

# Ace Social Care Ltd

# Ace Social Care

## **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 well-led?	Good

# Summary of findings

# Overall summary

#### About the service

Ace Social Care is a service providing support for people in their own homes. The service was supporting 7 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People spoke positively about their experience of receiving care from this provider. One person's relative said: "The girls [care staff] are always friendly, no problems with them at all."

The manager had a good oversight of the service and knew people's needs well. The manager was committed to continuous improvement and passionate about the quality of service people received. Staff told us they felt well-supported by the manager and described them as " always available, any time you need help."

Medicines were managed safely with regular audits of people's care, including their medication, taking place.

Staff had a good understanding of infection control procedures, and told us personal protective equipment (PPE) was plentiful. One staff member said: "There's everything we need, and if you're running low it's easy to get more."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care took place in accordance with people's consent, and staff confirmed they always checked people's preferences before carrying out care tasks.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published September 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is good based on the findings of this inspection. You can read

the report from our last comprehensive inspection, by selecting the 'all reports' link for Ace Social Care on our website at www.cqc.org.uk.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

# 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 well-led?	Good •
The service was well led.	
Details are in our well led findings below.	



# Ace Social Care

### **Detailed findings**

# Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and

#### Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at. Inspection activity started on 15 February 2023 and ended on 1 March 2023.

### What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people's family members and obtained feedback from 4 members of staff. We reviewed a

range of records. This included people's care records and various medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.



# Is the service safe?

# Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were safely managed within the service.
- Where the provider had identified risks, they put appropriate arrangements in place to manage and mitigate them. One person's relative said "I never have any worries about [my relative's] safety when the carers are here."

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they believed the service to be safe.
- The provider had appropriate systems and processes in place to protect people from the risk of abuse and avoidable harm.
- Staff knew what steps they should take if they suspected abuse. They told us they had received training regarding safeguarding, and the provider's records confirmed this.

#### Staffing and recruitment

- Staff were recruited safely.
- References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff confirmed their recruitment procedure had been thorough.

#### Using medicines safely

- Medicines were managed safely within the service.
- Staff had received training in medicines management and told us they felt confident when administering medicines. They said the registered manager regularly checked their competency.
- The provider had arrangements in place to monitor medicines and ensure they were managed safely.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they were provided with a good level of supplies.
- The provider's records showed staff had received training regarding infection control and staff confirmed they had received relevant training.

Learning lessons when things go wrong

Accidents and incidents were reported and recorded correctly, so that lessons could be learnt.
The manager had a good oversight of incidents within the service, and made changes when necessary to improve service delivery.



# 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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had systems in place for obtaining people's consent, or acting in their best interests.
- People and their relatives told us staff sought verbal consent when carrying out care tasks.
- The registered manager understood their responsibilities in relation to consent and capacity, and all legal requirements were adhered to.

Staff support: induction, training, skills and experience

- Staff told us their inductions had been thorough and described the process as useful. They said training was relevant to their roles and gave them confidence to carry out their duties safely.
- People's relatives described staff as skilled and knowledgeable.
- The provider's training records showed a wide range of training was offered across relevant areas.

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

- Assessments of people's needs were undertaken before they began to receive care. This meant the provider understood people's needs and preferences.
- Records showed the registered manager monitored care via team meetings as well as spot checks to ensure it was in line with current guidance and meeting people's needs.

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

- People's care records showed where staff were required to provide them with food and drink, it reflected their personal preferences.
- Relatives told us they were happy with the care staffs' ability to provide food and drink, and confirmed that staff understood their relatives' likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked openly with other agencies and external professionals to ensure people received effective care.
- Staff told us they knew when to contact other agencies, and gave examples of contacting healthcare providers on people's behalf.



# 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

At our last inspection we rated this key question requires improvement. At this inspection it has improved to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to operate a robust quality assurance system. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

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

- Staff understood what was required of them, and demonstrated pride in their roles. People's relatives praised the staff and told us the registered manager was accessible and provided a good service.
- The manager had systems and processes in place to monitor and improve the quality of the service.
- We found care records were clear and evidenced the care provided to people was in accordance with their assessed needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's relatives told us care met their needs so that good outcomes were achieved.
- Staff told us they were motivated to achieve good outcomes for people, and said they believed good care made a genuine difference to people's lives
- The registered manager understood their responsibilities in relation to the duty of candour and described the action they would need to take should a relevant incident arise.

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

- Staff told us they felt supported and respected by the registered manager. The registered manager told us that as they were a small staff team staff were involved in the way the service was run.
- People's care plans showed their care was designed with their involvement and in partnership with others where relevant.
- Records showed people were regularly contacted for their feedback. People's relatives confirmed this.