

Ace Community Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Ace Community Services is a domiciliary care agency. The service provides care and support to people in their own homes, some of whom may be living with dementia, chronic health conditions and physical disabilities. At the time of the inspection, 73 people received support from the service within a geographical area that covered Mid and Central Bedfordshire and North and West Hertfordshire. Not everyone using Ace Community Services receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection was carried out on 29 May 2018 and was announced.

The service had a registered manager. 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.

At the previous inspection in November 2017 the service was rated as 'Requires Improvement' because the provider was found not to be meeting the required standards. We had found that people had not consistently received person centred care that took account of their health and social care needs and were not involved in planning or reviewing their care. We also found that people had not always received safe care and treatment and that the provider's governance systems were not effective because they had not identified the shortfalls we had found.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-led to at least good.

The registered manager and provider had made some improvements to how the service operated since the previous inspection in November 2017. However there were some areas that still needed further development and embedding into daily practice.

Staff members had not always received the basic core training, refresher training and meaningful supervision to support them to meet people's needs safely. People and their relatives told us that the care and support provided by staff of Ace Community Services was appropriate to meet people's needs. The service worked to the principles of the Mental Capacity Act (2005) which provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. People were provided with prompting where needed to have a healthy diet and fluid intake. People's health care appointments and health care needs were managed by themselves or their relatives.

At the previous inspection in November 2017 we had found that people's care plans contained limited guidance for staff to be able to support people with person centred care. At this inspection we found further

development was necessary to help ensure that staff had all the information they needed to provide people with safe care and support. People told us that they, or their relatives where appropriate, had been involved in planning and reviewing their care needs. All people and relatives that we spoke with during the course of this inspection were confident that the registered manager would take the necessary actions to manage any complaints raised with them.

At this inspection we found that some improvements had been made but further work was necessary to implement a robust system of meaningful audits and provide a comprehensive training programme and system of competency assessment so that the provider and registered manager could satisfy themselves that people received safe care and support. Increase in staffing meant that the registered manager had dedicated time to undertake routine spot checks, audits and monitoring as part of their managerial responsibilities. People who used the service and their relatives provided positive feedback about the service and how it was managed. The management team took action to address concerns raised by people who used the service or staff members. The registered manager had a system to collect data on missed or late calls which meant they had a clear overview of how the service was performing. Quality assurance surveys were distributed to service users, their relatives and staff to gather their views on the service provided.

A recent recruitment campaign had been successful in attracting more staff to work for the provider and this had resulted in no missed or late calls since the previous inspection. People's medicines were managed safely. Staff confirmed they had received safeguarding training and were clear that they would report any concerns however, they did not demonstrate an awareness of who the lead agency was for safeguarding matters. Risk assessments were undertaken to help staff provide safe and effective care. People were protected from the spread of infection. Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

People's relatives praised the staff team for the care and support they provided for people. People, or their relatives where appropriate, had been involved with developing people's care plans. People who used the service were positive about the relationships they had formed with staff and the care they received. People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support. Staff members respected and maintained confidentiality by not discussing people's care outside of work or with anyone not directly involved in their care. People's care records were kept securely in the provider's office to help ensure that they could only be accessed by people authorised to do so.

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.

A recent recruitment campaign had been successful and there were now sufficient staff available to provide people with safe care and support.

People's medicines were managed safely.

People felt safe using the service.

Risk assessments were detailed and helped staff members to mitigate identified risks.

Staff were provided with personal protective equipment and guidance to help control the spread of infection.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff members had not always received the basic core training and refresher training to support them to meet people's needs safely.

Staff members did not receive structured supervision that was meaningful in terms of providing support and for the registered manager to satisfy themselves about staff competence and knowledge.

People and their relatives told us that the care and support provided by staff of Ace Community Services was appropriate to meet people's needs.

The service worked to the principles of the Mental Capacity Act (2005) which provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves.

People were provided with prompting where needed to have a healthy diet and fluid intake.

People's health care appointments and health care needs were managed by themselves or their relatives.

Is the service caring?

Good ●

The service was caring.

People's relatives praised the staff team for the care and support they provided for people.

People, or their relatives where appropriate, had been involved with developing people's care plans.

People who used the service were positive about the relationships they had formed with staff and the care they received.

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support.

Staff respected and maintained confidentiality by not discussing people's care outside of work or with anyone not directly involved in their care.

People's care records were kept securely in the provider's office to help ensure that they could only be accessed by people authorised to do so.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

At the previous inspection in November 2017 we had found that people's care plans contained limited guidance for staff to be able to support people with person centred care. At this inspection we found further development was necessary to help ensure that staff had all the information they needed to provide people with personalised care and support.

People told us that they, or their relatives where appropriate, had been involved in reviewing their care needs.

All people and relatives that we spoke with during the course of this inspection were confident that the registered manager would take the necessary actions to manage any complaints

raised with them.

Is the service well-led?

The service was not always well-led.

At this inspection we found that some improvements had been made but further work was necessary to implement a robust system of meaningful audits and provide a comprehensive training programme and competency assessments so that the provider and registered manager could satisfy themselves that staff delivered safe care and support.

People who used the service and their relatives provided positive feedback about the service and how it was managed.

Increase in staffing meant that the registered manager had dedicated time to undertake routine spot checks, audits and monitoring as part of their managerial responsibilities.

The management team took action to address concerns raised by people who used the service or staff members.

The registered manager had a system to collect data on missed or late calls which meant they had a clear overview of how the service was performing.

Quality assurance surveys were distributed to service users, their relatives and staff to gather their views on the service provided.

Requires Improvement 

Ace Community Care 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.

This inspection took place between 29 May 2018 and 04 June 2018, and was announced. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office to assist us with the inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We also reviewed the provider information return (PIR) submitted to us prior to the previous inspection of this service. (We did not ask the provider to submit updated information prior to this inspection.) This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We visited the office location on 29 May 2018 to meet with the registered manager and nominated individual to review care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we spoke with three people who used the service and relatives of five people who used the service by telephone to obtain their feedback on how people were supported to live their lives. We also spoke with three staff members to confirm the training and support they received.

Is the service safe?

Our findings

At the previous inspection in November 2017 we had found that there was not always enough staff available to provide people with their support and this had put people at risk of not getting the support they needed. At this inspection we found that a recent recruitment campaign had been successful and seven new care staff had been recruited since the previous inspection.

We found that there had been no missed or late calls since the previous inspection. The registered manager had implemented a system where if staff were running late they contacted the office. The office staff then contacted people or their relatives to advise of lateness and ensure people were safe. The registered manager told us that senior care staff had a lighter rota so that they were available to step in when a call needed to be picked up by somebody else at short notice.

The service did not use an electronic call monitoring system at this time. The provider's software did allow for this but it was not used due to mobile telephone signal problems in outlying areas. The provider said that they were aware of many systems on the market and they needed to explore these to see which would be most appropriate for their particular service. However the system they were using was effective at this time.

A relative of a person who used the service told us, "There have been no missed or late calls. That is why we changed from a previous agency where we had a poor experience, Ace have been very good." Another relative said, "I feel [person] is absolutely safe. We have just one regular staff member that comes to support [person]. There have not been any missed calls. If [staff member] is delayed at all for any reason we get a telephone call to advise us." This showed that there had been significant improvements in this area since the previous inspection.

At the previous inspection in November 2017 we had found shortfalls in the support people received with their medicines. Times of medicine administration had not always been consistent and medicines administration records (MAR) had not been formally audited to check if staff managed medicines safely and followed appropriate recording procedures. At this inspection we found that the registered manager had introduced a system whereby the MARs were collected by senior care staff on a monthly basis for archiving. The seniors checked the records and then passed them to the registered manager for a further monitoring check. The registered manager also said that staff contacted them to advise when they noticed gaps in records. These were then explored with the person who had omitted to sign to see if there was a training issue. People who used the service and their relatives told us that they had not encountered any concerns with the support that staff provided in relation to medicines.

Staff members received medicines training via DVD. The registered manager reported they checked that new staff members were competent before they were assigned to administer medicines unsupervised. However we found that this had not been recorded. The registered manager and the provider undertook to develop a competency assessment tool in order for the registered manager to sign to indicate when they had assessed that staff members were competent to safely administer medicines. Subsequent to this inspection the

provider reported that they had engaged with a local care providers' association to access support with training and competency matters.

People's medicines were delivered from the pharmacy primarily in pre prepared blister packs. Staff documented when the medicines were received and if supplied in original packs they marked these to indicate when they were opened. The registered manager reported there had been no medicines errors since the previous inspection in November 2017. We reviewed medicine administration records and noted that where people were prescribed 'as needed' medicines these were documented with the precise number of tablets given for example, one or two tablets. We noted one person was prescribed pain relief as needed but records showed these had been given routinely each day. The registered manager confirmed this and said the person experienced on-going pain and discomfort. We discussed with the management team that this maybe should be referred to the person's GP for review.

At the previous inspection in November 2017 we had found that potential safeguarding concerns had not been reported to the relevant local authorities or CQC so that these could be investigated and it was difficult to ascertain whether all staff had received safeguarding training and regular updates. At this inspection we did not identify any concerns that had not been reported appropriately. The registered manager reported that there had been no safeguarding concerns since the previous inspection in November 2017 and confirmed that they knew who to contact in the three local authority teams they worked with should there be any concerns.

The registered manager had achieved a train the trainer qualification and facilitated training for the staff team using DVDs. The registered manager told us that they confirmed staff knowledge through spot checks and in discussion at team meetings. The staff handbook contained information to support staff to raise concerns to the local authority or to CQC. Staff members confirmed they had attended training and said that they would definitely report any safeguarding matters. However, not all the staff we spoke with were aware that the local authority was the lead agency in safeguarding matters. This is an area that requires improvement.

At the previous inspection in November 2017 we had found that whilst assessments were undertaken about individual risks to people and the environment it was not always clear how often risk assessments were reviewed. At this inspection we noted that risk assessments were clear and stated they would be reviewed three monthly. However, one risk assessment we looked at was not dated so it was not possible to confirm if it had been reviewed in a timely way. The lack of date on this document was said to be an oversight and the registered manager undertook to ensure all other risk assessments were appropriately dated so that they could be reviewed in a timely manner. Risk assessments were detailed and covered all aspects of the environment from the approach to the property to how to manoeuvre a mechanical hoist in restricted confines of a person's bedroom.

People and their relatives told us that the service provided was safe. One relative said, "My [relative] feels safe and I definitely think they are safe in the hands of [name of staff member]."

Infection control training was provided for the staff team via DVD. The registered manager reported that staff competencies in this area were assessed during spot checks and from people's feedback. However, there were no records available to confirm this process. Care staff had stocks of gloves, shoe covers, aprons and hand gels. One person who used the service didn't react well with latex gloves so the registered manager had sourced a supply of latex free gloves for use with this person's personal care.

Safe and effective recruitment practices were followed to help make sure that all staff were of good

character and suitable for the roles they performed at the service. We checked the recruitment records for two staff members and found that all the required documentation was in place including two written references and criminal record checks. The registered manager told us that they usually contacted people who had supplied references to confirm the validity of the response however, we noted that this had not always been recorded. A discussion was held with the provider and registered manager about aspects of their recruitment processes when potential applicants had historical concerns detailed within their criminal records checks.

Is the service effective?

Our findings

At the previous inspection in November 2017 we had found that not all staff had effective moving and handling training before supporting people who required the use of hoists and slings which put people at risk of unsafe care and could also result in injuries to staff. At this inspection we found that moving and handling theory training was provided by DVD. Practical training was undertaken in people's homes with their permission. The registered manager advised that they felt this was a safe way of providing staff training as each person's moving and handling needs varied slightly. The registered manager said they felt that providing bespoke practical training for each staff member was a robust way of training staff to meet people's individual needs. We saw a moving and handling workbook that had been completed by a newly recruited staff member and the registered manager. The workbook indicated when the person had been assessed as being competent to complete a specific task.

The registered manager provided some basic training to support staff to meet the needs of people living with Parkinson's disease. This training was based on the registered manager's personal experiences and was not accredited. Some people who used the service lived with diabetes and information had not been made available to staff members about how to recognise signs of hypoglycaemia, what action to take and no training had been provided in this area. The provider and registered manager told us that there was no specific information available in people's homes to support staff in this area and that the policy of the organisation was that any signs of ill-health staff were to contact health professionals in the first instance.

Previously we had identified concerns about the staff training because some of the staff team were reluctant to attend the training provided for them as they felt they were experienced and didn't need to attend. We discussed with the registered provider and registered manager that it was a legal requirement for staff to attend routine refresher training so that people who used the service could be confident that their care and support was being provided for them safely. We found that some shortfalls from the previous inspection remained in that moving and handling training still took place in people's homes, the vast majority of the training provided for the staff team was via DVD and no competency assessments were undertaken post training to assess the skills and knowledge of the team. Training records did not provide the registered manager or provider a clear overview so that they could effectively manage the team's training requirements.

At the previous inspection in November 2017 we had received mixed feedback about whether staff received regular supervision and felt appropriately supported. At this inspection the registered manager reported that staff were confident to approach them or the provider for support at any time. The registered manager told us that many informal one-to-one sessions occurred if staff did have something specific to say however, these were not routinely recorded. The registered manager said there was a formal supervision system whereby each staff member had the opportunity to meet with the registered manager or provider on a one-to-one basis every eight weeks or more often if needed. Staff told us that there had been improvements and they were able to contact any of the management team for advice or guidance at any time. However they did not confirm a structured supervision process whereby they received periodic one to one meaningful supervision in their role for the registered manager and provider to make sure that competence was

maintained. We discussed this with the registered manager who did not demonstrate a clear understanding of their responsibilities in this area.

Staff told us that when they first started working at the service they completed an induction. The registered manager told us that new staff shadowed experienced staff before working alone, the length of this process was dependent on the newly recruited staff member's previous skills and experience. The registered manager reported that more shadowing time could be made available if need be. The registered manager told us that they made the judgement as to whether staff were competent to provide safe care and support however this needed to be formally recorded. Feedback from staff members and training records did not confirm that newly recruited staff members received the basic core training needed or had their competency to deliver safe and effective care assessed before they started to work with people.

People and their relatives told us that the care and support provided by staff of Ace Community Services was appropriate to meet people's needs. A person who had recently used the service told us that the agency had been accessed to assist them with showering as they had lost some confidence and were shaky on returning home from an extended stay in hospital. The person said, "[Staff member] taught me how to shower safely and how to keep myself safe in the bathroom, she was fantastic." After just a few visits the person and staff member agreed that further help wasn't needed because the person was able to meet all their personal care needs independently. The person told us, "I would certainly use them again should the need arise. Very down to earth [staff member], a sensible approach and practical tips." Another person's relative said, "[Person] used to be very nervous about using the shower as they are unsteady and scared of falling. However, staff have given them the confidence they needed. To me this shows that they [staff] provide exactly the support [person] needs."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that they were aware of their responsibilities under this legislation. Where people appeared not to have capacity to consent to their care an assessment was undertaken with people and their relatives where appropriate. The provider told us, "People's best interest is the default position for everything we do."

People were provided with prompting where needed to have a healthy diet and fluid intake. The registered manager said that staff heated meals for people and always prompted them to maintain a healthy fluid intake. One person was supported to eat their breakfast, in other cases staff sat with people to help and encourage them to eat where required. There was no food hygiene training provided for the staff team however the registered manager reported that they and senior staff assessed this routinely.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP, district nurse or other healthcare professional as appropriate. We were given examples where occupational therapists had been involved where people were at risk of falls.

Is the service caring?

Our findings

People's relatives praised the staff team for the care and support they provided for people. Feedback received by the provider from one person's relative stated, "The way they interact with [person] and have built their trust in them and their kindness and care is lovely. I also want to say what a relief it has been for me to have these lovely ladies care for [Person]." Another relative told us, "We work together, that is the way I see it. They are accommodating and amenable."

People or their relatives had been involved with developing people's care plans. The registered manager reported that some people they supported did not wish to be involved with routine reviews of their care. We discussed with the registered manager and provider that they needed to record if people had declined to be involved. A relative of a person who used the service told us, "I have been involved with developing [person's] care plan and in all subsequent reviews."

People who used the service were positive about the relationships they had formed with staff and the care they received. The manager and registered provider said that there was good continuity of care because team of four staff was allocated to care for each person. One relative told us, "[Person] is cared for by a small consistent team of staff. This is really good for [person] as too many different faces unsettles them. We get a list every week from [registered manager] letting us know who will be coming and when. This is very reassuring." Another relative said, "We always have the same staff member however, they are on annual leave for a couple of days. The office have told us who will be coming instead which is good to know."

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support. One relative said, "The girls are always very mindful to promote [person's] dignity." Another relative told us, "The staff all treat [person] with dignity and respect."

Staff told us that they promoted people's privacy and dignity by ensuring that personal care was provided in private, particularly where people lived with relatives. People who used the service and their relatives confirmed this was the case. Staff told us that they respected and maintained confidentiality by not discussing people's care outside of work or with anyone not directly involved in their care. We noted that people's care records were kept securely in the provider's office to help ensure that they could only be accessed by people authorised to do so.

Is the service responsive?

Our findings

At the previous inspection in November 2017 we had found that people's care plans contained limited information about the visit times and guidance for staff to be able to support people with person centred care. At this inspection we found that some work had been undertaken in this area however, further development was necessary to help ensure that the staff team had all the information they needed to provide people with safe care and support. Care plans we viewed at this inspection included information about the support that people needed for example, a shower twice a week. The registered manager explained in detail how the person required this support however records did not capture this information. For example, one person was capable of showering themselves independently but they just needed staff to support them into the shower cubicle. This was not clear from records. Another person with very complex needs required support with bathing, hair washing and dressing. The person's relative was always present during care delivery however the care plan lacked specific instruction for staff to be able to provide the person with their care should their relative not be present. We discussed this with the registered manager and the provider during the course of the inspection.

At the previous inspection in November 2017 people had told us that they had not been involved in reviewing their care plans for a while which meant that the provider could not assure themselves that the information in the care plans remained relevant to people's needs. At this inspection a relative told us, "They involved us in developing [person's] care plan and in reviews. [Person's] condition is varying and we have to modify the care to meet their changing needs. For example, [person] had a fall at the back end of last year. The registered manager came out to re-assess [person's] needs after this event to help make sure that their needs were being met. We are very happy with them and the flexibility they provide to accommodate [person`s] changing needs."

At the previous inspection in November 2017 people had told us that they had not been involved in reviewing their care plans for a while which meant that the provider could not assure themselves that the information in the care plans remained relevant to people's needs. At this inspection a relative told us, "They involved us in developing [person's] care plan and in reviews. [Person's] condition is varying and we have to modify the care to meet their changing needs. For example, [person] had a fall at the back end of last year. The registered manager came out to re-assess [person's] needs after this event to help make sure that their needs were being met. We are very happy with them and the flexibility they provide to accommodate mum's changing needs."

We noted one care plan that did not have reviews routinely documented. Both the registered manager and the registered provider said that they spoke with people's relatives frequently but where relatives declined formal reviews these had not been undertaken. We discussed how the care plan could still be reviewed by the staff involved with the care and the registered manager to help ensure that they continued to meet the person's needs. We suggested to document if the relative was not prepared to engage with the review. This was an area that requires improvement.

At the previous inspection in November 2017 people had told us they felt that the registered manager did

not respond to concerns in a timely manner. At this inspection the registered manager told us they had not received any formal complaints since the previous inspection but reported that they would contact the complainant and suggest a meeting to discuss their concerns. They said they would follow up this meeting by letter to confirm the conversations held and any agreed actions and follow up again in a few days to check that the person was satisfied with the outcome. The registered manager confirmed they would cascade any learning from a complaint by a team meeting or if it was more urgent by a communal text to all carers.

All people and relatives that we spoke with during the course of this inspection were confident that the registered manager would take the necessary actions to manage any complaints raised with them. A relative of a person who used the service told us, "I have not needed to make any complaints but I am confident that I can contact the [registered] manager at any time with any concerns and I feel that I would be listened to." Another relative told us, "I have not had to raise a complaint but the [registered] manager is so easy to talk to that I don't see there is any problem." A further relative said, "I have not had cause to raise any complaints but would be very confident to do so if needed. We have a close working relationship with [registered manager]."

Is the service well-led?

Our findings

At the previous inspection in November 2017 the provider and registered manager did not carry out regular audits and could not evidence how they continuously assessed and monitored the quality of the service. We had found that records were not always up to date and the registered manager could not assure themselves that staff always provided safe, effective and good quality care that met people's needs and expectations. At this inspection we found improvements had been made but further work was necessary to implement a robust system of meaningful audits so that the provider and registered manager could satisfy themselves that people received safe care and support. For example, the monthly medicine audits focussed on record keeping and did not include a physical check of medicines to ensure they had been administered correctly, care plan audits had not identified the lack of specific detail, missing dates in risk assessments and missing signatures which meant it was not clear who had taken action. The manager was unable to demonstrate how staff training audits were undertaken because the information about the training attended was not clear or readily available.

We found that the improvements that had been made were as a direct result from feedback from the previous inspection in November 2017. The provider and registered manager had not successfully increased their knowledge and understanding of regulations or their individual responsibilities to providing a service under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is an area that requires improvement.

At the previous inspection in November 2017 staff had told us that the training provided was not of good quality and we were concerned that the lack of moving and handling training facilities meant that this was provided in people's homes which had the potential to negatively impact on their privacy and dignity. At this inspection we found that the registered manager and provider had reviewed this and told us that people's privacy was promoted because the training in people's homes was purely for their own allocated team of staff. The training took place in the person's bedroom once they were up washed and prepared for the day with the consent of the individual. The registered manager and provider said it was important that staff were trained about each person's specific moving and handling needs and that they felt this was a robust way to achieve this. They said that they provided bespoke training for each person's specific needs taking into account environmental factors. Further discussion was held with the provider and the registered manager about sourcing potential training facilities.

People who used the service and their relatives provided positive feedback about the service and how it was managed. One relative said, "We have been dealing with agencies for a number of years with varying experiences. Ace is the best we have had to date." Another relative told us, "Would recommend Ace to people looking for care in their homes based on our experiences with [staff member name]."

At the previous inspection in November 2017 staff told us they felt the service was not appropriately managed because the registered manager spent much of their time providing care, leaving little time to carry out their leadership and managerial role. At this inspection we found there was now dedicated management time due to a successful recruitment campaign which meant the registered manager did not

routinely provide personal care. They were able to undertake routine spot checks, audits and monitoring as part of their managerial responsibilities.

At the previous inspection in November 2017 some staff members told us they did not always feel supported by the registered manager because there had not been many opportunities for them to meet as a team and discuss any concerns. At this inspection we found that staff meetings were held every six to eight weeks in a central location within the large geographical area covered by the agency and were structured to meet staff availability as much as possible. The registered manager told us that there was sometimes an agenda depending on events. They told us that such issues as personal protective equipment, updates to people's needs were discussed and any issues that staff wanted to discuss. Staff members told us that they did not have the opportunity to get together as a whole team but accepted that this was due to the nature of their community roles.

At the previous inspection in November 2017 staff had told us that they were not confident that the registered manager dealt with concerns they had raised about the quality of care provided by some of their colleagues and did not feel that there was a will to improve. At this inspection we found that the management team took action to address staff members concerns. For example, the registered manager told us that 85% of telephone calls to the on-call system were from staff asking which staff member was working alongside them. The provider's IT system now provided this information to which had significantly reduced the on-call traffic.

At the previous inspection in November 2017 the registered manager had no system in place to manage late and missed visits. At this inspection we found that the registered manager had a system to collect data on missed or late calls which meant they had a clear overview of how the service was performing. People and staff that we spoke with as part of this inspection confirmed there had been no missed calls.

At the previous inspection in November 2017 we found that the registered manager had not been aware that missed visits amounted to potential neglect and were therefore reportable to relevant local authorities and CQC. At this inspection the registered manager was able to demonstrate that they had a clear overview of visits undertaken and had processes in place to manage any late calls. There had been no visits missed and therefore no need to report to the safeguarding authorities.

At the previous inspection in November 2017 the provider had acknowledged the challenges faced by the registered manager in managing a service that covered such a wide geographical area. They had agreed that a senior member of staff would be required to assist in coordinating the care provided to people across the area. At this inspection we found that some senior staff members were being developed to provide management support.

At the previous inspection in November 2017 we found that the provider needed to be more proactive in their support to the registered manager so that they were able to carry out their role effectively. This meant initially recruiting more staff so that the registered manager did not have to provide hands on care and could carry out their management responsibilities. At this inspection we found that additional staff had been successfully recruited and the registered manager had been able to focus on their management role.

At the previous inspection in November 2017 we found that the registered manager had needed support to develop more awareness of their role and responsibilities in relation to their registration with CQC including increasing their understanding of the regulations and notifications they had to send to us. At this inspection we found that the registered manager had attended a CQC workshop event and networked with other registered managers. We discussed with the provider and registered manager about joining a local care

provider's association to further assist the registered manager to gain knowledge and experience of their regulatory responsibilities. The registered provider and registered manager had a succession plan in place to develop key staff in readiness for the registered manager's retirement.

At the previous inspection in November 2017 most people we spoke with could not recall being asked to provide feedback about the quality of the service and where people had provided negative feedback, there was not always evidence to show that appropriate action had been taken to improve. At this inspection the registered manager told us that quality assurance surveys were distributed to service users, their relatives and staff to gather their views on the service provided. No action plan had been developed from responses to the surveys because the provider said they dealt with any issues raised immediately. However, a relative told us, "I talk with the manager frequently, no issues. However, I don't recall ever being asked for feedback." Another relative said, "We had one quality assurance survey last year which we completed and returned." A further relative said, "We have had a telephone call from the registered manager to check that we continue to be happy with the care." During discussion we found that the registered manager and provider had not considered gathering the views of external professionals involved in people's care such as occupational therapists. They undertook to include external professionals in future survey activity.