

A C S Care Services Ltd

ACS Care Services Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

ACS Care Services is a domiciliary care agency providing personal care, support and companionship to people in their own homes. At the time of our inspection the service was providing personal care to 131 people.

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

At the last full comprehensive inspection of ACS Care Services on the 16 June 2016 the service was rated as requires improvement. We found that that the registered provider had failed to ensure systems or processes were in place to assess, monitor and improve the quality and safety of the services provide. In addition the registered provider had not consistently gained and acted upon feedback from people for the purposes of continually evaluating and improving services. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On 05 December 2016 we completed a focused inspection and found that the breach of regulation had been met. At this inspection we found the improvements that had been made had been sustained and ACS Care Services is now rated as good.

Sufficient travel time was not always factored into staff schedules, having the potential to jeopardise the safety of people using the service and the staff.

People felt safe when staff came to their homes. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the management team and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in

relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was person centred and met their needs. Their needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were updated when there was a change to their care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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 not always safe.

Sufficient travel time was not always factored into the staff schedules, this had the potential to jeopardise the safety of people using the service and the staff.

Staff were knowledgeable about the importance of keeping people safe from the risks of abuse.

Risk assessments identified areas of specific risks to people using the service, to guide staff on how the risks were to be managed.

Robust recruitment procedures reduced the risks of unsuitable people working with people using the service.

People's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective

People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Good ●

Is the service caring?

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Good ●

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed prior to them receiving a service.

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good ●

The service was well-led

Notifications had been submitted to the Care Quality Commission in line with requirements.

There were quality assurance processes in place to drive improvements at the service.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

ACS Care Services 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 checked 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 announced inspection took place on 30 and 31 August 2017 and was announced. We gave the provider 48-hours' notice before we visited the service. This was to ensure that the registered managers would be available to facilitate the inspection and to arrange suitable times to carry out telephone interviews. 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. The provider returned the PIR within the timescale set and as part of the planning for the inspection we reviewed the information within the PIR.

We reviewed information from statutory notifications the provider had sent to the Care Quality Commission (CQC). Statutory notifications tell us about important events, that the provider is required to tell us about by law. We also received information about the service from local authority commissioners involved in monitoring the care of people using the service.

As part of the inspection we conducted telephone interviews with six people using the service and five relatives. We spoke with the registered provider/manager, the quality manager and the registered nurse. In addition we also spoke with a further a further two staff who worked in the office as part of the management team and six care staff.

We reviewed information within the support plans, risk assessments and medicines records for nine people using the service. We reviewed eight staff recruitment files and records in relation to staff training and supervision. We also reviewed records in relation to quality monitoring and feedback received from people using the service, including compliments and complaints received at the service.

Is the service safe?

Our findings

There were sufficient numbers of staff to meet the needs of people using the service and people were happy with the care they received. However visits were not always carried out within the times agreed with people using the service. We were told, and records confirmed that sufficient travel time was not always factored into the staff schedules, this had the potential to jeopardise the safety of people using the service and the staff. For example, one person told us that on one occasion their morning call was late by over an hour. This resulted in them having their medicines later than prescribed.

Areas of frustration for some people were around staff not always arriving at their allocated call times, most commonly at weekends, and that people were not always informed when staff were running late. For example, one person told us, "The staff are not very reliable and they often turn up late. They don't let me know if they are going to be late which is very frustrating." Another person commented, "Quite often the carers will be late. I never know what time they will be arriving." Of the 11 people we spoke with, eight of them raised dissatisfaction with the timings of their calls.

As part of the providers quality monitoring of the service people were asked about whether staff arrived on time and their experiences of having contact with the office based staff. Quality monitoring records showed that numerous people had said they were not always informed when staff were running late and that staff did not always arrive at their allocated call times. Records showed the feedback obtained from people had been brought to the attention of office staff and the management team. We looked at the results of the last quality monitoring survey. Response to the question, 'Do your carers arrive on time?' Five people responded to say 'always' and thirty nine responded to say 'mostly.' In response to this feedback the management team decided that communication needed to improve so if people's calls were going to be late they needed to let people know in advance.

We looked at the staff rota and found that for most calls staff were given five minutes travel time and on some occasions staff were provided with longer. We also saw that on some occasions staff were not given any travel time. One staff member told us, "It's when we have the fifteen minute calls that things get rushed and you feel under pressure. Five minutes is not always enough time to get from A to B." However other staff felt that staffing numbers were sufficient to meet people's needs in a timely manner. One staff member said, "I feel I have enough time to get to each call within the right time. It's not a problem." A second member of staff commented, "I don't feel under pressure or rushed. Sometimes you hit traffic but if you call the person they are usually okay with that."

We spoke with the member of staff responsible for completing the staff rotas. They explained that they calculated staff travel time by using a route planner on line. When we asked why, on some occasions, there was no travel time allocated they told us this was because the visits were very close together and in the same area. However, this still did not provide staff with anytime to get from one visit to the next which could impact on the length of their call. One staff member told us, "I usually end up over an hour late each shift because I won't cut peoples calls short if there is not enough travel time provided."

All the staff spoken with said that despite the lack of travel time allocated they always ensured people received safe care and completed the tasks required on each visit. One member of staff said, "I won't leave the person until I had done everything and I knew they were safe and secure. I would like to spend time with people; to sit and have a chat with them. It's sad but we just don't have the time allocated for that. A lot of people are lonely and you might be the only person they see all day."

In conclusion we found that numerous people using the service were unhappy about the timings of their calls, and staff did not always have sufficient travel time allocated in between calls and is an area requiring further improvement.

People using the service were protected from avoidable harm. People told us they felt safe when staff were in their home. One person said, "Yes the carers are lovely and I do feel safe with them." A second person told us, "Yes I am in safe hands." Relatives we spoke with also told us they felt their family members were safe with staff. One relative commented, "I know [name of relative] is safe with the girls. They would do anything to make sure [name of relative] is safe."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training. I thought the training was very good. I know about abuse and how to report it." A second staff member commented, "I would definitely raise my concerns. I have already done so in the past. It was dealt with straight away and there was no come back on me."

Records demonstrated that staff had been provided with safeguarding training. We observed safeguarding and whistleblowing policies in place that contained the names and contact numbers of the relevant people that staff could call if they had any concerns. We saw evidence that when required safeguarding alerts were submitted to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "The carers do try to get me to do as much as I can for myself. I'm scared I might fall but the carers keep a close eye on me."

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. One staff member told us, "We have one person who is at risk of not eating enough. The risk assessment tells us what we should look for and who to report any concerns to."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed when needed; to ensure the care being provided was still appropriate for each person.

Safe recruitment practices were followed. One staff member said, "I had to wait for all my checks to come through before they would let me work." The quality manager told us that all staff employed by the service underwent a thorough recruitment process before they started working at the service.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

Systems were in place to manage people's medicines safely One person told us, "The carers give me my tablets when I need them. I would forget if they didn't help me." A relative said, "I don't have any worries that [name of relative] doesn't get their tablets when they should." Staff told us they had received training in the safe handling and administration of medicines. One said, "I have had training to give people their tablets and I feel confident that I know what to do."

The service had appointed a nurse and we saw they had improved the medication systems at the service. For example, we saw that previously there were a high number of gaps and omissions on the Medication Administration Records (MAR) when staff had failed to sign the record to say they had given people their medicines. Following regular monitoring and meetings with staff we saw this number had been greatly reduced. We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "My carers are very good. They know what they are doing and they do it very well." A second person commented, "I'm very happy with the care I get. Its spot on." A relative commented, "I am so grateful I found this company. I know that [name of relative] is getting very good care. The best. It's a huge weight off my mind."

Staff said they felt the training was sufficient and gave them the skills to do their jobs effectively. One staff member told us, "Yes I get a lot of training. I think the training is very good and exactly what I need to do my job." Another member of staff commented, "I think the training is brilliant. We do all the mandatory training that's needed and we can ask for extra if we think we need it."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I did an induction that included training and shadowing more experienced staff."

We looked at a training matrix and found that all staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We get regular supervision and staff turn up unannounced to check on us and how we are doing our jobs." The quality manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff we spoke with had an understanding of why and when they needed to gain consent from people. One staff member said, "I always ask people for their permission before I do anything with them. We have to respect people's choices."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person said, "My carers know what I like to eat and make sure I get what I need. Nothing is ever too much trouble." Another person told us, "I get enough to eat and drink. They leave me snacks and drinks before they leave."

A relative commented, "I don't have any worries that [name of relative] gets enough to eat and drink." Staff told us they supported some people with their meals. One staff member said, "I will always give people what they like to eat. I'm happy to make them what they like."

Peoples care records contained details of their dietary likes or dislikes. Within the care plans we examined we saw that there was information on people's dietary needs and the support they needed.

People were supported to maintain good health and to access health care appointments. We were told by people using the service and their relatives that most of their health care appointments were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care. One person said, "They will help me if I need to see a doctor or go to the hospital."

Staff told us if there was deterioration to a person's health they would seek their permission to report it to the management team or a relative and if needed contact the GP or health care professional for support or advice. One staff member told us, "I will always call the office if I am worried about someone."

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person told us, "I can't praise the carers highly enough. They deserve good praise and it's well deserved." Another commented, "I have a laugh and a joke with our carers. They are very kind and nothing is ever too much trouble." A relative commented, "Our carer has built up a great relationship with [name of relative]. I would give our previous agency a minus ten; this one has a plus ten. Our carer engages with [name of relative] which the other carers didn't. Before [name of relative] felt rushed; now no matter what [name of relative] is never rushed." Another relative told us, "I know [name of relative] is in good hands. The carers think the world of [name of relative] and they also care about us as well."

Staff told us they knew people well and were able to build meaningful relationships with them. One staff member commented, "I have been visiting the same people for a while now and I have got to know them well. I know what they like and what they don't. I know how they like things to be. We have a good rapport." Another member of staff told us, "The people I look after are like my family." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported.

People told us that the staff knew them well and provided care that was in line with their preferences. One person said, "The girls know me very well and always do whatever they can to make me comfortable." Another person told us, "I have a certain routine and my carers know what that is. There has never been a problem."

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "The carers always give me a choice. They ask me what I want for dinner, what I like to wear and how I like things to be done. If I refuse a shower they will respect my decision." All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "I never do anything without asking first how people would like it to be done. It's all about respecting people."

We saw evidence within the care plans that people's changing needs and wishes were monitored and any changes that were needed were carried out in a timely manner.

We were told that at the time of our inspection there was no one using the services of an advocate but they could provide information and would support a person to access this service if they required it.

Staff understood how to support people with dignity and they respected them. People told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. A relative told us "The staff are very good at making sure [name of relative] does not get embarrassed. They are very mindful of making sure they uphold [name of relative] privacy and dignity." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I always make sure I cover people with a towel and close the curtains when I am supporting them." Another staff member told us, "I make sure I am always respectful and polite. I always listen to what the person wants and respect their choices." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

The quality manager confirmed that staff's care practices were regularly observed through unannounced spot checks to ensure that they were upholding people's privacy and dignity. Senior staff observed if the care provided was carried out with respect and ensured people's privacy and dignity was maintained. This was only undertaken with the full consent of the person receiving the care.

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "I am aware of confidentiality and what we can share and what we can't." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People told us that they received care that met their needs. They said that their staff were 'patient, caring, knowledgeable and hardworking'. One person told us, "My carers are lovely. They come in and do exactly what I need." Another person commented, "I get all the care I ask for. If I need anything extra they will always try to help." A relative informed us, "If things weren't right I know [name of relative] would speak out but she is always happy with the care."

One person told us about the impact this service had on their life. They told us, "I cannot praise the staff enough. Thanks to their care both myself and [name of relative] are getting our lives back. I feel like a new person I can go to work with peace of mind knowing that [name of relative] is in safe hands and happy."

Staff and the quality manager told us that people's needs were fully assessed before a service commenced. They informed us that people's care plans provided them with guidance about what they must and must not do to support the person. One member of staff commented, "The care plans are useful. I always read them if I go to someone new." A second staff member said, "I always read the care plan before I start doing people's care."

Records we looked at showed that information from the needs assessment was used to inform the care plan. The plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. Some areas of the care plans would benefit from further detail, for example, when describing people's dietary likes, the care plans recorded 'various'. This was a vague description of people's dietary likes and did not inform the staff sufficiently. We saw evidence that when there was a change to a person's needs the care plan had been updated to reflect the change. Staff were made aware of any changes to ensure that people received the relevant care and support.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I have made a complaint before and it was dealt with. [Name of quality manager] sorted it out for me." A relative told us, "I would call the office if I had a complaint."

The complaints records showed that at the time of our inspection five complaints had been received by the service in 2017. These had been dealt with appropriately, fully investigated and any actions taken that were required. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Is the service well-led?

Our findings

The provider was also the registered manager. However we found they on average they visited the service once a fortnight. There was a quality manager who undertook the day to day management of the service and had completed their registered managers training.

People were positive about the care they received. One said, "The carers are very good." A relative told us, "The care is excellent. The carers are professional and do a good job."

People felt involved in their care and told us that their views were valued and respected. They told us they regularly received visits and telephone calls from the care coordinators seeking their views on the care they received from the service. One person said, "I know we can contact the office when we need to." We saw records which confirmed that people had been asked to provide feedback on the care they received. This information had been gathered through satisfaction surveys and telephone calls. Comments showed that overall people were pleased with the care they received. However we noted that there was dissatisfaction with the timings of people's calls. This had been discussed at a quality meeting and actions put in place to improve this area of the service.

Staff told us that the management team at the service were approachable and there was an open door policy. One staff member said, "If you have a problem you can always go to someone in the office and they will help you." Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would feel comfortable raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Staff told us that they felt supported by the management team. One staff member told us, "We have regular staff meetings and regular supervision where we can talk about anything we need to." We also saw that team meetings were held with staff and minutes showed that staff were able to raise ideas to help drive improvements at the service.

Records showed that notifications were submitted to the Care Quality Commission (CQC) as required. A notification is information about important events which the service is required to send us by law in a timely way.

There were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. Routine audits were carried out on areas such as the medicines administration records, people's support plans, risk assessments and daily logs and the staff recruitment and training records. Where areas requiring attention had been identified there were action plans in place to demonstrate how continuous improvements would be made.