A C S Care Services Ltd

ACS Care Services Ltd

Inspection report

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Ratings

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

Overall summary

The inspection was announced and took place on 3 March 2015.

During our inspection on 12 November 2013 we found that the service did not have adequate systems in place to monitor and review the service it provided. The provider did not always take appropriate action to respond to staff concerns. During this inspection we found improvements had been made to meet the legal requirement.

ACS Care Services provide personal and practical help that includes all aspects of personal care, meal preparation, domestic assistance including shopping, pension collection, accompanying people on appointments and other trips. ACS Care Services also provides a 'sitting service' keeping a person company whilst their main carer takes a break.

At the time of our visit there were 170 people receiving care and a team of 72 care staff, which included those working at the head office. The service had a registered

Summary of findings

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.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures. There were appropriate numbers of staff employed to meet people's care needs. Safe and effective recruitment practices were followed.

There were arrangements in place for people to receive their medicines safely. However, the provider did not maintain a record of medicines administered to people using the service. We have made a recommendation about the recording of medicines.

We found that consent had been obtained from people, in line with the Mental Capacity Act (MCA) 2005, before being supported by staff.

People's care needs were met and we found that staff received regular training to ensure they were knowledgeable about their roles and responsibilities. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People expressed dissatisfaction with the consistency of care staff and the timings of their visits, which meant they did not always receive care at a time that suited them and by staff who knew them.

We saw that people were encouraged to have their say about how the quality of services could be improved. We saw that a system of audits, surveys and reviews were used in monitoring performance and managing risks. However, these systems had not been effective in resolving issues about people's dissatisfaction about call times and consistency of care staff visits.

We found there was a positive and open culture. The staff were positive in their desire to provide good quality care for people.

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.

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained, however the recording of medicines were not suitable.

Requires improvement

Is the service effective?
The service was effective.

People's consent to care and support had been obtained properly in line with the MCA 2005.

People's health and nutritional needs were met effectively.

People were looked after by staff that had the knowledge and skills necessary to provide safe and effective care and support.

Good

Is the service caring?
The service was caring

People and their relatives were positive about the way in which individual care staff provided support.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People were treated by staff with kindness, dignity and respect.

Good

Is the service responsive?
The service requires improvement to be responsive.

People did not always receive care at a time that suited their lifestyle and by staff who knew them.

People felt able to raise complaints or issues of concern and provide feedback about their experiences. However, some people were not satisfied that the outcome of their complaints had improved their service.

People had been fully involved in discussions about how their care was assessed, planned and delivered.

Requires improvement

Is the service well-led?
The service requires improvement to be well-led.

Requires improvement

Summary of findings

There were quality assurance systems in place to monitor the quality of the service. However, these systems had not been effective in resolving issues about people's dissatisfaction about call times and consistency of staff.

The service promoted a positive and inclusive culture. People, their relatives and staff were encouraged to share their views and help develop the service.

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 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 3 March 2015 and was announced. The provider was given 48 hour' notice because the location provides a domiciliary care services and we needed to be sure that someone would be in.

The inspection team comprised of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this inspection had expertise in caring for and supporting older people.

Prior to this 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 by law. We used a number of different

methods to help us understand the experiences of people using the service.

Before the inspection we undertook phone calls to 14 people that used the service and relatives of two people that used the service.

During the inspection we spoke with the training officer, three care staff and the management team. We reviewed care records relating to five people who used the service and five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Requires improvement

Is the service safe?

Our findings

We looked at the arrangements in place for the safe administration of medicines and found these to be appropriate. We saw that staff had been trained to give medicines to people using the service. Consent to administer medicines had been obtained from the person or their relative. The service had a clear medication policy in place to manage people's medicines when they were not able to, or chose not to take them themselves. We were unable to look at any records of medicines administered by care staff. This was because the medication administration records [MAR] were kept by the district nurse. The Royal Pharmaceutical Society of Great Britain guidelines; 'The Handling of Medicines in Social Care' requires that 'when care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given'.

People told us they felt safe or felt their relatives were safe receiving care from staff in their homes. One person said, "They are very good and very professional. I feel very safe with them." Another person commented, "Very safe thank you". A relative told us, "Yes, they are lovely; I'm very pleased with them. I know my [relative] is safe."

We spoke with staff about safeguarding and what they would do if they suspected abuse was taking place. They all told us they had received training about how to recognise and report abuse and training records confirmed this. One member of staff told us, "I reported something to the manager. It was dealt with quickly and efficiently. I would have no hesitation in reporting my concerns again." This meant people were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

We saw records of when staff had undertaken safeguarding training and also when they had undertaken 'safeguarding refresher' training. We found that staff were fully up to date with the company and local authority safeguarding reporting procedures. We also found that the provider had systems in place to monitor and review incidents, concerns and complaints which had the potential to become safeguarding concerns. Records showed that the manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

Staff confirmed that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe. One staff member said, "We know that risk assessments are vital to make sure people still have their freedom but keep them safe at the same time. They also help to protect us staff." We saw that assessments had been undertaken to assess any risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the risk of harm occurring. These included risks associated with malnutrition and falls.

We found there were appropriate numbers of staff employed to meet people's needs. One person using the service told us, "There are plenty of staff who come." Another commented, "Two people always come, that's fine."

The management team informed us that the service had not missed any care appointments to people using the service. Records demonstrated there were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and we saw that the number of staff supporting a person could be increased if required.

Reporting systems were in place so that incidents and accidents were reported to the registered manager who logged them on an electronic system. We saw that they had put actions into place as a result of each incident or accident to try to prevent it re-occurring.

Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate care workers were employed to work with people at the home and were clear about their roles and responsibilities.

We recommend that the service considers current guidance from Royal Pharmaceutical Society of Great Britain guidelines, 'The Handling of Medicines in Social Care' on the correct processes for maintaining records of medicines.

Good

Is the service effective?

Our findings

People told us they were looked after by staff that had the necessary skills, knowledge and experience to provide effective care and support. One person said, "They meet my needs; they come in and do what I ask them to do." Another person told us, "Yes, my needs are being met; they know what they are doing."

We spoke with members of staff who told us they had received regular supervision and a variety of training including safeguarding, dementia care and moving and handling. One staff member told us, "The training is very good but the times that the training has been available have often made it difficult to attend. They are changing that a bit now so it's more flexible."

On the day of our inspection there was training taking place and we spoke with the training officer. They told us they provided all mandatory training for staff and some extra specialist training such as dementia care. We were informed that there was a variety of different training methods including distance learning, workbooks and face to face training. The training officer told us it had been difficult to ensure all staff attended training when needed, and this had been particularly problematic with a few particular staff. They said they were changing the times of some training events to ensure all staff attended.

New staff were required to complete an induction programme and this consisted initially of two days to complete mandatory training. Then they would be expected to shadow a more experienced member of the care staff until they felt competent.

We looked at the training matrix and found most staff were up to date with their mandatory training. However, the matrix showed that there were a few staff, who had not completed this essential training for several years. For example, one staff member had not completed any mandatory training since 2102 and another since 2013. We discussed this with the management team who said they would make it a priority to ensure this was completed. Records demonstrated that staff were receiving supervision and this included spot checks where they would be observed by a senior member of staff providing care to people.

People told us that staff asked them for their consent before providing care and support. We found that consent had been obtained from people, in line with the Mental Capacity Act (MCA) 2005, before being supported by staff. One person commented, "They [staff] will always check with me first before they start anything." At the time of our inspection no one using the service was deprived of their liberty.

People told us they were happy with the support they received in relation to their meals. Several people we spoke with explained that they required support with food and drink preparation. They told us they had prepared meals delivered and staff helped them with ordering, heating, serving and cleaning up after the meal. One person said, "Oh yes they always make me what I fancy. It's not bad."

We spoke with two staff just after lunchtime who confirmed they had been to support people with their lunchtime meal. Staff had received training in food safety and were aware of safe food handling practices.

Staff confirmed before they left their visit they made sure people were comfortable and had access to food and drink. Care plans we looked at recorded instructions to staff to leave drinks and snacks within people's reach.

We were told by people using the service and their relatives that most of their health care appointments and health care needs 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 if their health or support needs changed. One relative said, "My [relative] has had help with appointments. It gives me peace of mind."

People told us, and records confirmed that their health needs were frequently monitored and discussed with them. Risk assessments were used to ensure that care plans accurately reflected and met people's needs. This included areas such as mobility, physical and mental health and medicines. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received from ACS Care Services Limited. They said they had positive relationships with staff that were kind, caring and respected their privacy and dignity. One person said, “They are very caring; they know what they are doing.” Another person said about their regular care staff, “We have a laugh; we get on well, we are just like friends.” However, people were not satisfied with the consistency of care staff. One person summed it up by saying, “We chat ok but it’s difficult to make a connection because they change all the time.”

Relatives had a similarly positive view of individual care staff, with one telling us, “We get on very well with the regular care staff. They don’t rush and will often stay for a little chat before they go.”

Staff were positive about their role and the relationship they had with people they cared for. One staff member told us, “The job is very good. I enjoy it and I love helping people.” Another commented, “We wouldn’t do it if we didn’t love it.”

People using the service and their relatives told us they were involved in developing their care plans, identifying what support they needed from the service and how this was to be carried out. One person commented, “The care is good; my [relative] is involved.” Another person informed us, “A supervisor came at the weekend to discuss my care.” A relative said, “We were involved with planning my [relatives] care. We discussed the bathing requirements.”

Staff told us how people expressed their needs and wishes regarding their care. One staff member told us, “They tell us what they need and we try to give them as many choices as possible.” Staff told us they always asked people what they could do for them.

We saw that for people who did not have the capacity to make these decisions, their family members and health and social care professionals were involved in their care.

Records we looked at confirmed that people had been involved in the care planning process. Care plans showed that people’s preferred routines were followed by care staff and that individuals were listened to by the service. These were written in a way that promoted people’s individualised care. For example, we saw that one person wanted to have female care staff only and we saw this recorded in their records. This meant that staff respected people’ choices and allowed them to maintain control about their care, treatment and support.

All the people we spoke with told us that staff were respectful of their privacy and they maintained their dignity. One person said, “Yes, they are very careful to not embarrass me. They cover me with a towel when they get me out of the bath.” Another person commented, “Oh yes, they get me to the wash basin, I wash myself, they wait outside.”

Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example, if they were at risk of falls.

Requires improvement

Is the service responsive?

Our findings

People we spoke with expressed dissatisfaction with the consistency of care staff and the timings of their visits, which meant they did not always receive care by staff who knew them and in line with their preferences. One person using the service told us, "I would like to have the same person during the week. I don't mind different people at the weekend." Another person said, "The same person doesn't always come and they don't come at the same time. This makes me anxious." A third person informed us, "My needs are being met by 50% of the carers. I have to tell the other 50% what to do. It's because I don't know them, they change all the time. They are supposed to be here for 30 minutes but they only stay for 12 minutes." In addition to this nine people we spoke with commented on the poor timings of their calls. One person said, "They come when they like, we are not considered." A relative told us, "They are too flexible; my [relative] would like them to stick with what's planned."

One staff member told us, "If you don't have regular clients you can find yourself visiting people you don't know every day."

We saw that four complaints had been received by the service in relation to the timings of their calls. Care records and daily notes demonstrated that on occasions some people's visits had not taken place as recorded in their care plans.

People told us that staff promoted their independence and encouraged them to have their say about how the service operated and their care was provided. One person told us, "They know my routine, they allow for that. I told them I can wash myself, and they encourage that."

People were involved in their care planning. One person told us, "They have been lovely; the supervisor comes every year to assess my care." Another person said, "They come round sometimes and talk about my care and ask if I'm alright."

Staff told us that they spent time reading and understanding care plans before carrying out tasks but also responded to the changing needs of the people they supported. One staff member told us, "We couldn't do without the care plans. They are our bible."

We saw that assessments had been undertaken to identify people's support needs and care plans had been developed outlining how these needs were to be met. We could see that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented.

People using the service and their relatives told us they were aware of the formal complaints procedure and felt comfortable raising concerns. However, we received a mixed response from people when we asked if the service listened to them and learned from people's experiences, concerns and complaints. Two people told us they had raised a complaint and it had been dealt with promptly and to their satisfaction. One told us, "There is a complaints sheet on the log book which they took away and things improved regarding my timings." A further two people told us they had made complaints about the timings of their visits but nothing had changed. One person said, "My [relative] raised concerns as they were coming later and later at lunchtimes which stopped me going out. It didn't make any difference."

We looked at the complaints log where all concerns and complaints about the service were recorded. We saw four had been received and recorded by the service over the previous twelve months. All four complaints were in relation to call times. These had been responded to within the timescales set out in the complaints procedure. However, the areas of complaint did not appear to have been resolved to everyone's satisfaction.

We saw that the service's complaints process was included in information given to people when they started receiving care. In addition to this people were asked to complete an annual satisfaction survey. We were told the responses for this would be collated and analysed so the service could identify areas for improvement.

Requires improvement

Is the service well-led?

Our findings

During our inspection on 12 November 2013 we found that the service did not have adequate systems in place to monitor and review the service it provided. The provider did not always take appropriate action to respond to staff concerns. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that a system of audits, surveys and reviews were used in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included spot checks in people's homes and audits of care plans and staffing. We saw that where areas for improvement had been identified, action plans had been developed which clearly set out the steps that would be taken to address the issues raised. However, despite this we found there was dissatisfaction in relation to the timings of people's calls and consistency of staff. One staff member told us, "It can be hard if you don't have a regular run. The staff also prefer to have consistency."

The complaints log showed that four complaints had been received by the service over the previous twelve months. All four complaints were in relation to call times. Although these had been dealt with in a timely manner there remained, among the people we spoke with, dissatisfaction in relation to the timings of their visits.

There was a registered manager at the service and most people told us they felt positive about the management and knew who the manager was. People told us, "I do think it's well run. I get what I want and I have nothing to improve." Another person commented, "I met the manager, I have no complaints." However three people said they did not know who the manager was. One commented, "Who is it? I don't know the manager." A second person told us, "I don't know the manager."

Staff received regular support and advice from the management team via phone calls, texts and face to face meetings. Staff felt the manager was approachable and available if they had any concerns. One staff member told us, "I know if I have any problems they will make time to see me." Staff also told us that they were kept informed of any changes to the service provided or the needs of the people they were supporting.

Staff told us they had regular meetings and supervisions and these were an opportunity to raise ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said they felt able to challenge ideas when they did not agree with these. They said that communication was good and they could influence the running of the service. Staff said they were happy in their work and felt that this enabled them to provide good quality, effective care for people.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.