

Ace Health and Care Providers Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Ace Health and Care Providers Ltd is a domiciliary care agency that is registered to provide personal care to people living in their own homes. At the time of the inspection, six people were receiving a service from the agency.

People's experience of using this service:

People using the service told us they felt safe and staff treated them with respect. The provider had safeguarding procedures and staff understood their responsibilities to safeguard people from abuse. Risks related to people's lives had been assessed, however, some information in the risk assessments lacked detail and was contradictory to the information in people's care plans. The registered manager assured these issues would be fully addressed. Following the inspection, the registered manager confirmed this work had begun and sent us a copy of an updated risk assessment. People were protected from the risks associated with the spread of infection.

There were sufficient numbers of staff deployed to meet people's needs. The service followed appropriate recruitment procedures to ensure prospective staff were suitable to work with vulnerable adults. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager assured us the principles of the Mental Capacity Act would be further embedded in the assessment and care planning processes. People's needs were assessed prior to them using the service. The provider had arrangements for new staff to receive induction training.

There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes and personal preferences. People and/or their relatives had discussed their care needs with staff and were involved in the care planning process.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The provider used systems to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow-up:

We will continue to monitor the service to ensure that people receive safe and high- quality care and re-inspect in line with the rating for the service. We may inspect sooner if we receive information of concern.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Ace Health and Care Providers Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by an adult social care inspector.

Service and service type:

Ace Health and Care Providers Ltd is a domiciliary care agency. Not everyone using the service receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

Notice of inspection:

We gave two working days' notice of the inspection. This is because we needed to ensure the registered manager was available in the office.

Inspection site visit activity started on 4 March 2019 when we contacted staff for feedback on the service. We visited the agency's office on 6 March 2019 and contacted a person using the service and two relatives on 7 March 2019.

What we did:

Before the inspection, the registered manager completed a Provider Information Return. 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. This information helps support our inspections. We also reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

When planning the inspection, we contacted the local authority's contracting department and the safeguarding team. We used our planning tool to collate and analyse the information before we inspected.

During the inspection, we spoke with two people receiving a service, two relatives and four members of staff on the telephone. At the agency's office, we spoke with the registered manager, a director of the company and the administration manager. We also looked at two people's care records including care plans, risk assessments and medicines records, two staff files and records relating to the management of the service.

We requested additional evidence to be sent to us after our inspection, including updated forms. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination.
- People told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "They [the staff] are all very nice. I'm happy with everything."
- Staff understood their responsibilities to protect people from avoidable harm or abuse. Procedures supported staff to report any concerns.
- Relatives had no concerns about the safety of their family members. For instance, one relative told us, "I am more than happy with the staff. They have an excellent relationship with me and my [family member]."

Assessing risk, safety monitoring and management;

- Risk assessments had been carried out in respect to people's environment and personal care and support. However, these were not always suitably completed and lacked sufficient information and instructions for staff to follow to provide safe consistent care.
- Whilst people's care plans were detailed, we found some information in the risk assessments was contradictory to the guidance in the care plans.
- The registered manager acknowledged this shortfall and updated some documentation during the inspection. She assured us all risk assessment documentation would be reviewed and updated. We received confirmation following the inspection, that this work had begun. The registered manager also sent us a copy of an updated risk assessment.
- All staff had received moving and handling training. This ensured staff had the necessary knowledge to move people appropriately and safely.
- The provider carried out general risk assessments and recorded in staff files, for instance lone working.

Staffing and recruitment

- The service ensured staffing levels were sufficient and followed safe recruitment procedures.
- People told us they received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- People and their relatives said staff were punctual and they had never missed a visit. For instance, one person told us, "They have never let me down and they are always here on time." A relative also commented, "The staff are early if anything and if they are going to be slightly late, they will let me know."
- Due to the size of the service, the provider did not use an electronic call monitoring system in place. Staff completed timesheets and logged their visit on the on-call telephone. The registered manager explained the on-call telephone was monitored closely to ensure staff had arrived safely and carried out their visit in line with agreed times.
- The registered manager ensured planned visits were flexible and in line with people's preferences. We saw

one relative and one person who used the service submitted lists of preferred visits, which were accommodated by the agency. The relative told us, "They are always there when we want them. I send a rota according to our needs and who we wish to carry out the visits and it's always sorted how we want it." The relative added, "I couldn't cope without them. They are all very good."

- The provider followed safe recruitment procedures to make sure people were of a suitable character to work in a care setting.

Using medicines safely

- The provider managed people's medicines safely and followed best practice guidance.
- People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their care plan.
- Staff had completed medicines training, however, there were no recorded checks of their level of competency to administer and handle medicines. The registered manager assured us these checks would be carried out. Following the inspection, the registered manager sent us copies of the competency checks.
- Staff completed a medicine administration record when they supported people with medicines.

Preventing and controlling infection

- The provider had systems in place to ensure people were protected against the risk of infections.
- Staff were provided with personal protective equipment, including gloves, aprons and hand gels.
- Staff had access to an infection prevention and control policy and procedure.

Learning lessons when things go wrong

- The provider had systems to learn lessons and improve when things went wrong.
- The registered manager had carried out an investigation following an issue of concern and had identified lessons learned to inform future practice.
- There had not been any accidents or incidents, since the service was registered.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- People's consent was sought before care was provided.
- Staff understood the need to ask people for consent before carrying out care and people using the service confirmed this approach. For instance, a person said, "The carers do everything I want them to do."
- People and where appropriate their relatives had been asked to sign consent forms.
- Whilst the relevant MCA paperwork was in place, this had not been implemented. The registered manager assured us assessments of people's capacity to make decisions about their care would be completed, as appropriate.
- Following the inspection, the registered manager sent us written confirmation that this work had begun.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had arrangements in place to assess people's needs and choices.
- Prior to using the service, people's needs were assessed by the registered manager or a member of the management team to ensure that effective care could be planned and delivered.
- Whilst detailed information had been obtained from one person's relative, we noted the person's assessment contained only brief information about their needs. The registered manager assured us the assessment form was due to be updated to ensure all aspects of people's needs and preferences had been considered.
- Following the inspection, the registered manager sent us a copy of the updated assessment form, which recorded the dates.

Staff support: induction, training, skills and experience

- The provider had arrangements to provide staff with relevant training and support.
- People and their relatives felt staff were competent and well trained. For instance, one person told us, "The carers have proper training. They are all very good" and a relative commented, "The carers know exactly what they are doing. I can trust them completely."
- Staff had access to appropriate training which was delivered in a mixture of different ways including online, work books and face to face. Two members of staff told us, they were satisfied with the training received and confirmed they felt it was beneficial to their role. However, two members of staff were concerned they had

not received training on a specialist healthcare technique. The registered manager explained this training was booked and the staff were only permitted to assist a relative who was fully trained and was accountable for this aspect of the person's care.

- Staff who had been recruited by the service told us they had received induction training, which included a period of shadowing experienced members of staff. One new member of staff said, "I had all the support I needed when I first started work with them."
- The provider issued a staff handbook to all employees, providing them with information they were likely to need in relation to their employment. It gave an overview of the terms and conditions of their employment, and outlined the expectations of the provider as their employer.
- Staff received supervision during which they were able to discuss their work performance, training needs and any other issues.

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

- People were supported at mealtimes in line with their plan of care.
- People told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.
- People told us the service liaised with other healthcare professionals to ensure their health needs were met.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and respected by the registered manager and staff.
- People told us staff always treated them with respect and kindness and they were complimentary of the support they received. Their comments included, "The carers are all so friendly and caring" and "The carers are all very nice people."
- Relatives spoken with also praised the approach taken by staff, for example one relative said, "The carers go above and beyond. They treat my [family member] with absolute respect."
- We saw several messages of appreciation from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. For instance, one relative had written, "The staff are patient, understanding and willing to do anything to make our lives easier."
- Staff had access to a set of equality and diversity policies and procedures and had received training in this area. Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

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

- The provider involved people in planning their care, so they could make decisions and choices.
- People, and where appropriate, their relatives told us they were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and told us their views were listened to and respected. This helped to ensure that care was delivered in a way that met the needs of people who used the service.
- A relative told us staff had gone out of their way to ensure they understood their family member's nonverbal communication, such as gestures and body language. This had reduced the person's anxiety and helped them to be involved in their daily care.
- Staff demonstrated they knew how to care for people in a manner that reflected their preferences. For instance, one staff member said, "I know [person using the service] very well and I respect and care for them so much."
- We saw care records contained person centred information. For example, things that were important to people, their likes and dislikes, important people in their lives and their relationships. They also included details about the emotional support people needed.
- The registered manager had details of advocacy services which people could access to ensure someone could support them and ensure their views were listened to.
- Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Respecting and promoting people's privacy, dignity and independence

- The provider respected and promoted people's privacy, dignity and independence.
- People told us their privacy was respected and staff were respectful of their homes and their belongings.
- Staff ensured people's rights were upheld and that they were not discriminated against in any way.
- Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and building people's independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People received person-centred care which met their needs. One person told us, "The carers are pleasant and courteous and help me all they can."
- People had individual care records which reflected their current needs. These included risk assessments and care plans.
- Staff confirmed they had a good knowledge about people they supported, in respect of their preferences, daily routines and their likes and dislikes. Two members of staff told us there was always a care plan to refer to which contained sufficient information about the way people wanted to be supported. They said they were confident the plans contained accurate and up to date information.
- People spoken with were aware of their care plan and confirmed they had discussed their plan with a member of staff from the agency.
- There were arrangements in place to review people's care plans and respond to any changing needs.

Following the inspection, the registered manager sent us a copy of a new review form, which included the dates of the reviews.

- People's records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. Two members of staff told us there was insufficient space to record people's care on the forms provided. We discussed this issue with the registered manager who agreed to revise the format.
- The care records were returned to the office for auditing purposes and for filing. The registered manager confirmed records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way.
- Technology was used to enhance the delivery of effective care and support. We noted staff communicated with the office staff and each other using mobile phones and texting. The offices were fully equipped to ensure the smooth running of the agency.
- The registered manager understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans. Records could be made available in other more suitable formats such as, easy read and other languages.
- Staff treated people equally and valued their diversity. The registered manager gave us examples of how the service had varied its practices in response to people's individual needs and preferences. The staff knew people using the service well and recognised what was important to them.

Improving care quality in response to complaints or concerns

- There were arrangements in place for investigating and resolving complaints.
- The complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with.
- The registered manager told us she had received no complaints about the service.

People and relatives told us they had no complaints or concerns about the service they received.

End of life care and support

- The service had an End of Life policy and procedure. At the time of the inspection, they were not supporting any one at the end of their life.
- The registered manager told us they had experience of caring for people at the end of their life and had worked alongside other professionals to provide people with dignified care. Where appropriate, people's choices and wishes for end of life care would be recorded and communicated to staff.
- All staff had completed a 12-week training course on end of life care.
- We saw one relative had written to the agency thanking them for the "Comfort, loyalty, warmth, dignity and respect" the staff showed to their family member at the end of their life.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted person-centred care.
- People were complimentary about the caring nature and professionalism of staff. They all said they would recommend the service to others.
- People and their relatives trusted the registered manager and staff because they responded quickly if they contacted them. They described the service as well managed and organised. For instance, one relative told us, "They are always there at the end of the phone and always try to find a solution. They all really care."
- The registered manager demonstrated a good understanding of how the service was managed and their regulatory obligations. They understood the requirements of the duty candour and the requirement to notify us of any significant incidents or events that affected the running of the service. The duty of candour is a requirement of the current regulations that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.
- There were established communication systems between the staff and the management team. The registered manager told us she was proud of the dedication and commitment shown by the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and responsibilities.
- The registered manager had a clear vision for the continuous improvement of the service and had devised a development plan, which identified the need to carry out more spot checks on staff members' practice. Following the inspection, the registered manager sent us copies of the spot checks, which included a test of the staff member's competence when handling medicines.
- Staff were aware of their roles and responsibilities. They were provided with job descriptions and a staff handbook. They also had access to a set of policies and procedures to guide them in their work.
- Regular checks and audits were carried out to monitor the quality of the service. These included checks on records and files. The registered manager agreed to make more detailed records of the checks. Appropriate action was taken when shortfalls were found.
- We noted an external audit of health and safety arrangements had been undertaken and the service had achieved a recognised award for the quality of the management systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were supported to be engaged in their service.

- The registered manager informed us she worked closely with other agencies to develop the service they provided and this was confirmed in care records we reviewed.
- The quality of the service was monitored by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete a customer satisfaction questionnaire. We noted the last survey was carried out in November 2018.
- The registered manager and staff were committed to delivering person centred care that respected people's diversity, personal and cultural needs.
- Staff were provided with the opportunity to attend regular team meetings. We looked at the minutes of the meetings and noted a wide variety of topics had been discussed.