

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 17 June 2016 and was announced.

This was the second comprehensive inspection carried out at ACS Care Services Limited.

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. There were 151 people using this service when we visited.

There was 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. We found the registered manager only visited the service on average once every two weeks which meant there was no consistent management oversight at the service.

Inconsistencies in the recruitment process meant that the service was not able to ensure staff were suitable to work with vulnerable people.

We found that although potential safeguarding concerns and incidents of concern were not sent to the Care Quality Commission (CQC).

The quality assurance systems needed to be improved to ensure that it is effective in all areas of the service including gaining feedback from people, relatives and staff.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Staff were knowledgeable about the risks of abuse and reporting procedures. There were appropriate numbers of staff employed to meet people's care needs. People had their medicines managed safely, and received their medicines in a way they chose and preferred.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They were provided with on-going training to update their skills and knowledge to support people with their care needs. People's consent to care and treatment was sought in line with current legislation.

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 were looked after by staff that were caring, compassionate and promoted their privacy and dignity. People were involved in making decisions about their own care and support.

People received personalised care that was responsive to their needs. The care plans met people's needs and preferences and provided them with good support. The service had an effective complaints procedure in place.

We identified that the provider was not meeting regulatory requirements and was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Potential safeguarding concerns were not reported to the Care Quality Commission (CQC).

Inconsistencies in the recruitment process meant that the service was not able to ensure staff were suitable to work with vulnerable people.

They were sufficient staff to support people to remain safe. However, staff sickness had an impact on the timings of people's calls.

Staff supported people in a way that minimised risks to their health and safety.

Suitable arrangements were in place for the safe administration, recording and disposal of medicines.

Is the service effective?

Good 

The service was effective.

Staff received an induction, on-going training and supervision to support them to develop their skills and knowledge.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Is the service caring?

Good 

The service was caring.

People received care and support from staff that were kind and compassionate.

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

People told us they were happy with the service and that staff treated them with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People had developed positive and caring relationships with staff.

Staff supported people to express their views.

People's privacy and dignity were promoted.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was a registered manager in post. However there had been a lack of consistent management oversight at the service.

Notifications were not submitted to the Care Quality Commission in line with requirements.

The quality assurance processes were not robust enough to enable analysis of key data to focus on continuous service development and learn from previous incidents.

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 16 and 17 June 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available to facilitate our inspection. The inspection was carried out by one inspector from the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with the local authority that commissioned the service to obtain their views about the service.

We spoke with 15 people who used the service and four relatives over the telephone, in order to gain their views about the quality of the service provided. We had discussions with eight staff that included the quality manager, the general manager and the human resources manager. In addition we also spoke with a care co-ordinator, a senior carer and four care and support workers. ,

We looked at the care records for 15 people using the service to see if their records were accurate and reflected their needs. We reviewed seven staff recruitment files, two weeks of staff duty rotas, staff training records and further records relating to the management of the service, including quality audits and health and safety checks.

Is the service safe?

Our findings

Recruitment procedures had not always been consistently followed to ensure only suitable staff were employed by the service. We looked at seven staff recruitment files. In four of the files we found gaps in staff employment history, one of which was over six years. We were also unable to find up to date photographs and proof of ID for three staff members. We were told that some information was held as a hard copy and some information was held electronically. Following the inspection, the service provided us with the missing photographs and proof of ID for the three staff members. The remaining files we looked at contained the necessary pre-employment checks that included Disclosure and Barring Scheme (DBS) checks, health clearance, proof of identity documents including the right to work in the UK and two references.

The quality manager told us that staff would only be allowed to commence employment following receipt of all relevant documentation. One member of staff told us, "I had to wait for all my checks to come through." We found that staff did not commence work at the service until their employment checks had been received.

We found that although potential safeguarding concerns were sent to the local authority safeguarding team, the service had failed to notify the Care Quality Commission (CQC) of these. This meant that incidents of concerns had not been reported and acted upon.

People told us they felt safe and comfortable in the company of staff. One person told us, "You're safe with the carers. They look after you." Another person commented, "I feel very safe. They have helped me improve and I've gained a lot of confidence. I have never felt unsafe or vulnerable with the staff." A relative said, "Yes [name of relative] is safe with the carers. I don't have any worries about that."

People were protected by staff who knew how to recognise signs of possible abuse. All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the management would listen and take action. One staff member told us, "There are three safeguarding officers and I could go to any of them. I wouldn't hesitate to report any concerns to them." Another member of staff commented, "I know I would be listened to and any concerns I had about a person's safety would be dealt with straight away."

Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing their records. One staff member said, "The safeguarding training keeps you up to date with anything new and because you don't always use it, it's always good to refresh your training every year." Another told us, "We all get training and we are all aware of safeguarding."

We saw the service had a safeguarding and whistleblowing policy in place to guide staff. Staff also had a pocket size information card about safeguarding, that included telephone numbers of external agencies who staff could contact if they did not feel able to report incidents internally.

Risks were managed appropriately to ensure people were not restricted but were kept safe. One person told us, "They discussed the risks assessments with us before they started my care." A relative informed us, "I was

involved with the risk documents. They asked my opinion and I can always raise anything I feel is a risk."

Staff were able to explain to us how risk assessments were used to promote people's safety. For example, one staff member told us that a person's mobility had recently declined and a risk assessment was completed that identified they needed to the use of a hoist for moving. They also said that part of the risk assessment involved looking at the furniture in the room that needed to be re-arranged to accommodate the hoist.

Risk management plans outlined key areas of risk, such as falls, medication and manual handling as well as any other areas of potential risk specific to each individual. They included information on what action staff should take to promote people's safety and independence. We saw that risk assessments were up to date and reviewed as people's needs changed.

There were sufficient numbers of staff available to keep people safe. Overall people were positive in their comments about the numbers of staff to provide their care. One person said, "Most of the time they turn up on time. Sometimes I know there is staff sickness and this can affect the time the carers arrive, but overall it's not too bad." Another person commented, "On the whole the staff are pretty reliable. By the nature of the job they will sometimes be late but it doesn't happen too often." A third comment was, "The carers can't give us an exact time because they have to help so many others before me." People said that problems mainly occurred when their regular staff were off work due to holidays or sickness. This resulted in the timings of their visits not being at times people preferred. However, most people we spoke with said the office was good at communicating with them and would let them know if their call was going to be late.

Staff confirmed they usually had a manageable workload unless other staff called in sick. They told us there had been a lot of sickness recently and when this occurred they felt pressure to take on extra visits. They did say however that the management of the service did not pressurise them to do this. One told us, "It can get a bit tight if staff go off sick. You want to help out if you can but then it means your own runs have to be re-organised and you can't get to people at the times they usually have their calls." A second member of staff said, "It all works really well until staff phone in sick. We have senior staff in the office who can pick up some of the calls so that helps out a lot."

We looked at rotas and saw that the service ensured there were enough staff to meet people's needs and keep them safe. Staff were allocated to 'runs' so they were aware of who they were supporting. Staff said these 'runs' provided clarity and they felt it organised their workload better. Some people required support from two staff and this was made clear on the staff rota. In addition people were provided with a rota the evening before so they knew what staff would be providing their care.

People told us they received support from staff to manage their medicines. One person said, "They [the staff] take it from the blister packs, hand it to me and wait while I take the tablets." A relative commented, "I have complete trust that [name of relative] gets their medicines as they should."

Staff told us they had received training in the safe administration of medicines. One told us, "I have completed medication training. We do it every year."

We saw that people's care plans identified what support people required with their medicines. There were risk assessments in people's support plans that recorded the level of support each person required to take their medicines safely. We found all staff administering medication had completed training, which we verified by looking at training records.

All medicines administered were recorded on a medicine administration record (MAR). We looked at the MAR charts for five people using the service and saw there were some gaps and omissions. We checked these with the daily notes and found that people had been given their medicines but staff had failed to sign the chart to say they had administered. We spoke with the general manager about this who showed us an audit she had recently completed. This had identified the areas of concern and actions were recorded to address this. For example, staff who had failed to sign the MAR charts either had one to one counselling with the general manager or were expected to undergo further medication training. This meant that errors could be identified and dealt with swiftly.

The service had policies and procedures in place to manage people's medicines when they were not able to and staff had this information to hand in the form of a pocket size medication procedure.

Is the service effective?

Our findings

People told us that staff knew what they were doing and were well trained. Their comments included, "The staff are nice, they seem to know what to do and they do it well. They seem well trained." A second person said, "They are all very good but the regular staff really know what they have to do and they are trained to do it."

Staff told us they were well supported and felt the induction programme and on-going training was good. They told us it helped them prepare for their job and supported them in their roles. One staff member said, "I have done an NVQ 2 and NVQ 3 and all my training is up to date." Another said, "I am quite new to care so I really appreciated the fact that I could shadow more experienced staff until I felt confident to work alone." The quality manager told us, "All new staff have an induction and shadow a more experienced staff member." Records demonstrated that staff completed an induction programme before they commenced work at the service.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. From our discussions with staff and from looking at records we found that staff received a range of appropriate training applicable to their role and the people they were supporting. This gave them the necessary knowledge and skills to look after people properly. We looked at the training matrix, which showed most staff had completed training such as: health and safety, first aid, medication, food hygiene and safeguarding. In addition, staff had undertaken specialist training such as dementia care, Parkinson's and end of life care.

Staff told us that they had received supervision in the form of one to one meetings, spot checks, which are random checks on staff's practice, and staff meetings and they said they felt well supported. One staff member told us, "I had supervision last week. I find it very useful to talk about my training needs but also my work load." Records we looked at showed that staff had received supervision and dates were recorded for future sessions.

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. The application procedure for this in domiciliary care service is called Court of Protection.

People's consent was sought by staff. People told us that staff always asked them for their permission before they undertook any task. One said, "The carers always discuss things with me. They will always ask if it's okay to do something first before they start."

Staff told us they always gained people's consent before assisting them and demonstrated an

understanding of the Mental Capacity Act. One member of staff told us, "I will always ask for people's agreement before assisting them. I always tell them what I am going to do as well. So I might say, I am going to help you stand, is that okay with you?"

If required people were supported with eating and drinking to maintain a balanced diet. One person said, "I have help to prepare my own meals. I am able to choose what I eat and I get good support from my carers." Another person told us, "My carer knows what I like and always makes me a lovely lunch. She always leaves me snacks and drinks out as well." A relative commented, "They always make sure [name of person] gets a choice. It's important to [name of person] to have some amount of choice and control."

Staff told us that some people's family members supported them with their meals. One staff member said, "If I have to support people with their meals I always involve them and ask them to choose what they would like to eat."

Records demonstrated that if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. We saw detailed guidance about the support people required in respect of food, drink and nutrition and record showed that people had access to the Speech and Language Therapist (SALT) and the dietician via their GP if this was needed. We also saw that people's dietary likes, dislikes and preferences had been recorded to ensure they received the meals they enjoyed.

People were supported to access health services in the community. 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 them if needed and staff would liaise with health and social care professionals involved in their care if their health or support needs changed. One staff member commented, "We can always support people to attend a hospital appointment or other healthcare appointment if they don't have someone to take them."

Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had attended appointments with health professionals such as their GP, dentist, optician and dietician.

Is the service caring?

Our findings

People were happy with the care and support they received. One person told us, "The staff are lovely. I have one special carer and she is like a daughter to me." Another person said, "I can't say anything better than they are perfect. I don't have much family so it's like your friends popping in to see you when they come." People we spoke with felt that staff supported them in a way which enabled them to remain as independent as possible. One person commented, "I have come on in leaps and bounds since they have been looking after me. I have even managed to get a job."

Relatives were very satisfied and pleased with how staff cared for their family members. One relative said, "When [name of person] came out of hospital I was worried about how we would manage. I didn't have to worry he is well looked after by a wonderful group of carers. I wouldn't change them at all." Another relative said about the service, "Staff are very professional, they know what to do to motivate [name of person]. The carers work hard to make [name of person] feel cared for."

Staff had gathered information about the people they were supporting. This included information on their family and life history, previous occupations, their hobbies and interests. Staff told us they used this information to engage people in conversations about topics they were interested in and to participate in activities they enjoyed. One said, "

We found that most people received consistency of staff and they said that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "We become like friends. You get to know if something isn't right without having to ask." Another member of staff explained, "When you work closely with someone you create a bond and you get to know their likes and dislikes and how they want things to be done."

We spoke with people about how they were encouraged to be independent when receiving care and support. One person receiving support told us, "I am encouraged to do as much for myself as possible." Another person told us, "Sometimes I don't feel up to doing something. They never push me to do it. They are very gentle and encouraging." A relative commented, "The carers always encourage [person's name] to do things for themselves. They do it in such a natural way you don't realise they are encouraging [name of relative] to be independent." This meant that staff supported people to remain independent, and pursue their own lifestyle choices to ensure their diverse needs were met.

People confirmed they felt involved in making decisions about their care and support on a day to day basis. They told us that staff encouraged them to express their views about their care and to inform them about how they would like their care to be delivered. One person told us, "We talk about what I need, what's working well and what's not every time the carers come." Another person said, "If I wasn't happy with my care I could say what I need and the carers respect that. I do feel listened to." A relative commented, "I have been involved in [name of person] care because they have dementia. I am always consulted and know exactly what's going on." This demonstrated that people were involved in their care and had the information and confidence to make their own decisions about what was right for them.

We looked at people's records and saw evidence to show people were involved in decision making processes and their preferences were clearly recorded.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "The staff are very professional. They never gossip." Another person said, "We don't have time to talk about anyone else. I know they won't talk about me to other people."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction. One staff member said, "All the staff are aware of confidentiality. We are always very careful to be discreet and we don't discuss people's care in front of others." 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.

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. They said they had been involved in determining the care they needed and had been consulted at every stage. One person explained, "I am treated like an adult." Another person informed us, "I feel like I have some degree of control over my life because I'm taken seriously and they listen to me and respect what I want." A relative told us they were confident that staff promoted their relative's privacy. They said, "I have no doubt that [name of person] is treated with respect at all times." 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, "We don't rush people; we always keep people's embarrassment to the minimum." Another member of staff told us, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

The general manager confirmed that staff's care practices were observed to ensure they were upholding people's privacy and dignity. This was done through spot checks, where staff are observed providing care to people. Senior staff observe if the care provided is carried out with respect and ensures people's privacy and dignity is maintained. This is only undertaken with the full consent of the person receiving the care.

Is the service responsive?

Our findings

People told us that they received person centred care that met their needs. They said that their regular staff were 'excellent', 'reliable', and compassionate. One person said, "Staff came to my house and discussed my needs with me. They didn't talk at me they listened to me." A relative commented, "When [name of person] started with the agency they came and spoke with both of us. We were both asked what we would like from the service. I felt very encouraged."

People's needs had been fully assessed before the service started and their care plans had been devised from the initial assessment to ensure they received care that was appropriate to their needs. Staff told us that people's care plans informed them well, they said that they were very clear about what they must and must not do to support the person. One member of staff commented, "The care plans have been improved and I find them spot on." A second staff member said, "I always read the care plan before I start doing peoples care. They have all the information in them that I need."

We found that care plans had been clearly written giving staff clear instructions on the level of support that people needed. They had been reviewed on a regular basis to make sure they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. Relatives we spoke with told us that communication was very good with the service." One said, "Communication is very good. I always know what's going on."

This meant that staff knew how to support people in a way that they preferred. The daily action logs clearly described staff's intervention and included information on nutrition, activities and the person's feelings.

People told us staff stayed the allocated time of the visits to meet their needs. If they were running late then this was communicated to the person waiting. One person said, "They [the staff] stay as long as needed. If they are held up, may be a problem with someone else and they are delayed more than five minutes or so, then someone will ring me to let me know – I appreciate that."

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I have made a complaint. I was very pleased with how it was dealt with. Quickly with no fuss." A second person said, "I had to make a complaint about a carer once. Straight away they made sure the carer didn't visit me again. I was grateful they listened to me." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome.

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. This meant there had been a lack of consistent management oversight at the service. We discussed this with the quality manager. They told us they had recently completed their registered managers training and would be taking on the role of manager.

We found that incidents and potential safeguarding concerns had not been reported to the Care Quality Commission. This meant that incidents of concern had not been reported so they could be responded to appropriately.

We found that people, relatives and staff were not consulted regularly about the delivery of service. We asked to look at the most recent service satisfaction surveys. The quality manager said they had not undertaken this because the local authority had recently completed a similar exercise. However this only concentrated on people whose care was funded by the local authority. This meant that 51 people had not been included in this exercise and their views had not been sought.

The service did not have sufficient systems in place to review all aspects of service delivery and ensure a focus on continuous improvement. We saw that systems were not in place to review key data including incidents and accidents to identify any learning and areas for service improvement. At this inspection we found that systems to ensure recruitment procedures were robust were not in place. Staff files were not effectively audited or quality checked to ensure the correct process had been followed. This meant that systems in place were not effective to ensure that risks relating to the health, safety and welfare of people using the service were identified and dealt with swiftly.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were positive about the care they received. One said, "It's very good. The carers are great. It's thanks to the agency that I'm still able to live in my own home and keep my independence." Another person commented, "It's flexible and it is arranged to suit me, my needs and what I want." A relative told us, "We are very happy with the care. I don't have any concerns." People felt they were included in the development of their care package and their views were valued. One person commented, "At every visit they ask me if there is anything I want to change and I honestly feel that they really want what's best for me."

Staff were overall positive about the service but concerns were raised in relation to the amount of staff sickness and how this was managed effectively. This had an impact on the timings of people's calls. 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 be more than comfortable raising any concerns. I know, through experience, that any concerns I raise would be taken seriously and dealt with quickly." 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.

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure that systems or processes were in place to assess, monitor and improve the quality and safety of the services provided and to mitigate the risks relating to the health, safety and welfare of people using the service. In addition the registered provider had not consistently gained and acted upon feedback from people for the purposes of continually evaluating and improving services.</p>