

## Ace Community Care Limited

# Ace Community Care Ltd

## Inspection report

Eastway Enterprise Centre  
7 Paynes Park  
Hitchin  
Hertfordshire  
SG5 1EH  
Tel: 01462 790686  
Website:

Date of inspection visit: 5, 8 and 10 February 2016  
Date of publication: 09/06/2016

### 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 

### Overall summary

This inspection took place on 05 and 08 February 2016 and on 10 February we made telephone calls to people who use the service. This inspection was announced. 48 hours' notice of the inspection was given because the manager is often out of the office supporting staff or providing care. We needed to be sure they would be present and that all the required documentation was available for us to review. When we last inspected the

service in May 2013 we found that the provider was meeting the legal requirements in the areas that we looked at. At that time the service was registered at a different address.

The service provides personal care to people in their own homes. At the time of the inspection they were providing personal care for 43 people with a range of needs, including people with physical or learning disabilities and Older People, some of whom may be living with dementia.

# Summary of findings

The service had a manager who was not registered by the Care Quality Commission (CQC) yet, although our records confirmed that their application had been received. 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 & Social Care Act and associated regulations about how the service is run.

Without exception, the feedback we received from people who used the service, their relatives and health and social care professionals who worked with the service was excellent. They expressed a high level of confidence in the management and individual staff to provide safe, compassionate care that met their needs in the way they liked to be supported. Many of those we spoke with gave examples of times when the manager and care staff had gone above and beyond what was expected of them.

Staff demonstrated a clear commitment to protecting people from possible harm, and were knowledgeable about how they should do this. Systems were in place to identify and minimise any risks to people.

Staff were well trained and had a very good understanding of people's care needs. The manager

offered high level support to staff, ensuring that they were familiar with people's needs, and had the skills and knowledge to meet them before they started to provide support. Each person was supported by a consistent team of staff to ensure that they received care from staff who knew them and that they felt safe with.

The provider demonstrated a compassionate and person centred approach to care and people told us they enjoyed positive relationships with staff that were friendly and respectful. They confirmed staff took care to protect their dignity and privacy.

The service provided to people was based on their individual needs and was flexible to accommodate any changes that were required in a timely way. People felt able to express their views and the provider was continuously looking for feedback from people to support the development of the service.

There were effective processes in place to monitor the quality of the care provided to people who used the service. The provider demonstrated strong values based on high quality person centred care, and this was reflected by the staff, who were proud to work for the service and were clearly motivated to do their jobs well.

# 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?

The service was safe.

Staff understood their responsibilities to keep people safe from harm. People had confidence in the service and felt safe when receiving support.

There were enough staff to meet people's needs. Staff had the knowledge, skills and time to care for people in a safe and consistent manner. There were robust recruitment processes in place to ensure as far as possible that staff were of suitable character.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported effectively and people told us they did their jobs very well.

Staff sought people's consent before giving support. The requirements of the Mental Capacity Act 2005 were met.

People had enough to eat and drink, and their health needs were supported effectively.

Good



### Is the service caring?

The service was very caring.

People who used the service were very complimentary about staff and the care they provided, as were relatives and health and social care providers who worked with the service. Many people told us that staff went above and beyond their duties to meet their needs and preferences.

People told us that the relationships they had with staff were very positive and that there was a high level of trust due to respectful and consistent care from familiar staff.

Staff worked at people's pace and supported them to maintain their independence for as long as possible.

The manager and staff were committed to a strong person centred culture where compassion, respect and dignity were reflected in the day to day care and support provided to people.

Good



### Is the service responsive?

The service was responsive.

People told us the service was flexible and based on their personal wishes and preferences. Where there were changes in people's needs, these were addressed quickly and without any difficulties.

Staff knew people's needs and preferences very well and paid attention to important details to ensure the care was delivered in the way the person wished.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that they could raise issues in the knowledge that they would be listened to and swift action would be taken.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The provider promoted a person centred culture and values based on providing a high quality, compassionate service. Staff were supported in understanding the values of the service and clearly showed pride in delivering good care.

There were effective systems to monitor quality including spot checks and observations of staff practice. People and their relatives were frequently asked for feedback about their experiences of the service and this was used to learn from and make improvements.

Good



# 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 on 05 and 08 February and it was announced. 48 hours' notice of the inspection was given because the manager is often out of the office supporting staff or providing care. We needed to be sure they would be present and that all the required documentation was available for us to review. The inspection was undertaken by one 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 also reviewed information we held about the service including notifications and other information received from the provider. A notification is information about important events which the provider is required to send to us.

During our inspection we spoke with the provider, the manager, the previous registered manager who maintained a consultancy position with the service and two care staff. We reviewed care records for four people using the service, three staff files and records relating to training, quality monitoring and records related to the management of the service. Following the inspection, we spoke with six people who use the service and three relatives to gain their views of the support they received. We also contacted five community health care professionals who work with the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, “I feel very safe with them. They are totally trustworthy.” A relative told us, “I can absolutely rely on them. I can go out without worrying about [family member]. I know [they] are in safe hands.” Another person told us that care staff made a point of reminding them to lock the door after they had left and said, “They are very conscientious and make a point of checking that you are safe before they leave.”

Staff we spoke with were trained in how to protect people from avoidable harm. They had good understanding of how to protect people from any risk of harm and understood their role in identifying and reporting concerns. All staff were issued with a card which listed the contact numbers for reporting issues both within the service and for external agencies involved in safeguarding matters. Many people commented that they felt safer because they received support from a consistent small group of staff which meant they got to know the care staff well and knew who was entering their home. A member of staff told us, “Consistency of staff is a key thing. It is so important that people feel safe with you. It’s all about trust and building a relationship with the person.”

The provider had an electronic care planning system within which assessments of risks in relation to individual people’s care were recorded. We saw these assessments were reviewed regularly and updated as and when people’s needs changed. The key aspects of each assessment, and guidance to staff on how to minimise risk to people, were recorded in the support plans held at the person’s home to enable staff to understand what was involved in supporting the person safely.

There were enough staff to meet people’s needs safely. People and their relatives told us that staff were usually

punctual and stayed for at least the time scheduled, and more if the person needed additional support on a particular day. Several people told us they always received a call to let them know if staff were running late. They told us this only ever happened if staff had been delayed because someone else was in need. One person said, “Of course that will happen once in a while, but it reassures me that they will do the same for me if I needed extra help one day.” The manager told us she tried to schedule visits within geographical areas to ensure staff did not have too much travelling between visits and this was confirmed by staff. Each person who used the service had been allocated a small dedicated team of carers. This ensured that when carers were on leave for any reason, they still received consistent care from staff they knew well.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in this country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The manager told us that they looked to recruit staff who had the right attitude rather than purely relying on experience of care work. She said, “We look for the good egg. The rest we can mould.”

Some people required assistance with taking their medicines. For some people this was just a prompt by the care worker to take their medicine but for other people the member of staff administered the medicines to them. We looked at a sample of medicine administration records and found these had been completed correctly with no unexplained gaps. Staff who supported people to take medicines received training and their competence was checked before they provided this support to people to ensure they knew how to do this safely.

# Is the service effective?

## Our findings

People and their relatives told us that staff were skilled and worked to a very high standard. One person said, “The training is excellent, it must be because they are so good.” A relative said, “They are very well trained and they really know what they are doing.” A social care professional who worked with the service told us, “I have observed the care staff directly and am very impressed with their practice.”

The provider had an induction programme for new staff which involved a period of time in the office to familiarise themselves with the systems, policies and procedures of the service. There followed a period of shadowing the manager, deputy and established staff on visits to the people they were going to support in order to get to know their needs and preferences. The manager told us that this typically lasted for five weeks, after which, if the staff member was ready, they would start to work unsupervised. This enabled the manager to assess whether or not the worker was a good match for each person they had been identified to support.

Staff received a variety of training that was appropriate to the needs of the people they supported. Along with training in relation to topics such as safe moving and handling and safeguarding people from harm, staff had received more specialised training such as end of life care, provided by a local hospice. A lot of the training was provided through videos followed by tests to check staff members’ understanding. Most staff had been supported to complete, or were working towards, NVQ Level 2 or 3 in care. Staff confirmed they received regular support and formal supervision as well as an annual performance reviews which supported them to identify their training and development needs.

People told us that staff asked them for permission before providing any support. One person told us, “It’s a discussion really. They ask me and they listen to what I say.” Another person told us, “They respect what we want and do as we ask.”

Staff were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care records documented when people had been assessed as lacking the capacity to make decisions and best interest decisions had been made on their behalf.

People had enough to eat and drink and were supported to make choices about what they would like to have. Care staff supported people who required assistance by preparing breakfast, and making or heating up meals for lunch or evening meals. One person said, “They come to us in the mornings to help us prepare breakfast and they make us our choice of sandwiches ready for lunchtime. They always check if we need anything else before they go.” The manager told us they were particularly committed to ensuring people’s food and hydration needs were met. They said there was an expectation that staff ensured people had access to snacks and drinks between visits, especially if they were not able to get them independently. They told us this had resulted in them being light heartedly referred to as ‘the snack agency’ by other professionals that they worked with. This was confirmed by people we spoke with and a member of staff said, “There is nothing worse than being hungry or thirsty and not being able to do anything about it. I always make sure I leave a snack, like some biscuits, and a cold drink within reach before I leave. If it is cold weather, and it is what the person wants, I will leave a warm drink in a thermos for them instead.” People’s specific dietary requirements such as those associated with medical conditions or religious beliefs were clearly documented in people’s individual support plans.

People were supported to have their healthcare needs met. People told us that staff noticed if they were unwell. One person said, “They are very observant. They see if anything is amiss.” They went on to say that staff would call the GP for them if they were unwell. A member of staff said, “We are the first point of contact for help for some people, and for others we are the only person they will see all day, so it important for us to monitor people’s health and wellbeing and follow this up if there is any doubt.” The same member of staff confirmed that, where people did not have support from family members to attend hospital or other health related appointments, then staff would accompany them if this was what they wished.

# Is the service caring?

## Our findings

The service was very caring. Without exception, people and their relatives said that management and staff were kind and compassionate. Many people told us that staff went the extra mile to ensure they received excellent care. One person said, “They are absolutely superb and this should be recognised. I am very, very lucky to have been put in touch with them. They listen to what you say to them and do everything they can to help you.” A relative said, “We decided to go with Ace because we liked the personal feel of them. They are not just professionally caring. They really do genuinely care about us.” Another relative said, “They go above and beyond what you would expect them to do. It’s really quite touching. They know I go at lunchtimes, but when I can’t do that, they will make [family member] a sandwich to have later, even though that is not part of the care package.”

Health and social care professionals who were involved with the service were equally positive about the staff and management. One healthcare professional told us, “Their expertise and the way they relate to people really works. It is built on making relationships with people and seeing them as a person and not just someone who needs support.” A social care professional said, “They are very proactive and give really good care. They are vigilant and bring things to our attention if they have any concerns about people’s wellbeing. They look for additional ways to help people rather than just sticking to the task.”

During our inspection the manager told us about a situation that had arisen during the previous weekend which had resulted in her providing overnight staff at very short notice to support a person and their family. This care had been provided outside of the person’s agreed care package because the manager recognised that there was a clear change to the person’s needs that made this necessary. Therefore she had provided the care without the funding being agreed as the situation had arisen outside of normal working hours. The manager told us the person needed the support immediately, so the service provided it whether or not they were paid for it. This demonstrated that kind, compassionate care was central to the values of

this service. During the inspection the funding authority phoned to confirm that extra care for this person was required on an on-going basis and agreed the funding for it to continue.

Staff spoke with passion about their work and talked warmly about the people they supported. One member of staff said, “I just love to care for people. I like to make sure they are okay before I go, making sure they are warm or cool enough, that they have enough to eat and drink, and if they need anything. I like to have a chat with people. It feels good to make that difference.” The manager said, “Spending time with people is important. Sometimes people are lonely, Loneliness is a killer sometimes. Company is one of the most important things we can give.”

The service took care to meet people’s individual and diverse needs. For example one person’s religious beliefs were outlined in their support plan and gave clear instructions to staff about how they wished to be supported and also about how staff were expected to conduct themselves in the person’s home to ensure their beliefs were respected. The manager demonstrated a strong empathy for people and spoke of the importance of working at the person’s pace, particularly when supporting them to become accustomed to changes in their circumstances which resulted in any loss of independence. The service worked hard to support people to maintain their independence. A health care professional told us that the service had worked in partnership with them to enable a person to stay at home for a further two years, when previously it had been felt that it was becoming too difficult to manage this safely.

People told us they were treated with dignity and respect. One relative said, “Yes they treat [family member] with dignity. When they give [family member] a shower, they never rush or make [them] feel awkward”. Staff gave examples of how they took care to consider people’s feelings about receiving personal care. One member of staff spoke about how important it was to, “Think how we would feel if we required this support.” They explained that they were mindful that people may feel uncomfortable and took steps to ensure people were covered with a towel to maintain their dignity, and were supported to do as much as they wanted to do for themselves.

# Is the service responsive?

## Our findings

People were very involved with planning their care to take account of their individual needs and preferences. Many people told us about the care and attention the manager took to find out about their needs. They said she spent a lot of time with them and accompanied staff on the first few visits to ensure care was provided in the way that had been agreed. One person told us, “[Manager] always makes sure they know what they need to do. On the first visit, she introduces the worker, on the second visit she teaches them what to do and checks they know, and on the third visit, they do it themselves.” Relatives told us they were involved in support planning and reviews for their family member where it was appropriate. The manager said that where possible, they like to have a family member present when they meet a new client for the first time, as it could help the person be more at ease.

Staff each worked with a small number of people, and were knowledgeable about their needs and preferences. This enabled them to provide a personalised service. One member of staff said, “It’s important to keep everything as normal as possible for people, and this means doing something the same way they would do it themselves. You treat people as you would want to be treated, respect their ways and build up trust by showing you have taken on board what they want you to do.” Another staff member said, “It’s all about what is important to that person. Small

things can become very important if you need someone to do it for you, and it is not done right. The cup put in the wrong place, the marmalade too thick. It’s really important to notice those small things.”

People’s support plans were reflective of their needs and were detailed and personalised to ensure each person received support that was individually tailored. For example, one person’s support plan stated they liked a cup of coffee with breakfast, made with half milk and half water.

People told us that care and support plans were reviewed regularly and that the manager was very responsive to requests for changes in support.

The manager confirmed that people’s support hours were flexible to ensure they could make arrangements to maintain relationships, pursue hobbies and interests and be part of their local community. For example, people’s hours were moved to enable them to go to church, or attend an appointment. One person told us, “I just ring [manager] and say I’ve got an appointment at the dentist at 10.30 so can [staff name] come a bit earlier, and that’s it. Done!” Staff supported people to maintain links with the local community supporting them to shop and make use of local facilities.

The provider listened to people’s comments and complaints and responded to them. One person told us, “I have nothing to complain about, but if I did, I would just ring [Manager] and I know she will sort it out straight away.” The provider had a complaints policy and a monitoring system in place, but no formal complaints had been made in the last year.

# Is the service well-led?

## Our findings

At the time of this inspection, the manager was not registered with the Care Quality Commission, but she was in the process of doing so.

People, their relatives, health and social care professionals and staff were all very positive about the management of the service. One person said, “I cannot praise them enough. It all stems from the top and how they believe it should be done. [Manager] has very high standards and she expects her staff to have high standards too.” A staff member said, “She is a great manager. She’s really supportive and approachable and you know her expectations.” The manager led by example and often provided care and support directly to people. Person centred care and the core values of kindness, compassion, involvement, dignity and respect were clearly embedded in the service, promoted by the manager and understood clearly by staff. Staff told us they were proud to work for the service and this was clearly reflected in their discussions with us about their work and the compassion with which they spoke about the people they supported.

There were effective systems in place to monitor the quality of the service provided. People were asked for feedback about the service they received and they confirmed the manager kept in regular contact with them to seek their views and to keep them up to date with any action she was

taking to make improvements to the service. The written feedback we reviewed was all complimentary. One relative wrote, “We can only express our gratitude for the excellent service. I think the continuity of having the same carers has been the most important factor for our family. My parents have gained confidence and trust as they have never had anyone in their home before. Being respected as individuals with choice has ensured they have accepted care.”

The manager carried out regular audits to check the quality of care and looked at records such as care plans and medicines administration records. People said that the manager and senior staff made regular spot checks to observe the care staff provided to them. One person told us, “Oh yes, she does spot checks. They never know when she is coming. She just arrives. She certainly keeps an eye on what they are doing and would not put up with anything that was not right.” Through our discussions with the manager, we found she had strong values and leadership skills. She had a high expectation that staff would share her values as well as comply with the policies and procedures of the service. She told us that she monitors staff compliance through spot checks and audits systems. For example, part of the spot check concerns ensuring that staff wear appropriate uniform, do not wear jewellery or nail varnish, and present themselves in a professional and tidy manner.