

Ace Care 4 U Limited

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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 

Overall summary

We carried out an announced inspection of the service on 3 August 2015.

The service provides care and support to people in their own homes. At the time of our inspection the service was providing care and support to 75 people.

The service had two registered managers. 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.

People and their relatives told us they felt they were cared and supported safely and appropriately. Support workers had a good understanding of the various types of abuse and their roles and responsibilities in reporting any safeguarding concerns.

Summary of findings

People's needs were assessed and planned for when they first started using the service. This information was then developed into a plan of care and other documentation such as risk assessments were completed. This information was reviewed for changes and communicated to support workers.

People and their relatives said support workers were kind and caring and had a good work ethic. Additionally they said that office staff were polite and responsive when they contacted them.

The provider ensured there were sufficient support workers employed and deployed appropriately. There was a system in place that monitored visits by support workers that identified late or missed calls. People received visits from regular support workers. No concerns about visit times being met or the duration of visits were raised. Safe recruitment checks were in place that ensured people were cared for by suitable support workers.

People and their relatives said they found support workers to be competent and knowledgeable. Consent to care and support had been assessed and recorded. People were supported appropriately with their food and fluids. Support was provided with people's healthcare needs and action was taken when changes occurred.

Support workers were appropriately supported, which consisted of formal and informal meetings to discuss and review their learning and development needs. Support workers additionally received an induction and ongoing training. Support workers were positive about the leadership of the service and were clear about the vision and values of the service.

The provider had checks in place that monitored the quality and safety of the service. The provider had notified us of important events registered providers are required to do.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Support workers had a good understanding of safeguarding and knew their roles and responsibilities in the reporting of any safeguarding concerns.

Safe staff recruitment checks were carried out. There were sufficient support workers to meet people's needs safely. Risks were assessed and planned for.

People received support to take their medicines safely.

Good



Is the service effective?

The service was effective

Support workers were appropriately supported, received relevant training and development to be able to meet the needs of people who used the service.

People's consent to their care and support had been considered, assessed and recorded appropriately.

People were supported to eat and drink and their healthcare needs monitored and maintained.

Good



Is the service caring?

The service was caring

People were positive about the care and approach of support workers.

People's individual needs and diversity were known by support workers and respected.

People's confidentiality was maintained and people had access to independent advocacy information.

Good



Is the service responsive?

The service was responsive

People received care and support that was responsive to their individual needs.

The provider assessed and reviewed people's needs and provided a personalised service.

The provider sought people's views and acted upon them.

Good



Is the service well-led?

The service was well-led

New systems for monitoring the effectiveness of planning and scheduling visits had been introduced.

There was an effective system in place to assess, monitor and improve the quality of the service.

The registered managers and support workers were clear about their role and responsibilities. The vision and values of the service were known and understood by staff.

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.

This inspection took place on 3 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

We reviewed information the provider had sent us, such as safeguarding notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority for their views on the service provided.

The inspection team consisted of one inspector and an expert by experience who contacted people who used the service by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the provider's office we looked at seven people's care files and other documentation about how the service was managed. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems. We spoke with one of the registered managers, the provider's quality service manager, one senior support worker and four support workers. We also gave other support workers the opportunity to participate in the inspection by leaving our contact details. As part of this inspection we also spoke with 14 people who used the service and 7 relatives by telephone to gain their views and experience of the service.

Is the service safe?

Our findings

People were supported to make choices and take risks that protected them from avoidable harm and abuse. People told us that they had developed trusting relationships with the support workers that visited, and that their approach and manner made them feel safe and well cared for. People we spoke with were unanimous in their praise with one person describing their support worker as, “Like a daughter.” Another person said, “My girls [support workers] are trustworthy, very caring, polite and gentle. I don’t know what either of us would do without them.”

Support workers demonstrated they were aware of the provider’s safeguarding policies and procedures. They understood their role and responsibility in protecting people and knew how to contact outside agencies about safeguarding concerns. One support worker told us, “We ensure we follow safeguarding protocols and report concerns to the manager.” Another said that concerns were reported to the managers which were acted upon. An example was given of the action taken when concerns had been identified about a person. Prompt action was taken that included contacting other professionals to protect the person’s safety.

The provider ensured support workers were appropriately supported and received training and refresher training on protecting people from abuse. The registered manager gave an example of how they had worked with the local authority to investigate a safeguarding concern. This included action by the provider to reduce further risks.

Risks to people that used the service were assessed and planned for. People and their relatives told us that they were involved in discussions and decisions about any potential risks and how these were managed. One person told us, “They [support workers] do everything the care plan says for my husband.”

Support workers told us that any risks associated to people’s needs were assessed and a risk plan was developed. They said that they had access to sufficient information that described the action required to manage and minimise any potential risks. A support worker said, “Information is left in people’s houses but we get a briefing of people’s needs and risks before visiting for the first time.” Another told us that any changes to a person’s needs and risks were communicated by the registered managers or

the quality service manager. An example was given when a person had a hospital admission and their needs and risks had changed when they were discharged. These changes were communicated to support workers before they visited the person.

Assessments were completed to assess any risks to people who used the service and to the support workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk plans included information about action to be taken to minimise the chance of harm occurring. For example, some people had health conditions such as diabetes or needs that identified they were at risk of developing skin damage. Information provided for support workers advised them of the signs to look for that would indicate the person’s health was at risk. This included healthcare professional contact details to enable support workers to report any risks quickly.

There were sufficient staff employed and recruited appropriately to meet people’s individual needs and to provide a safe service. People told us there was a new system that monitored the visits completed by support workers. This recorded automatically the times support workers arrived and left. People did not raise any concerns about the times or duration of visits.

Support workers told us they felt there were enough staff employed to meet people’s needs and keep people safe. They also said that they felt they had sufficient time to provide care and support safely. Support workers said staff holidays and sickness were covered within the existing team. They also told us about the system in place should they be running late. They said that they called the office to report if they were running late, the office then contacted the person using the service.

The registered manager told us that they had a stable staff team and that they assessed people’s needs and the capacity within the service to meet the care package. They said this was to ensure the service could safely meet people’s needs. The registered manager told us that travel time was allocated to enable staff sufficient time to get to visits on time. Records we saw confirmed this. The registered manager and support workers also told us about a new system that had recently been introduced that monitored visits. An electronic system alerted the management team of either late or missed calls. This new system was in its early stages of implementation but was

Is the service safe?

already helping to improve the monitoring and delivery of care calls. One support worker gave an example of how they had been contacted by the registered manager about a late call.

Support workers employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included checks on criminal records, references, employment history and proof of ID.

Where people required assistance with their medicines, support workers provided this in a safe way. People and their relatives did not raise any concerns about the support

that was provided with the prompting of medicines. A relative told us, “Every day a note of what has been given, how much and when is recorded. This is vital for the next support worker in case a dose has been missed.”

Support workers told us about the medicine administration training they had received. This included observational competency assessments completed by the quality service manager. Records looked at confirmed this. Support workers described the documentation used to record people’s medicines. They said these were checked by the quality service manager to ensure people had received their prescribed medicines safely. The quality service manager confirmed this and described the action they had taken when issues had been identified, such as further competency observation and training.

Is the service effective?

Our findings

People that used the service were supported by staff that had the appropriate knowledge and skills to carry out their role and responsibilities. People told us that support workers were knowledgeable and competent and knew how to meet their needs. Many people described support workers as having a, 'strong work ethic.'

Support workers told us that they felt well supported and received appropriate training opportunities. One support worker said, "We receive formal support where we talk about any issues or concerns and training needs." Another told us, "We can contact the management team at any time; there is always someone to support you." A support worker told us about the induction they had received when they commenced employment. They told us, "The induction was good, I learnt what was expected of me, my role and responsibilities and about policies and procedures."

The registered manager and the quality service manager showed us the training workbooks staff completed on various topics that were relevant to the needs of people using the service. There was a system in place that monitored when staff required refresher training; this ensured staff were up to date on latest best practice. The provider had a supervision and appraisal plan. We saw from a sample of supervision and appraisal records that staff received opportunities in one to one meetings to discuss and review their work practice and development needs.

The Mental Capacity Act 2005 (MCA) is legislation that protects people who lack mental capacity to consent to certain decisions about their care and support. The principles of the MCA were known and understood by the registered manager and staff. People told us that support workers gained their consent before care and support was provided.

One support worker gave an example whereby a person had lasting power of attorney. This meant the person had a legal representative who had authorisation to give consent. This showed that support workers were aware of people's rights in relation to consent. Another told us how they gave people choices before they provided care and support and that they respected the person's wishes.

We found that people's mental capacity to consent to their care and support had been assessed. Where people could consent, written consent had been obtained that confirmed the person had been involved in discussions and decisions. Where people lacked mental capacity, assessments and best interest decisions had been completed in accordance to the MCA legislation.

People were supported to access sufficient food and drinks of their choice. People told us that support workers were aware of the need for hydration and offered a drink as soon as they arrived and throughout the visit. They also gave examples of how support workers provided support with meals. Where people had specific needs with eating and drinking support workers were aware of this and met people's needs appropriately.

Support workers told us how they supported people with their food and drinks. This included checking food stocks were in date. This was to avoid people becoming unwell due to eating food that was not appropriate to eat. Examples were given where support workers encouraged healthy eating options due to people's specific health conditions. Support workers also told us they were particularly aware of people that lived alone and the importance to leave snacks and drinks within easy reach for people.

We saw that people's nutritional and dietary needs had been assessed and planned for. We saw examples where there were concerns about a person's weight; this was monitored and action taken when necessary. People's cultural and religious needs and wishes with regard to their diet was considered and respected. We saw examples where people that used the service had requested support workers with specific knowledge and understanding of their cultural dietary needs. Support workers confirmed this was respected and careful consideration was taken as to support workers skills, language and understanding.

Support workers supported people to maintain good health and to access healthcare services. People told us that support workers supported them with their healthcare needs. In addition they told us that records were completed by support workers at every visit. This included what support was provided to inform the next support worker and was a way of monitoring people's health and wellbeing.

Is the service effective?

Support workers gave examples of how they supported people to maintain good health; this included supporting people to access health care services. Following people's plans of care and reporting any concerns about people's health to either relatives or healthcare professionals.

We saw that people's healthcare needs had been assessed and plans of care were monitored and amended when people's needs changed. This ensured support workers had up to date information about people's needs to enable them to provide effective care and support.

Is the service caring?

Our findings

Positive relationships had developed between people that used the service and support workers.

People and their relatives spoke highly of the respectful and kind attitude of the support workers. One relative described support workers as, "Very caring, polite and gentle. The regular ones know him [relative] well and joke with him kindly." Another relative said, "The support workers are the best we have ever had, they can't do enough for her [relative]."

Support workers told us that on the whole they had regular people they provided care and support to. They were positive that this provided consistency and continuity and enabled them to form good relationships with people that used the service. A support worker said, "I look after people in the best way I can. I support people's individual needs and do whatever is required of me."

We found support workers spoke positively and compassionately about the people they supported. Examples were given of how they had taken action to relieve people's distress or discomfort. For example, by being patient and listening to people when they required emotional support, and respecting people's diversity. Staff showed a good understanding of people's needs and what was important to them. This included an understanding of people's religious and cultural needs. A staff member told us how they supported a person to practice their faith, this included support with the person's spiritual and dietary needs. They told us, "I understand the person's cultural needs and how their faith is important to them; I provide support to enable them to practice their faith."

People that used the service were supported to express their views about how they received their care and support. People told us that they were involved in the assessment and development of their care package. They also said that support workers were kind and caring and included them in discussions, provided choices and respected their wishes.

Support workers told us that people's plans of care provided them with information about people's needs and the support that was required. However, they said that they

gave people choices about what care and support they provided and asked if there was anything in addition they required. One support worker said, "We have care plans to follow but we still ask people what we can do to support them." Another told us, "We are often the only people that people see, it's important to give people the opportunity to express themselves. What they need today may be different to tomorrow."

People and their relatives had information available that advised them of what they could expect from the service. This was called a service user guide. We noted that the provider stated that they strongly believed in the importance of people developing a relationship with the staff. To achieve this they advised people that a small number of support workers would be identified to provide the support required. People confirmed this to be the case. This information also included contact details of independent advocacy services should people of required this support.

People's privacy and dignity was respected and promoted. A person that used the service told us, "The support workers are wonderful, they are my friends, they do everything including washing, putting on creams and even taking me to the hospital. Whatever would I do without them?"

Support workers gave examples that showed they were respectful of people's privacy and ensured their dignity was maintained. They told us they gave people privacy whilst they undertook aspects of personal care. They said they referred to people by their preferred name and gave examples of how they promoted people's independence. One support worker said, "I support people to access the community, attend appointments and places of interest. I support the person at their pace and encourage choice making and decision making." Another said, "It's important to maintain people's independence, to live their life as they want to and remain living in their own home."

The quality service manager told us how support workers received training in relation to dignity and respect. They said this practice was then monitored when they observed staff in people's own homes. We found people's plans of care prompted dignity, respect and independence.

Is the service responsive?

Our findings

People's needs, routines, preferences and what was important to them was assessed and planned for. A relative told us how support workers tried hard to get to know their relative's likes and dislikes.

People told us they felt involved in discussions and decisions about how their care should be managed. People confirmed that their needs were assessed at the start of using the service. However, people could not recall when their care package had been reviewed.

On the whole people told us that they had regular support workers that visited them. Support workers confirmed this. People said this was important as it supported them to develop and maintain positive relationships with support workers. Some people had a limited circle of support and the service helped reduce social isolation.

Support workers told us that they had sufficient information about how to meet people's needs. This included people's health and support needs, routines, preferences and social history where people had shared this. One support worker said, "People are involved in their assessment, the service is tailored to their needs. I also do social support with people depending on what they want to do." Another told us how they promoted independence and choice making. Support workers gave examples that demonstrated they provided a service that was personalised to meet people's individual needs.

The registered manager gave examples of how people's care package was developed based on people's requests. This included the times of calls and the support required. From the sample of care files we looked at we saw people were asked about their preference of male or female support workers. We noted people's routines were clearly detailed and their religion and spiritual needs considered. Some people had requested support workers that were

culturally sensitive to their needs. The registered manager gave examples of how support workers were matched to people's specific needs. For example, consideration about language, knowledge and understanding about cultural needs were assessed appropriately where required.

The registered manager and quality service manager told us that they arranged an annual review meeting or sooner if required. This was with people that used the service and their relatives if appropriate. We saw examples of reviews that had been completed during 2015. Records showed people that used the service and in some instances relatives, had been asked their views about the service that was provided. We noted that where action had been identified this had been acted upon. For example, it was stated for one person staff should ensure they were wearing their life line pendant. The plan of care instructed staff as agreed. A relative had requested staff were further trained with the use of a piece of specific equipment, we checked that this had been actioned. This showed how the provider ensured people were involved in sharing their views and action was taken when changes were required.

People had access to information about the provider's complaints procedure should they wish to make any complaints. People told us they were aware of how to make a complaint. A relative told us, "We have not had to complain, when we call the office to make changes to the visit times, the office responds at once with patience and humour. The office people are excellent."

The provider had a formal system to record and respond to complaints received. This enabled the management team to monitor if there were repeated complaints and themes that required additional investigation. At the time of the inspection the registered manager told us they had not received any formal complaints. They gave examples of where people that used the service had requested a change of support worker which they had responded to positively.

Is the service well-led?

Our findings

The service promoted a positive culture that was open, transparent and inclusive. People and relatives we spoke with said they would recommend this service to other people in similar situations. Many people told us they had previous experience with other services but found this one superior in all respects. A relative said, “The response from the office is almost immediate, they sort things out swiftly. A representative comes when called to sort out any problems.”

Support workers showed they had a clear understanding of the vision and values the service promoted. One support worker told us, “The service is about caring for vulnerable people, meeting individual needs and supporting people to engage with their community.”

Support workers spoke positively about the communication systems within the service and said they felt able to raise any issues, concerns or make suggestions. Additionally, they said they were aware of the whistleblowing policy. One support worker told us, “We have meetings such as one to one meetings and staff meetings where we can raise issues and are informed about how the service is developing, we can share our suggestions for improvement.” Support workers told us that they found staff meetings helpful. They said that if they were unable to attend the record of the meeting was sent to them. This was to make them aware of discussions, decisions and any action they needed to take.

We looked at a sample of meeting records for all staff. We saw that there were discussions about staff roles and responsibilities. We also saw that meetings were used as an opportunity to discuss any information that support workers needed to be aware of about the people they supported. The registered managers also reminded staff about issues relating to confidentiality, communication and expected values and behaviours. This showed the provider and staff were clear about expectations, roles and responsibilities.

The service had a management team that led and developed the staff team in providing an organised and personalised service. The service had two registered managers that understood their responsibility for notifying us of incidents and injuries that people had experienced at the service.

All support workers told us about the on-call; out of hours contact system in place should they require support, which they said worked well. They also spoke positively about the support they received from the registered managers, quality service manager and office staff. One member of staff described them as, “Supportive, approachable, good at sharing information and always there.”

The registered manager told us how the service had recently signed up to a new accredited training provider; we saw documentation that confirmed this. The registered manager said this training would be on-line and felt it would be a more supportive and effective way for staff to learn. This showed the provider had a commitment and supportive approach to the support workers.

The service had systems and processes in place that monitored the quality of the service provided. The provider supported people to share their views and wishes about the service they received. This included an annual questionnaire that asked for feedback which the provider had recently sent out to people that used the service and relatives. People that used the service were invited to participate in an annual review of their care package or when their needs changed.

Support workers told us that the registered managers and quality service manager did unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform and that they were competent in the support they provided. They said that they received feedback on their performance and that this was helpful. We saw records that conformed what we were told.

Support workers were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from reoccurring. The registered manager also monitored and analysed accidents and incidents for themes and patterns.

There was a system in place that monitored all visits by support workers. This alerted the office staff of any late or missed calls. This demonstrated that the provider was able to monitor the quality of the service and take appropriate action when issues were identified.