

Ace Community Care Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Ace Community Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and people living with dementia or a physical disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection 29 people used the service.

People's experience of using this service and what we found

People were safe because staff could recognise when people were at risk of harm and knew how report any concerns appropriately. Risks to people's health, safety and well-being were assessed, and measures introduced to remove or reduce the risks. People were supported by safely recruited staff. People's medicines were managed safely, staff had received training and competency assessments to help ensure they were skilled in this area. Staff had received training in infection control and gloves and aprons were provided for them. The management team took appropriate actions following incidents and learning was shared with staff.

Before care delivery started assessments were undertaken to make sure the service could meet people's needs. Care plans were developed from these assessments for each person's identified needs. Staff received training and support to enable them to carry out their roles effectively. Staff prepared simple meals for people as needed and encouraged them to take fluids to maintain their health and wellbeing. Staff and management knew people well and could promptly identify when people's needs changed and sought professional advice appropriately. Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so.

People praised the kind and caring nature of staff. People received consistent care from a small team of staff. People told us they knew about their care plans and they could decide what care and support they needed. People's records were held securely in a locked cabinet within a locked office to help promote confidentiality. People received care and support as they wished. People told us they would be confident to raise any concerns with the management team. However, everyone we spoke with during this inspection was satisfied with the care and support they received.

The registered manager was committed to providing a high standard of care to the people they supported and understood their responsibilities under the Duty of Candour. People and staff members spoke highly of the registered manager and told us that they were always available and supportive. People told us that they were asked for their views about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement. (Last report published 28 June 2018) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ace Community Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 June 2019 and ended on 26 June 2019. We visited the office location on 24 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the office location and spoke with the registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We obtained feedback from three health professionals who had worked with the service and a representative from the local authority contact monitoring team. We spoke with four people who used the service about their experience of the care provided. We spoke with two members of staff to gather their views about the training and support provided for them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and knew how to identify and report any concerns relating to the risk of harm and were familiar with how to report concerns to relevant agencies outside of the organisation.
- The provider had an out of hours on-call system to support staff and people who used the service outside of normal office hours.
- People told us they felt safe when staff provided their care. One person told us, "I do feel safe. I am able to manage my personal care needs mostly by myself. However, I find it reassuring that staff are here in the event I become unsteady." Another person said, "We both feel safe with the care. This is because the staff are confident and competent."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed, and measures were put in place to remove or reduce the risks. For example, in areas such as people's mobility and nutrition.
- Risks to people's safety and well-being were regularly reviewed and any changes were shared with the staff team during meetings and by digital means.
- Accidents and incidents were logged and reviewed regularly to ensure all appropriate action had been taken and there were no themes emerging.

Staffing and recruitment

- People were supported by sufficient numbers of care staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and a criminal records check. We discussed with the registered manager that it was good practice to contact referees to validate references once received to help satisfy themselves that the references received were genuine.
- Newly recruited staff members worked alongside experienced staff members before starting to work unsupervised.

Using medicines safely

- People's medicines were managed safely. One person told us how a staff member had collected a prescription from the pharmacy for them as they were not able to collect it themselves.
- Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable to manage people's medicines safely.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

Learning lessons when things go wrong

- The management team took appropriate actions following incidents and learning was shared with staff. There had not been any incidents recently however, the management team demonstrated how they cascaded information to the staff team where needed by regular team meetings and digital messages.
- Staff told us that there had not been any significant issues recently but described how the management team shared information by means of team meetings, spot checks, supervision and by text message if something was time sensitive and needed to be shared immediately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by Ace Community Care Ltd.
- Care plans were developed from these assessments for each identified need people had and staff had clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People told us they were satisfied with the care and support provided which demonstrated that staff delivered appropriate care and support in line with best practice.

Staff support: induction, training, skills and experience

- Staff received training and support through a programme of staff supervision to enable them to carry out their roles effectively. There had been significant improvement in this area since the previous inspection. Much of the training provided including in areas such as infection control, food hygiene and mental capacity act training were arranged to be completed via e-learning. The registered manager acknowledged that this was not always ideal and told us they assessed staff member's competency in these topics during supervision and at spot checks.
- The registered manager told us all staff had completed the care certificate (An agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). People told us they felt that staff were skilled and competent to do their role.
- A staff member said, "This agency is a really supportive place to work. I would definitely recommend Ace Community Care to other care staff to work here and to anyone looking for care in their own homes."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff prepared simple meals for them as needed and encouraged people to take fluids to maintain their health and wellbeing.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.
- A healthcare professional had complimented the staff team of the standard of care provided. They said, "I was very impressed by their [staff] professionalism and the care they showed to [person] and their family. They were not just 'going through the motions', they genuinely cared about [person] and their welfare."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- People told us staff asked for their consent before they delivered any aspects of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their regular care staff were very kind and caring. One person said, "They are kind and caring and are really good at what they do." Another person commented, "The staff are very considerate. I have to take my time with my movement as I am very brittle. They are so patient and never rush me."
- People received consistent care from a regular small team of staff. The registered manager said, "Regular staff means relationships can be built with trust, people feel safe knowing who is coming to provide care."

Supporting people to express their views and be involved in making decisions about their care

- People told us they knew about their care plans and they could decide what care and support they needed.
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate for their individual needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "It is important to me to maintain my independence as much as possible, staff support me to do this."
- The registered manager reported that people who used the service had no need for advocacy support at this time. They said they would signpost people to the local authority for advocacy support should the need arise.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support as they wished. One person said, "The care staff provide is exactly as I want, no problem at all."
- Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow. For example, one care plan gave staff clear information about how a person required their personal care to be delivered in a specific way to account for some physical restrictions they experienced with their movement. The registered manager advised they intended to include greater detail within care plans to help ensure every aspect of people's care and support was clearly documented.
- Care calls could be flexible around people's needs where needed. For example, we saw a compliment received from a relative thanking the management team for changing a person's care call time at short notice. The relative had said, "This meant our preparation for [person's] day was smooth and made their anxiety about the situation less difficult for them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person told us that the information available on the provider's website did not include enough detail for them to clearly understand what elements of care the service provides. We discussed this with the registered manager who acknowledged the issue and stated that the provider was aware and has the website under review at this time.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints.
- People told us, they had not had any need to complain about the service they received. One person said, "I have never had to make a complaint and I don't think I ever would. They are very good with me." Another person commented, "I would be confident to raise any concerns with the manager."
- The provider had a complaints policy and procedure in place. The registered manager stated they had not received any complaints since they came into post in November 2018. They described to us how they would address any concerns that came to their attention and how the outcome of these would be shared with the staff team.

End of life care and support

- The registered manager told us that the service would provide support for people at the end of their lives to enable them to remain in their own homes for as long as they wished. They advised that they worked closely with external health professionals and training for the staff team in this area would be provided when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed to providing a high standard of care to the people they supported. The registered manager understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. We saw a compliment received from a relative in May 2019. The relative had stated, 'We cannot commend Ace Community Care enough. The care [person] has received is of a very high standard and we will thoroughly recommend Ace to others'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had made significant improvements since the previous inspection in June 2018. They had established effective governance systems which enabled them to have an oversight of all aspects of the service. This included care plans, risk assessments and medicine records. Some areas of record keeping remained 'work in progress' at this time, the registered manager was clear about what they needed to do to remain compliant with regulations and to provide safe and effective care.
- In addition to internal systems, the local authority who commissioned services from Ace Community Care Ltd carried out independent monitoring checks and visits. These checks were based on call times and punctuality, people's feedback and involvement. We obtained feedback from the monitoring officer who stated, "I visited in March (2019) and saw significant improvements, [registered manager] has been working very hard."
- There were systems to identify and learn from any mistakes or areas of concern.
- Staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to. A staff member told us, "The registered manager is absolutely supportive. We are able to contact her at any time and I have done. She is very approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully involved in the service development. People told us that they were asked for their views about the quality of the service.
- Staff were encouraged to share their views and to make suggestions to further develop the service. Team

meeting minutes showed that communication was a two-way process.

Continuous learning and improving care

- The registered manager used information from quality monitoring and feedback to improve the quality of care people received.

Working in partnership with others

- The management and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as the local authority and community health and social care professionals.
- We noted positive feedback received from external agencies about the care and support provided. For example, an occupational therapist had commented, 'As you can imagine, I meet a lot of staff and observe their practice. I have to say that I found these staff a credit to the care profession and Ace Care'.