

Ace Care Professionals Limited

# Ace Care Professionals Limited

## 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

The inspection took place on 5 and 6 May 2016 and was announced. Ace Care Professionals is a domiciliary care service that provides a personal care to people living in their own home. On the day of the inspection 23 people were supported by the service with their personal care and support needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we observed staff within the office who were friendly and relaxed and there was a calm and pleasant atmosphere. Information we requested was supplied promptly, records were clear, easy to follow and detailed. People, those who matter to them and staff all spoke positively about the service. Comments included, "They are very reliable", "Staff are very caring, they do everything I need" and "Cannot praise them enough".

People valued their relationships with staff. People said they felt well cared for and that they mattered. One person said, "I look forward to their visits".

People were supported by staff who encouraged them to remain as independent as possible. Staff had a good appreciation and understanding of how to respect people's privacy and dignity.

People told us they felt safe. Staff had undertaken training on safeguarding adults from abuse and put their knowledge into practice. Where staff had raised alerts the service managed the concerns promptly and where required, conducted thorough investigations to protect people. People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults before they started their employment.

People were supported to take their medicines by staff that were appropriately trained. People were supported by staff teams that received training that reflected their individual needs and supported how they wanted and needed to receive their care and support. Staff put their training into practice and delivered good care.

People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected and staff provided consistent personalised care and support. Staff responded quickly to people's change in needs.

People's risks were anticipated, identified and monitored. Staff managed risk effectively and actively supported people's personal decisions. This ensured that people had control and independence in their lives. Risks were regularly reviewed and updated promptly following any changes in need.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

Staff described the management to be very open, supportive and approachable. Staff talked about their jobs in a strong positive manner, and were highly motivated.

There were effective quality assurance systems in place. Action was taken to address areas where practice could be improved and as a result, changes had been made to help ensure the service moved forward and continually improved.

## 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.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse.

Medication was managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to meet their individual needs.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005. People were involved in decisions about their care and support.

Staff received regular supervision which was used to review and develop their working practice.

### Is the service caring?

Good ●

The service was caring.

People described the caring approach shown by staff as very good.

People felt they mattered and valued the strong positive relationships they had with staff.

People were supported by staff that were focused on maintaining their independence. Staff respected people's dignity and maintained their privacy

### Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and focused on a person's whole life. Staff had a thorough understanding of how people wanted to be supported.

People had been fully involved in the development and reviewing of their care plans and had agreed with the content.

People were provided with written information about how to make a complaint. People told us they thought any complaints would be properly investigated by the registered provider

### **Is the service well-led?**

The service was well-led.

Management were approachable and had clear values that were understood by staff and put into practice.

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

**Good** ●

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## **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.

The inspection took place on 5 and 6 May 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection team consisted of one adult social care 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.

During the inspection we spoke with the registered provider who was also the registered manager, the care manager and three members of staff. We also visited three people in their own homes that used the service and observed staff while they were working.

We looked at four records that related to people's individual care and support needs. These included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

We also reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority safeguarding team and they told us they had no immediate concerns regarding the service.

## Is the service safe?

### Our findings

People told us they knew what keeping safe meant and felt safe whilst being supported in their own home. Comments included, "I feel safe with staff".

People were supported by staff who had received training in safeguarding, and could recognise signs of potential abuse. Staff confirmed any signs of suspected abuse were taken seriously, investigated thoroughly and appropriate alerts had been made to protect people.

Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Checks included the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People were protected by staff who understood the plans in place to respond to emergencies or unforeseen events. People and staff had access to on call telephone numbers for the service that were operational 7 days a week. This ensured a member of staff was always contactable if needed.

There were sufficient numbers of staff to keep people safe. All of the people spoken with told us that they were not rushed with their care and staff completed all tasks required.

People were supported by staff who understood and managed risk effectively. Prior to providing support to people the registered provider completed a comprehensive risk assessment that considered personal care needs, medication, mobility assistance and general risks. Environmental risk assessments indicated where risks could occur and measures were put in place to minimise the likelihood of incidents occurring. Plans were reviewed regularly with the full involvement of the person receiving the service.

Staff understood the importance of safe administration and management of medicines and had completed the appropriate training. The registered manager completed monthly medication audits which included a review of the level of support people required, storage systems in place within peoples homes, safe disposal, homely remedies and all documentation which included the risk assessment and completion of Medication administration records (MARs). The service had medicine policies and procedures in place which were in line with current and relevant guidance and regulation.

The registered provider had a range of health and safety policies and procedures which were made available to staff. In addition to this staff were provided with on going training in health and safety, fire awareness, prevention and control of infection, first aid and also moving and handling. Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had.

The service had personal protective equipment (PPE) which was held at the office and made available to

staff on request. Gloves and aprons were worn when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe.



## Is the service effective?

### Our findings

People felt supported by knowledgeable, skilled staff who had the right competencies to meet their needs. People spoken with told us, "The staff are always on time and stay the full time", "Words cannot express how much we appreciate the kindness and care received" and "The staff go the extra mile to help".

Staff received an induction programme and on-going training to develop their knowledge and skills. On going training included topics which the provider considered mandatory and it was delivered in a number of different ways, including; internally held courses, online courses and those undertaken by external training providers. Staff told us that the training was good and always interesting. Newly appointed staff, completed the new care certificate. The care certificate is a set of minimum standards that social care and health workers work within their daily working life. The standards gave staff a good basis from which they could further develop their knowledge and skills. Staff shadowed experienced staff until they and the registered manager felt they were competent in their role. People were supported by staff who had the knowledge and skills required to meet their needs.

People told us that new staff were always introduced and undertook a shadow shift to learn their routine from an experienced member of staff. This meant people did not have to tell staff what to do and felt confident that staff could offer the required support. People also said that they were informed of changes or if staff were running late.

Specialist training relevant to people's individual needs included dementia and death, dying and bereavement. Staff were required to undertake a knowledge test to assess their competency in relation to all training they had completed. Staff told us they received a lot of training and that they found it beneficial to their role. Staff were supported to achieve nationally recognised vocational qualifications. The service sourced support from and had established links with external agencies that provided funding on behalf of their staff. This enabled and encouraged staff to take part in training designed to help them improve their knowledge. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered provider to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. The training provider said that the registered manager was fully committed to staff development through training. They had worked with the service for 3 years and had supported staff to achieve level 2, 3 and 5 qualifications. They said that staff had all been very caring and had been passionate about their client groups.

Staff received effective support through regular supervision and appraisals. Supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Staff confirmed supervision was used to develop and review their practice. Open conversation provided staff with the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. Spot checks on staff whilst they were working in the community were undertaken and the views of people who used the service were also obtained. This enabled the registered provider to assess and obtain feedback about staff performance. Discussions with staff took place following

spot checks to highlight what went well, areas for improvement and future training and development needs.

People who used the service told us that they dealt with most of their own health care appointments and health care needs with the help of relatives and relevant other people. However, care plans provided staff with information about people's healthcare needs and any support staff were required to provide people with, should they need to. Staff had supported some people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. 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. Staff were confident about what to do if they had immediate concerns about a person's health. Staff told us they would carry out the necessary first aid and call for emergency assistance. We saw office records of care concerns raised promptly by carers including reports of falls, changes in health needs, medication queries and people not being at home at the time of the call. The records showed the actions taken by the carers and the office staff.

People who required assistance and support to eat and drink had a care plan detailing their needs. The plans described the support people needed at meal times, for example with the preparation and presentation of meals and the task of eating and drinking. Staff had completed training in food hygiene and nutrition and they knew how to respond to any concerns they had about a person's diet, for example if a person's appetite significantly changed or if a person showed obvious signs of weight loss. Staff said they would seek professional advice and support to ensure the person was supported appropriately. Nutritional intake records showed food and drinks that had been given to a person as well as how much had been eaten and drunk. Records showed concerns were logged and promptly reported to the registered manager.

Staff understood and had knowledge of the main principles 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. Staff were confident to put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. Daily records demonstrated people were offered choice and had control over their own decisions.

## Is the service caring?

### Our findings

People consistently described staff as having a caring attitude and felt staff treated them with kindness and compassion. Comments included, "All the staff are lovely", "The staff are all very polite and pleasant" and "The staff have gone out of their way to look after [name]". Relatives stated, "All the staff are very caring" and "We are very happy with the service".

People and those that mattered to them valued their relationships with staff and the registered manager. They described them as going above and beyond their duty of care when providing support.

People confirmed their privacy and dignity were respected and they were encouraged to be as independent as possible. Staff understood the importance of respecting people's own values and upholding what is important to them. One person commented "All support staff and visiting office staff knock and wait for an answer before entering my home" and a staff member said "I always explain what I am about to do and ask permission before commencing any task".

Staff were respectful of people's privacy and maintained their dignity, for example we saw that staff gave people privacy whilst they undertook aspects of personal care and remained nearby to maintain the person's safety. Staff explained exactly what they were going to do ahead of the task to ensure the person was happy before they commenced.

People were supported by staff who knew their individual needs, preferences and abilities. Care plans were detailed and included likes and dislikes as well as specific detail relating to each person. Details included people's family details and where they had worked and where they had lived. Staff said this information was helpful when people were becoming forgetful and assisted conversation. This meant people received person centred care and support specific to them.

People received care and support from a consistent staff team who understood their history and individual needs.

People were supported to express their views in ways that were meaningful to them and were involved in making decisions about their care and support. People told us they were fully involved in their reviews and had also signed their care plans. This meant people were valued and treated as individuals with an opinion. The registered manager had regular contact with all people who used the service and where appropriate their relatives.

The service offered end of life care and had policies and procedures in place for this. A compliment received by the service stated "Ace Care Professionals staff contributed positively to [names] quality of life right up to their passing".

People received an information pack about the service which described the standards of care they should expect to receive. The pack also included key pieces of information about matters such as; what tasks carers

can and cannot undertake; how to make a complaint or compliment, standards of service including confidentiality, punctuality and choice. Information on advocacy services was in this document. People told us they had been given this information when they first started to use the service.

## Is the service responsive?

### Our findings

People told us that the staff were knowledgeable about their needs and that they had received a personalised service. They said staff had arrived and left their homes on time. People told us they knew the staff that were to visit them and that staff spent the right amount of time with them and they did not feel rushed. One staff member told us; "We always complete all required tasks". Staff explained that whenever they were delayed if possible they contacted the staff in the office for them to contact the person whose visit would be delayed. People said the service had been flexible to their needs, for example visit times were altered at people's request without any difficulties.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff told us they thought care plans were very important in providing individualised support. Care plans we looked at showed that each person's plan reflected their individual needs, choices and preferences, and gave guidance to staff on how to make sure personalised care was provided. One person told us they had full control over the development of their care plan and believed it reflected their needs fully.

Review meetings were held regularly and had identified changes in care and support needs. Any changes were discussed with the person and chosen family members as required. Changes were clearly documented and the information shared with all support staff. This ensured continuity of support and that all staff remained aware of people's individual needs. People told us they were fully involved in their reviews and their feedback was sought.

Daily records were completed and reflected on each area of the care plan. Records completed by staff included references to medication, activities undertaken, repositioning information and other information specific to the individual person. This information was used at the person's review for discussion and future planning as well as care plan development.

Where required the service worked alongside relevant others, health and social care professionals, including district nurses and therapists to ensure people's needs were met. Records showed contact by the service with GP's, district nurses and other professionals to ensure any changing needs of a person were met.

We saw compliments that had been received by the service and comments within these included "You all display professionalism and have caring principles" and "Your company have always kept their promises".

The registered provider had a complaints policy and procedure which was provided to people when they first started to use the service. A record of complaints people made was kept and they showed that they were dealt with in a timely way in line with the registered provider's complaints policy. People told us if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed. Staff were knowledgeable about the complaints procedure and they were confident about dealing with any concerns, complaints or comments people made.

## Is the service well-led?

### Our findings

People were at the heart of the service. People and their loved ones described the characteristics of the service to be, 'Marvellous', 'Adaptable', 'Professional' and stated, 'They are a really good company and the communication is excellent'.

The registered provider was also the registered manager and took an active role within the running of the service and had good knowledge of the staff and the people who were supported by the service. There were clear lines of responsibility and accountability within the management structure.

The registered provider actively sought and acted on the views of others and placed a strong emphasis on continually striving to improve.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. Registered providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.

People, their relatives and staff all described the management of the service to be approachable, open and supportive. Comments included, "The manager is fabulous" and "The service is excellent and the manager is very approachable".

The registered provider told us that Ace Care Professionals strived to treat people as individuals whilst ensuring that they had a flexible, quality support which met their needs and individual requirements. People said the service offered flexibility to meet their changing needs to attend appointments or ensure family contact was maintained.

The registered provider regularly invited feedback by asking people to complete a questionnaire. Feedback from people, friends and family was sought in order to enhance the service.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff reflected positively about the service. Comments included "They are a good company to work for" and "We all get on well and support each other". Staff meetings were held regularly throughout the year. Staff meetings were well attended. Minutes from the meetings were recorded and shared with any staff that were unable to attend.

There were effective systems in place to manage staff rosters. The needs of individual people were considered ahead of the preparation of staff rosters. Some people required additional staffing resources to meet their individual needs.

The registered provider undertook regular audits which included medication, accidents and incidents and

care plans in line with the organisations policies and procedures. All audit systems were under review as the registered provider had identified areas for improvement. Actions required and completion details would now be included within the process.