

Ace Care Professionals Limited

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Inspection report

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Tel: 01606597070

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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

The inspection took place on 18 September 2018. We gave prior notice to ensure the registered manager would be available. Ace Care Professionals is a small domiciliary care service that provides personal care to people living in their own homes. On the day of the inspection, 13 people were supported by the service and 11 staff were employed. This was the first inspection following a change of registration in 2017. The change of registration was due to the service moving to more spacious premises.

The service had a registered manager who was also the provider. 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 2008 and associated Regulations about how the service is run.

People we spoke with were very positive about the service they received. They told us they were very happy with the staff and felt that the staff were reliable and kind. They were able to speak with the manager when needed and they had no complaints. People who had raised concerns said they had been dealt with promptly and satisfactorily.

People were supported to have maximum choice and staff supported them in the way that they preferred. Care records showed that people were involved in decisions about their care and support and they contained good information about the support people required and how they liked things done.

The provider had systems to ensure that people were protected from the risk of harm or abuse. There were policies and procedures in place to guide staff in relation to safeguarding, and risks to people's health and safety were identified and plans put in place to reduce the risk.

Good recruitment practices were followed which included the completion of pre-employment checks prior to new members of staff working at the service. Staff received regular supervision and training to enable them to work safely and effectively.

The service had a small and stable management team. Staff found the manager to be approachable and supportive. People were asked regularly if they were satisfied with the service and action was taken to address any areas for improvement. Records we looked at were complete and up to date.

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.

There were enough skilled and experienced staff to meet people's needs.

Risks to people's health and safety were identified and plans put in place to reduce the risk.

People's medication was managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills to meet their individual needs.

People were involved in decisions about their care and support.

Staff received regular supervision which was used to review and develop their working practice.

Is the service caring?

Good 

The service was caring.

People described the staff as caring and reliable.

People told us that staff respected their privacy and dignity and this was referenced throughout the care plans.

People were given comprehensive information in a 'Customer Information Guide'.

Is the service responsive?

Good 

The service was responsive.

Care records were personalised and comprehensive and were reviewed regularly.

People were provided with written information about how to make a complaint and considered that any concerns had been resolved quickly.

Is the service well-led?

Good ●

The service was well-led.

Staff and people who used the service said the manager was approachable and supportive.

The quality of the service was kept under continuous review and any areas for improvement were actioned.

Ace Care Professionals Ltd

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 is 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 took place on 18 September 2018. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection was carried out by an adult social care inspector.

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 reviewed any information CQC had received about the service.

During the inspection we spoke with the registered provider who was also the registered manager, and two other office staff. Following the inspection we spoke by telephone with three people who used the service and received feedback from six members of staff.

We looked at care records for four people. We also looked at three staff recruitment files and records associated with the management of the service.

Is the service safe?

Our findings

One person who used the service told us "I think they're excellent, always safe. I've never had any qualms about employing them." In the PIR, the registered manager told us "Employees are only accepted in our team after they have undertaken a DBS check. Employees are fully trained before the commencement of their employment and on-going. New employees complete on the job training until they, the customer and I feel confident they are able to work alone." During our visit to the office we saw records to confirm this. Supervision and shadowing records showed that new staff had a weekly supervision during their probationary period.

The manager told us she preferred to employ staff who were already known to her; it was very much a family business. There were enough staff to ensure that people received a consistent and reliable service and that no calls were missed. The office staff did care calls at the weekend and were always available at short notice to ensure that calls were never missed. All of the people we spoke with told us that they were not rushed with their care and staff completed all tasks required. Staff rotas were completed weekly matching regular carers to people whose preferences they were conversant with. This also allowed any changes to be accommodated, for example facilitating attendance at appointments. People had a contact phone number they could call 24 hours a day.

A member of staff told us "The rota system Ace Care use ensures I have enough time to do the job that is expected of me and also ensures I have enough time in between visits for traveling. I have worked for care companies in the past which do not do this and double book you, I can honestly say this is something Ace Care have never done."

Prior to providing support to people, one of the senior staff completed a comprehensive risk assessment that considered personal care needs, medication, mobility assistance and general risks. Environmental risk assessments identified where there may be risks in the person's home and measures were put in place to minimise the likelihood of incidents occurring. Plans were reviewed regularly with the full involvement of the person who received the service.

Staff were provided with on-going training in health and safety, fire awareness, prevention and control of infection, first aid and moving and handling. Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had. Personal protective equipment was kept at the office and made available to staff on request.

Records showed that all staff had completed training about safeguarding and this was updated annually. The provider had a policy on safeguarding as well as a copy of local authority's policies and procedures with reference to safeguarding. One incident had been referred to, and investigated by, the local authority and this was recorded in detail.

Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Staff received training in medication administration and regular

competency checks. Medication policies and procedures were available for staff to refer to. Medication records we looked at showed administration or recorded the reason if not given.

Is the service effective?

Our findings

The service employed 11 staff, most of whom had worked for the agency for a number of years and had completed a national vocational qualification (NVQ) in care. Two newer staff were working towards a qualification.

In the PIR, the registered manager told us "Staff have regular reviews to establish if they are happy with their current work schedule, whether they would like to undertake any more training, if they have any concerns with any customers or carers. This also give us and the carer the chance to determine if there are any changes needed to be made to any care plans. Staff also have regular supervisions and spot checks to establish if the carers are following our policies and procedures and to ensure they are competent in completing their job role. Staff meetings are held every month, with additional meeting as and when necessary if there becomes an issue in-between these times." The records we looked at confirmed this and showed that the monthly staff meetings were well attended.

One member of staff told us "We have training every year and if I need support I know I can ask the manager and it will be provided. They are very good to be fair." A new member of staff commented "My training I have received so far has helped a lot. I feel confident when I go out caring." A third told us "I do training on a regular basis and if we get a new customer and they have a complex need then we do training on this too."

Staff received an induction programme and on-going training to ensure they knew how to work safely. On-going training covered areas that the manager considered essential and was delivered in a number of ways including internally held courses, online courses and those undertaken by external training providers. Specific training was given for any new equipment, for example one person had an inflatable cushion to help them getting up from a chair and staff had been shown how to operate this. The senior carer explained that a member of staff attended to find out about any new equipment being put into someone's home and then informed the staff team.

Staff also had training relating to the Mental Capacity Act and Deprivation of Liberty Safeguards. Although they were working with people who lived in their own homes, this helped staff to understand issues relating to mental capacity and consent.

The manager told us that a copy of the full care plan was available in each person's house for doctors, district nurses and other relevant professionals to read. This gave a full overview of the current care provided. There was a contact number for the office for them to discuss any changes to people's care or treatment. Staff supported some people to healthcare appointments and, when required, they liaised with the health and social care professionals involved in people's care. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health.

People who required assistance and support to eat and drink had a care plan detailing their needs. The plans described the support people needed at meal times. Staff completed training in food hygiene and nutrition and knew how to respond to any concerns they had about a person's diet, for example if a person's

appetite significantly changed or if a person showed obvious signs of weight loss. Records completed by staff following each care call showed food and drinks that had been given to a person as well as how much they had eaten and drunk.

Is the service caring?

Our findings

In the PIR, the manager told us "Ace Care Professionals Ltd is only a small company with minimum amount of customers, ensuring each customer is provided with continuity of carer workers, thus giving a high-quality of care. Our service is very small compared to the larger care agencies in our field and we pride ourselves on providing a dedicated quality care by discussing the important things in a person's life."

The manager told us that people had regular carers to ensure continuity, and people we spoke with confirmed this. People told us "My regular carer comes five days a week and is wonderful. She is always cheerful and greets me when she comes in. We have a cup of coffee together – she's more like a friend." and "They are friendly and reliable, pleasant and polite. When the carer was delayed due to someone being ill, the office rang to let us know and someone was here quickly."

In the office, we saw lots of thank you cards and letters which had messages including "Many thanks for the hard work and consideration given by all your staff." and "My [female relative] has been having a male carer go in to see her. She has always got very positive things to say about him and is very impressed with how professional he is."

Care plans we looked at were detailed and included information about people's likes and dislikes and about their families and their past lives. This helped staff to get to know them as individuals and provide person centred care. Care files had instructions for staff about promoting and respecting people's choices, for example asking people what they would like to wear, and in all of the files we looked at "Ask if there is anything else they require before you leave."

At the time of the inspection, the manager told us that none of the people using the service had particular needs due to ethnicity, race or religion.

A 'Customer Information Guide' was given to each person when they started using the service. This was comprehensive and clearly written and manager said could be produced in large type if needed. It described the standards of care people could expect to receive and key pieces of information for example about what tasks carers can and cannot undertake and how to make a complaint or compliment. There was also information about advocacy services.

During the inspection we saw that the confidentiality of people's personal information was protected by locked storage for documents in the office and password protected computer systems.

Is the service responsive?

Our findings

The agency provided end of life care for people wishing to return home from hospital, but the manager told us that, at present, referrals from the CCG were taking too long and nobody was currently receiving this service. We saw written feedback from families of people who had received an end of life care service and their comments included "Thank you for the kindness and expertise shown to my [relative] during his illness and subsequent death. All the staff we encountered were kindness itself and their cheerfulness and matter of fact attitude helped to alleviate any embarrassment and bring a breath of outside life. I am so grateful that your support and help enabled me to keep [person's name] at home until the end."

When an enquiry was received, either the manager or the senior care worker went to visit the person to discuss their needs and the service they required. We saw records of assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. Plans were then put in place for the care people required. Most of the people who used the service paid for their own care so this enabled the agency to provide them with a flexible service to meet their individual requirements.

All care plans we saw were person centred and showed that the person receiving a service and/or a close relative had been involved with creating the care plan, including times and call lengths, choice/preference of carers, for example male or female, age etc. Reviews were completed every two months to check if the person was happy with the current care being provided or if any changes needed to be made to the current care plan. There was also a full review of the care plan every six months.

Care files were completed on an electronic system. Each carer had their own access to this. After each care call, the carers updated the system to show tasks completed. They also had the option to add comments for each individual task. The carers also recorded whether they had met the person's personal outcomes and added comments to state how this has been achieved. This was immediately available for the office staff, for family members and health professionals who had been given access, and for the next carer to read.

A member of staff told us "We get enough information, but if I need anything I can ask and there is always enough time to do the call and travel to next customer." And another stated "All the information we need is on the care plans. It is more than enough and well thought out."

The agency had a clear written complaints policy and this was included in the information pack given to people when they started using the service. People we spoke with said they had no complaints but would feel able to raise any concerns they had with the manager or with other staff. One person told us they had made complaints in the past and said "They responded well to my concerns – one phone call and it was all sorted out."

Is the service well-led?

Our findings

The service had a manager who was registered with CQC. The manager was also the owner of the business. She was supported by a senior care worker. The manager and senior carer had NVQ level 5 and told us they were keen to do further training and qualifications. The service operated from spacious and secure office premises. In addition to the main office, there was a well-equipped training room and a meeting room.

Staff who we contacted found the manager and senior staff to be supportive. One member of staff told us "It is a good company to work for. I have never worked for a care company before but I would recommend this company to anyone, the managers are so easy to talk to and ask questions about the job." Another member of staff commented "I have worked for other care companies in the past and this one is by far better than them. I actually have time to travel and spend time with customers. If I ever have a problem whether it be work or personal I can go to [manager's name] or any of the office staff and they will listen and take on board what I have said and if it's work related they will act upon it." A third member of staff wrote "The manager has been very fair with me she has helped me out several times both personally and professionally."

A senior member of staff told us "I have worked for Ace Care Professionals from day one and I could not be prouder of the achievements we have made. We have an amazing team and this is all down to [manager's name's] hard work. She is a fantastic manager and is the most approachable person I know, she would do anything for anyone."

The manager showed us how the computer system allowed office staff to see exactly what care had been provided on each call, and this included any issues raised during the visit which they could then deal with immediately. Reviews of people's care were carried out every two months, asking people if they were satisfied or required any changes.

People who used the service were invited to express their views through annual satisfaction surveys. We looked at the replies to the two most recent surveys which showed a high level of satisfaction. One person had written "Can't make it any better than it already is." The manager analysed the responses and wrote a summary sheet which identified any negative comments, with records of how these had been addressed. For example, one person said they were not aware of the complaints procedure so this was explained to them and shown to them in the information guide.

The manager was aware of the requirement to notify CQC of all significant events which occurred in the service.