detailed information about the areas the person needed support with and how they wanted their care delivering. However, there were some omissions found regarding the support required in relation to medications. One person told us staff occasionally forgot to leave them with a drink of water or other little things that were important to them. Their relative suggested it would be a good idea for there to be a checklist in the file so new staff could quickly check they had done everything before they left. This suggestion was shared with the registered manager who said they would discuss adding extra information to the care plan.

Records were also in place to monitor any specific areas where people were more at risk, and the majority of files we checked explained what action staff needed to take to protect people. We found one person's file did not contain sufficient information about an identified risk, but appropriate care had been provided.

People told us care plans had periodically been reviewed and they had been involved in this process. We saw evidence of this in the files we checked. The registered manager said people could ask for a care review, or to have their care plan changed, whenever they wanted to. A relative told us they had recently met with the registered manager to add new information into the care plan that they felt would be beneficial to staff.

Staff we spoke with said they felt the care plans provided very good detail. One care worker explained how the registered manager assessed people's individual needs, and wrote and updated their care plans. They added, "We know people well as we visit the same people most of the time, so if anything changes we tell the manager and they update the plan. They also text the team so they are aware of any changes." Another care worker told us the care plans were, "Very helpful, especially when you are new or it is a new client."

We found the company had a complaints procedure, which was included in the information pack given to people at the start of their care package, but this did not contain the details of how to raise concerns with the local council. The registered manager said they would amend the policy to make sure it contained all required information. The registered manager told us no complaints had been received since our last inspection. We asked them how they would manage any complaints received. They satisfactorily described how they would address a complaint, but we found there was no structured system in place to record concerns raised. The registered manager said they would introduce a system as soon as possible that would provide details of the concern raised, actions taken and the outcome. We saw complimentary letters and cards had been sent to the agency praising the care staff had provided.

When we spoke with people who used the service, or their relatives, they told us they would feel comfortable raising concerns with their care workers or the registered manager. Everyone we spoke with were complimentary about the service they received. Most people said they had never had to raise a concern with the service. One person said they had not made a complaint but had discussed a concern with the registered manager about a staff member, they said this had been addressed appropriately.

Requires improvement

Is the service responsive?

The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People we spoke with said they were very happy with the service they received. One person who used the service told us, "Can't fault them, the staff go above and beyond what's expected." Another person said, "I am happy with it all." A relative commented, "No problems, everything's going very nicely." Another relative told us everything was, "Absolutely fantastic." They went on to add, "I would have them myself, nothing is too much trouble." Returned questionnaires we sent out to people indicated that overall they were happy with the service provided. Peoples comments included, "The best service possible", "The whole care staff are very good, helpful and friendly", "Nothing too much for them" and "Very satisfied."

When we asked the people we spoke with if the agency could do anything better no-one could think of anything. One person told us everything was "Spot on."

We saw the provider had used questionnaires and care reviews to gain people's views on the service provided. The registered manager said they also spoke with people informally while observing staff working with people, or while providing care themselves.

We sampled six of the questionnaires recently returned to the agency. They mainly contained positive responses to the set questions with some additional comments. One person had written, "Happy with everything." Another person had commented, "Cannot fault this agency, they have always been very professional in every way." We also sampled surveys completed in 2014. They also contained mainly positive comments with just one person highlighting staff were sometimes late. The registered manager could not provide any evidence to show that the results of this survey had been summarised, any issues addressed and the outcome shared with people who used the service. The registered manager told us they would ensure this was carried out in future.

The registered manager told us occasional staff meetings and supervision session were used to gain the views of the staff, as well as informal discussions. The staff we spoke with all said the registered manager was fair, approachable and listened to their ideas and opinions. One care worker told us, "I can talk to the manager about anything." When we asked staff what it was like working for the agency they told us they liked working with a small team describing it as "Lovely" and "Enjoyable."

As part of the inspection we sent surveys out to some staff who responded positively to the set questions. Comments included, "I enjoy working for Ace Social Care it is run very well" and "The office are very reliable if we have any problems and inform us of any changes." When we asked the staff we spoke with if there was anything they felt the service could improve they said that they were happy with how it operated.

We saw the registered manager had used observational supervision visits to make sure staff were working to company policies and procedures. These were recorded in staff files and confirmed by the staff we spoke with. However, there was no clear system in place to monitor how the service was operating. For example, the registered manager told us they checked medication administration records when they came back to the office, but we saw no evidence of them identifying and addressing the shortfalls we found. We also found some care plans and risk assessments lacked detail and had not always been updated promptly to reflect changes in people's needs. The registered manager told us they wrote and updated all the care plans. They said the provider randomly checked records when they visited the office. However, there was no record of their findings or action plans to address shortfalls. This showed the system in place had not been effective in highlighting where improvements were required, what action needed to be taken, by who and the timescale for completion.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there were policies and procedures available to inform and guide staff and people using the service. However, these were not dated and the registered manager told us to their knowledge they had not been reviewed since the agency began operating. This meant staff may not have up to date information about current best practice. The registered manager said they would review them straight away to make sure they were up to date.

We sent surveys out to four health and social care professionals who worked with the agency to ask their

Requires improvement

Is the service well-led?

opinion of how the service operated, we received one reply. They commented positively about their experiences of arranging care packages for people adding, "The owner of Ace Care responds to requests in a timely and professional manner." They told us, "Customers who have used this service have given positive feedback and state they have been able to approach the care provider with any suggestions/changes to their care plan" and "Customers have reported a friendly, compassionate service." They went on to say, "I would recommend ACE Care who have given beyond the basic caring role."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not fully protected against the risks associated with medicines because accurate records were not being maintained. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The system to assess and monitor the quality of service provided was not robust, so did not always identify and address shortfalls in a timely manner. Regulation 17 (1) (2) (a) (c)