

Ace Care Agency

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Inspection report

Ace Care Centre
New Road
Brownhills
West Midlands
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Tel: 01543454438

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 May 2017 and was announced.

Ace Care Agency is registered to provide a domiciliary care service to people living in their own homes. There were 29 people using the service on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

The service was last inspected on 10 and 11 May 2016, where we gave it an overall rating of requires improvement.

At the last inspection we asked the provider to take action to ensure statutory notifications were submitted to us. Registered persons are required, by law, to send us these notifications. These inform us about specific and important events which occur at the service. We had asked the provider to send us an action plan detailing how they would ensure this requirement was met, which they did. At this inspection, we found this action had been completed.

Systems were in place to assess the quality of the service provided, but these were not always effectively managed. They also did not give an overview of the quality of the service as a whole.

People received care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks.

Staff were available to respond to and meet people's needs safely. Checks were completed on potential new staff to make sure they were suitable to support people in their own homes. People received the support they needed to help make sure they received their medicines when they needed them.

Staff had received training to give them the skills and knowledge they needed to meet people's needs. These skills were kept up to date through regular training and staff were supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and had good relationships with them. People felt involved in their own care and that staff listened to what they wanted. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

People received care that was individual to them. Staff recognised when people's needs changed and arrangements were put into place for care needs to be reviewed and reassessed as appropriate.

People were happy and positive about the service they received. Staff were motivated to provide the best care they could and they understood the needs of the people they supported. Staff were happy in their work and were clear about their roles and responsibilities; they felt supported by management and involved in the development of the service.

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.
People were supported by staff who were trained to protect them from harm and abuse. Risks associated with people's care were assessed. Staff were aware of these risks and how they were to be managed. People were supported with their medicines as needed to maintain their wellbeing.

Is the service effective?

Good ●

The service was effective.
Staff had received training and support to enable them to meet people's needs. Staff understood the need to gain people's consent before assisting them and how to support them to make choices. Where required, people were supported to eat and drink enough and access healthcare services.

Is the service caring?

Good ●

The service was caring.
People found staff to be caring. They had positive relationships with the staff that supported them because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

Is the service responsive?

Good ●

The service was responsive.
People received care and support that was individual to them. Staff were responsive when people's needs changed. People and relatives were able to raise complaints and have their say about the care they experienced.

Is the service well-led?

Requires Improvement ●

The service was mostly well led.
Quality systems were in place but information gained from these systems needed to be used to continually monitor the service. People were positive about the care they received. Staff worked for the benefit of the people they cared for and supported.

Ace Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 May 2017 and was announced.

The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted 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.

Before our inspection, we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with six people and five relatives. We had also received feedback from people and relatives from questionnaires we had sent to them prior to our inspection. We spoke with eight staff which included health care assistants, care co-ordinator and the registered manager. We viewed care records for two people, two medicine records, three staff recruitment records and records relating to how the service was managed.

Is the service safe?

Our findings

People felt safe with the staff that came to their homes. They also felt staff supported them in a safe way. One person said "I feel safe with all of the staff. I have a key safe and as soon as they come through the door they call out and say who it is and greet me." Another person said, "They (staff) always make sure they lock my door when they leave."

One relative told us they trusted staff to protect their family member. They said, "[Person's name] is obsessed with money and tried to give £20 to the carer the other day to pay for caring for them. The carer immediately told the company who spoke to me and of course gave the money back. I trust they would do the right thing."

Staff understood and told us the action they would take in the event of them suspecting abuse or potential abuse. Staff told us they would speak with the manager and were aware of the possible intervention of other agencies such as the local authority or police. At our last inspection we had concerns because the registered manager had not reported one safeguarding incident to the local authority. Since this inspection staff have had concerns about one person. These concerns had been discussed with the local authority and action taken. The registered manager told us they would always speak with the local authority in any case of actual or suspected abuse.

People were protected by staff from the risks associated with their care and their environment. Risks to people's safety and wellbeing had been assessed and plans were in place to help minimise these risks. At our last inspection we found that these plans to help minimise risk were not in place. The registered manager told us they had updated and improved their risk assessments for all of the people who used the service.

Staff understood how to keep people safe when they supported them in their own homes. They followed the plans in place to minimise any potential harm to people. One person said, "They [staff] make sure I sit down on the seat in the shower so I don't slip. Just them being there makes me feel safer." One relative told us their family member had poor mobility and that staff kept them safe while they moved them. They said, "They are very careful when they use the hoist. They make sure there are two in attendance and they roll [person's name] each way to make sure the sling is in place and comfortable. They will guide it until they have positioned [person's name] comfortably into the wheelchair."

People told us that staff were generally not late when attending care calls. When they were late it was usually due to traffic or an emergency at the previous call. However, one person said, "[Staff] have only been very late once. They are supposed to be here 7.15am, but this occasion it was nearly 9am and no one rang to let me know." Another person said, "The times can vary up to an hour but it doesn't worry me." The registered manager told us that since our last inspection they had introduced a new system. The care co-ordinator now contacts people to let them know when care staff will be later or earlier than 30 minutes.

People told us they saw the same staff. They confirmed they had regular care staff and this could be in the

form of a small team or one particular staff member. The registered manager also told us that people now received a weekly 'rota' to tell them which staff would be coming to their home. Not everyone we spoke with recalled receiving these rotas, however, they told us this did not matter to them. One person said, "I don't have a list. I have difference ones [staff] coming. I am not sure who it is tomorrow, but it's not a problem they are all very nice."

People were supported by staff who had received appropriate checks prior to starting work with them. The provider had carried out checks on new staff to confirm they were suitable to provide care to people who used the service. Copies of records to show a person's identify were held. A Disclosure and Barring Service (DBS) check was undertaken and references were also obtained. The DBS check helps employers to make safer recruitment decisions. Staff we spoke with were aware of why these checks were carried out and confirmed checks were completed prior to them providing care and support to people.

Some people who used the service required assistance with their medicines while others told us they looked after their own. One person described how staff supported them with their medicine at each visit. They said, "They always wear gloves and will pop my tablets straight into my hand. They make sure I have a good drink handy to wash them down. Then they sign the sheet." One family member praised staff for the support they gave to their family member. The said, "[Staff] are very good at getting [person's name] to take medication as it can be a struggle sometimes. They are very patient, chatting and getting [person's name] in the right frame of mind. It is important they have the medication for their dementia. It is difficult, but the staff are really good." Staff had received training to enable them to support people safely with their medicines. People's medicines records were checked by managers and action taken if errors had been identified.

Is the service effective?

Our findings

People were cared for by staff who had received the training they needed to support them effectively. People and their relatives felt that staff were well trained and knew how to meet their needs. One person said, "The staff know what they are doing. I think a lot of it is about getting to know you and how you like things being done." One relative said, "The staff are very conscious of the fact my [person] can't converse. They are very good with [person's name] and can gauge their mood to work with them. I don't think they could do that if they hadn't had some training."

Staff had access to training which gave them the skills and knowledge to support people's individual needs. They told us they had worked alongside more experienced staff when they first started working at the service. This had been to help them get to know the people they would be supporting and to get to know their needs. Along with support from other staff and managers, they felt they had the skills needed to care for people effectively. Staff told us they had regular one to one meetings with the registered manager where they had the opportunity to discuss their training and any concerns they might have. All found these meetings positive.

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. Staff had received training and understood how the MCA was relevant to their practice. One staff member said, "We have to know if they are capable of making decisions by themselves or do they need anyone to make it on their behalf. We can't force anyone to make a decision." Another staff member said, "It's about whether they can make safe decisions for themselves, are they capable? If not, I would report to the [registered] manager because they may need a re-assessment of their needs."

People told us they consented to their care and treatment and that staff asked their permission before they helped them. One person said "They [staff] will check I am ready to go to the shower. I am usually up when the carer comes, but they always ask if I want a shower, they don't just assume." Staff understood the importance of asking people's consent and how to support them to make their own decisions. One staff member said, "I have to ask them and let them know what I'm doing."

Not everyone we spoke with required support with eating or drinking. People who did receive support confirmed that staff took direction from them with regards what they wanted to eat. One relative told us about the support staff gave to their family member. They told us that they prepared the food but staff supported the person to eat. They said, "The staff will sit and feed [person's name]. They always turn the chair away from the television as this can distract [person]. The staff will sit down and make sure they are both comfortable. They don't rush and are very patient." Systems were in place to assess people's needs if this support was needed or if people had an identified risk.

Not everyone who used the service required help with accessing healthcare services. One relative said they

thought staff were observant. They said, "They will say if [person's name] has any redness of the skin so we can put cream on it. If it got worse I would contact the GP." The registered manager told us people's families tended to contact and arrange healthcare services. They told us staff will report health concerns to managers, who will then contact the person's family or GP as required.

Is the service caring?

Our findings

Everyone we spoke with told us they thought staff were very caring, kind and treated them with respect. One person said, "The staff are all lovely. They never talk down to me, they listen to what I have to say." Another person said, "They are very caring staff, we get along well."

People were cared for by staff they were familiar with and had the opportunity to build relationships with. People and relatives found this important. One relative said, "We have established staff that attend. They are very patient and kind with my family member. They are supportive to me too and we get on well." This relative went on to say, "[Person's name] is very happy and never gets distressed with the staff. Staff know how to read their mood."

People and their relatives were involved in decisions about their care and support and their choices were respected. One person said about their care, "It is all led by me really. I will say what I need and staff will help me. They will always ask if there is anything I need before they go." Another person said, "They always ask me what I want to do and what I want to wear. They are very patient with me and never rush me."

People were visited prior to receiving care to discuss how staff could help to meet their needs. The registered manager told us where possible, people who used the service had their care and support provided by the same staff members. People we spoke with confirmed they usually saw regular staff and this supported them to build relationships with these members of staff. One person said, "I have four regular carers so they all know me and what needs doing." Staff understood this helped to provide a continuity of care for people. One staff member said, "We go to the same people so they get used to us. This means we can build a rapport with them and we know what to do to support them."

One relative told us they thought communication was good with staff. They said, "Staff all get along with [person's name] really well. They always sit and chat if there is time left. We leave notes for one another and work as a team."

People's dignity and privacy were respected by staff. One relative said, "They are always very careful with my family member's privacy. They make sure the door to the shower is closed." Staff told us that everyone deserved to be treated with respect. One staff member said, "I treat them [people] how I would want my family to be treated. Everyone is different and I respect that."

Staff told us people's independence was promoted by supporting them to do things for themselves. One staff member said, "They [people] are encouraged to do as much as they can. Then we will help if they need it. We don't take over, we help them."

Is the service responsive?

Our findings

People told us staff supported them and provided their care the way they wanted it. One person said, "Because I have four regular carers they all know me and what needs doing and where stuff is kept."

People and relatives felt the service was flexible with regards to making changes to their care calls. One person said, "They are very good if I have to cancel my care call for any reason. They are concerned as well and I have known them to ring my daughter to check I am OK as they were worried." One relative said, "I think they are very flexible and helpful. For example, I wasn't feeling well this morning so I called and asked if they could help out. They are not only doing the morning call for me but have offered to do lunch and tea, which has really helped me."

People told us the service was responsive to their changing needs. One person told us about how they had been supported by the service since having an operation. They said, "I have just cancelled my visits as I can now look after myself again. They (staff) have helped me get better. They have all been friendly and caring and so patient with me as I have been very slow. They have been kind." We saw that staff had been responsive when they identified deterioration in one person's mobility. A referral to the community occupational therapist had ensured this person got the equipment needed to keep them safe within their own home. The registered manager told us and we saw that people's care plans were reviewed regularly and updated when needed. Staff told us they were always kept up to date with people's changing needs and what they needed to do to continue to support them.

People confirmed they had a plan of care at their own home, but not everyone felt it was something they needed to be involved in. One person said, "There is a book the staff sign. I think it tells them everything they need to do in there." Relatives felt involved in agreeing changes to people's care needs. One relative said, "There is a comprehensive care plan set up. I signed it and they are just doing a new one as we had to move where we kept medication. They update it when anything changes. They will bring it back and go through it with me."

Most people were aware of how to contact the office if they needed to. Some people told us they had, in the past, asked for certain staff not to come to them which had been respected by the office staff. Just one person told us this request had not been respected. It was confirmed with office staff that this had been an oversight at the time. As a result of this, a new system had been put into place to help reduce a reoccurrence.

People and relatives told us they would not hesitate to raise concerns or make a complaint about the quality of their care. One relative said, "I would speak to the carer first, but if I needed to I would ring the office. They are all very polite, very good. (Registered manager's name) is very approachable and usually sorts things out."

The registered manager told us there had been no complaints since our last inspection. We saw records where people had raised concerns verbally. These concerns had been addressed and resolved and details

were entered into people's care records. People received an information pack when they first started using the service. This contained information on how to contact the office and who to contact for raising complaints.

Is the service well-led?

Our findings

At our last inspection we found the provider had failed to submit statutory notifications to us. Registered persons are required by law to submit statutory notifications to us to keep us informed of specific events that have happened at the service. These ensure that we are aware of important events and play a key role in our on-going monitoring of services. We found at this inspection statutory notifications had been submitted as required with the exception of one. The registered manager acknowledged this was an oversight on their behalf and was able to tell us when these statutory notifications were required. The registered manager told us they "still needed to do some work around this". We found the provider had made sufficient improvement for us to remove their requirement notice.

Since our last inspection, improvement had not been made in all the areas we had identified. Although not breaches, these were areas which the provider needed to focus on to ensure they continued to meet the regulations. The registered manager recognised that they still needed to bring together all the audits they completed to ensure they had a management oversight of the service as a whole. We found there were still no systems in place to monitor accidents, incidents and complaints. However, the registered manager told us there had been none since our last inspection. We also found that there was no oversight of people's verbal concerns. Although these were being addressed they were only recorded in people's care records. The registered manager acknowledged they did not keep any overarching record which would identify trends or patterns in the types of concerns the service received. The registered manager told us, after our inspection, that they had introduced new systems to manage these.

The registered manager told us they had introduced a 'care review monitoring form'. This was introduced to record that people's care plans had been checked monthly and gave details of any changes. However, we found one person's moving and handling risk assessment had not been dated or signed. We also found one person's medicines assessment was out of date. The registered manager told us they had already identified that these new forms were not being used or completed consistently. However, no action plan had been put into place to show how the registered manager would address this identified action.

The registered manager told us one way they monitored staff practice was to complete a six monthly observation of practice on them. This helped them to understand the quality of care people received. Although some of these had been completed, the registered manager told us these had not been completed as often as they would have liked. They also confirmed that, on occasion, due to staff illness they would complete care calls. This gave them the opportunity to work alongside care staff on care calls which required two staff. They told us this was used as an observation of staff practice and they would also talk with people about the care they received.

People's feedback about the service was mostly positive and they thought the service was well organised. Some people had commented that they did not always know which care staff were coming if it was not their 'regular' care staff. We had shared this with the registered manager who told us they would look into how they could improve on this further. People confirmed the registered manager sometimes came to help if there was a shortage of staff. One person said, "The manager is called [registered manager's name]. I have

met them several times and they have even come and made my dinner." Another person told us the registered manager was, "very approachable".

People and relatives told us they were supported by staff who knew them well and were motivated to provide a good service. One person said, "I would recommend them anytime to anyone." One relative said, "I certainly would recommend them. I have no complaints, they are brilliant. I think it is a good company."

The registered manager was also the owner and provider of the service, along with a company partner who also worked at the service. They told us it was a conscious decision to keep the service small and only support people within the local area. They said, "We never wanted to be bigger, we always wanted to be in a position where we knew all the people and staff."

Staff told us they felt supported within their roles and had access to management support when they needed it. They spoke about the service as being, "family orientated, compassionate and for the local community". They were kept up to date on what happened within the service and told us they were able to speak freely with managers about any suggestions or ideas for improvement they might have. Staff came to the office each week where they had the opportunity to speak with managers and raise any concerns they might have. All staff we spoke with were confident to 'whistle blow' and report poor practice or any concerns they may have. They told us they were confident any concerns they had would be addressed by the registered manager immediately.