

# A C S Care Services Ltd

## ACS

### Inspection report

77 Talland Avenue  
Fishermead  
Milton Keynes  
MK6 2EW

Tel: 07739337542  
Website: [www.acscare.co.uk](http://www.acscare.co.uk)

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25 August 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

ACS is a domiciliary care agency providing personal care to adults in their own homes. 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. At the time of our inspection 66 people were receiving support with personal care.

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

People received safe care and support in their homes. Staff were trained in safeguarding and there were effective processes in place to report abuse if required. Risk assessments and care plans included information about known risks to people care such as falls, frailty and skin integrity so staff had sufficient information to provide safe care.

Safe recruitment practices were followed to ensure staff were suitable for their roles. Staff were usually reliable and arrived at people's homes within a window of time. Staff completed all tasks required to support people as per their agreed care plans, and people were usually supported by regular staff.

People were supported safely with their medicines. Staff used personal protective equipment (PPE) when supporting people with personal care in accordance with good infection prevention and control practices.

Accidents and incidents were recorded and followed up appropriately. Lessons were learned when things went wrong, and measures put in place to reduce the risk of the same thing happening again.

People's capacity to make decisions was assessed under the Mental Capacity Act (MCA). Staff knew how to support people make choices about their daily care. 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.

An open and positive culture was embedded in the service. People, relatives and staff spoke positively about the approach and availability of the registered manager and the management team.

The registered manager and management team had effective oversight of people's care, facilitated by effective staff handovers and communication. The registered manager had identified some areas where quality assurance processes could be strengthened and had already started to take action to improve these systems.

People and their representatives were involved in people's care and had opportunities to provide feedback. Feedback was acted upon when areas for improvement were identified.

Staff were supported through supervisions including one to ones and practice observations in people's homes. Positive feedback was received about good teamwork amongst staff which benefited everyone using the service.

The staff team worked in partnership with health and social care professionals involved in people's care and treatment, to support people achieve good outcomes. Feedback from healthcare professionals was extremely positive.

The registered manager was aware of their legal responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 7 October 2017).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ACS on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# ACS

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 2 Experts 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.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 August 2023 and ended on 25 August 2023. We visited the location's office on 24 August 2023. Experts by Experience made phone calls to people and their relatives on 24 August 2023 and 25 August 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 11 people and 10 relatives of people who received support for feedback on their experience of the care provided. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the care manager, office manager, HR manager and office administrator. We spoke to and/or received email feedback from 7 care staff and the training manager. We received feedback from 3 health professionals.

We reviewed a range of records. This included 6 people's care and multiple medicine records. We looked at 4 files in relation to staff recruitment and support. We looked at a variety of records relating to the management of the service.

# 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 changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At the last inspection we found various issues with call timings and people not being informed if care staff were running late. We did not find those concerns at this inspection
- Staff were usually reliable, arrived within a window of time and stayed to complete all of the support people required. The majority of feedback we received confirmed this and 1 person said, "I am never rushed during my calls." Two people shared some concerns about their call times, which the registered manager looked into immediately when brought to their attention.
- The majority of people told us they were informed if care staff were running late and they received support usually from a small team of familiar staff. One person told us, "Yes, I do get the same carers, more or less, visiting me 4 times per day, so most of the time I know who will be coming. They do normally stay the correct time and sometimes later than is required." Another said, "I like all the carers. They are so kind and yes, I do think they care about me."
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. We found some gaps in staff employment histories on their application forms, which were rectified during the inspection.

### Using medicines safely

- Medicines were administered safely when people required support but there were some gaps in recording by staff on paper medicines administration charts (MAR). The registered manager had identified this issue already and explained the action they were taking to tighten processes.
- The provider used an electronic medicines recording and monitoring system for some people receiving support and planned to expand this to everyone in the near future. This would give 'live' information about whether people had received their medicines. Any issues could be promptly identified and rectified where needed.
- People received support with their medicines from trained staff. Competency checks were undertaken to ensure staff applied the knowledge and skills needed to support people safely.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and risk of abuse. The provider had systems in place to safeguard people and knew how to follow local safeguarding procedures when required.
- People felt safe with staff and the care they received. One person told us, "I do feel safe because they know their job and are very helpful. They always do what I want them to do." A relative told us, "Yes, [family member] feels very safe with the carers when they visit every day. [Relative] is partially sighted and needs to feel comfortable with them."

- Staff received training on how to recognise abuse and the risk of abuse.

#### Assessing risk, safety monitoring and management

- Risks to people's care were assessed and managed. Care files contained risk assessments which covered a range of known risks such as falls, moving and handling and skin integrity. A person receiving support said, "I didn't want carers but I was told I couldn't come home from hospital unless I had some help and they have been brilliant."
- A risk assessment was completed to consider any risks or considerations connected to people's homes. For example, access to people's properties, electrical equipment and lone working. This helped keep people and staff safe.
- Care and risk support plans were rewritten annually involving the person and their representatives and updated in between as needed. This meant staff had current information about people's risks and how to mitigate them. A relative told us, "We couldn't be happier with the care. The staff are all really good, communication is excellent."

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.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required. Documentation to support this was included in people's care records.
- Staff received training in the MCA and we saw records of staff offering choice to people and ensuring consent before undertaking care tasks.

#### Preventing and controlling infection

- Staff used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons.
- Staff were trained in infection control. Feedback confirmed there were enough supplies of PPE.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.
- The registered manager had effective oversight of accidents and incidents. This included reviewing each occurrence and updating staff if there were any lessons learned to reduce the risk of a similar thing happening again.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team were committed to ensuring people received good quality care. Everyone we spoke to provided positive feedback about the running of the service. For example, 1 relative said, "I have no complaints. They are very helpful. I know the manager and he is approachable and listens."
- Staff placed people at the heart of the service. Staff we received feedback from enjoyed their roles and working in the service. A member of staff told us, "I'm enjoying having a chat with the service users and being a friendly face as well as providing a high standard of care." Another said, "ACS offers amazing care and support to all their service users and staff members. I really can't fault them in any way."
- A positive culture was promoted by the management team to help ensure people achieved good outcomes living in their own homes. This was reflected in feedback from people and relatives such as, "It's first class, very good," and, "Yes, it is really good and the carers are a great bunch of 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

- The registered manager worked in an open and transparent way in line with their responsibilities under the duty of candour. This meant being honest when something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and management team had effective oversight of all aspects of the service and people's care packages. This included handovers at key points throughout the day to ensure efficient information sharing and communication about arising issues.
- Systems and processes were in place to monitor the quality and standards of service provision. The registered manager had identified areas which needed improvement and was taking action to achieve this. For example, tightening the oversight of medicines recording and the daily notes written by staff to ensure these were consistently completed accurately and to a good standard.
- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to external agencies including CQC as required.
- All of the feedback we received from staff was positive about the management of the service. A member of staff said, "I am happy in my job. I feel supported and listened to." Another told us, "[The management team] are such caring, lovely, family oriented people. Nothing is ever an issue, if you do something wrong, they

help sort it out. [Registered manager] is the person I aspire to be like, he has a heart of gold. I couldn't imagine working anywhere else."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Team meetings involving all staff did not take place regularly but the registered manager planned to reinstate these so staff had opportunities to receive information, share learning and discuss relevant issues.
- Staff received support and information through supervisions with a senior staff member which sometimes included observation of practice in people's homes. Senior staff also completed 'ghost' visits after staff left a person's home, to find out about the quality of care provided. This meant any additional support or training could be offered where needed.
- People with a range of abilities and equality characteristics received support from staff with aspects of personal care and daily living. People were involved in directing the care and support they required along with their representatives where appropriate.
- People and relatives had opportunities to share their views and opinions on the support they received. This included the use of feedback surveys. We saw a report of the compiled responses and an analysis of these to identify any areas for improvement and follow up actions.

Continuous learning and improving care; Working in partnership with others

- The registered manager and management team were keen to continuously develop and improve the service and quality of care offered to people. They were receptive of the inspection and suggestions offered.
- The provider was participating in several innovative pilot projects awarded by the local authority in conjunction with the NHS and had won an award recently for their work on one of these. These projects involved supporting people in different areas of care. In particular medicines, end of life care and urgent short term support needs. We saw a lot of very positive feedback from families about the care offered by ACS staff through these projects.
- Feedback from health professionals who worked with the service on the pilot projects was extremely positive. For example, "The level of care delivered from the palliative care support team is exceptional. The management team are incredibly accommodating in often tricky situations." Another told us, "[We] get excellent feedback from patients on the care they provide and people are very grateful. ACS are flexible and adaptable to allow us to support as many patients as we can safely."