Ace 24 Consultancy 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 24 Consultancy Ltd is a domiciliary care agency providing personal care to people in their own homes. It is a new service with plans for growth and development. At the time of inspection there were 19 people using the service.

People's experience of using this service and what we found
People appreciated receiving care from regular staff who were kind and respectful. One relative told us, "The staff are good, we are very happy with them." Others said, "Staff are trained and skilled." And another commented, "They [staff[are always very polite and pleasant."

People and relatives told us that if they had any concerns they were confident to tell the registered manager or care co-ordinator, and it would be dealt with appropriately. People told us if they rang the main office, their call was always answered.

People were referred to health and social care professionals as required. Feedback from one health and social care professional confirmed communication with the service was good.

Safe staff recruitment was followed, and staff had received training from appropriately qualified trainers. Staff wore uniform and carried photographic identification, so people were confident in who was attending. Where people requested staff not to wear uniform, staff wore appropriate clothing to carry out their work safely.

Staff told us they felt supported by the management team and there was always someone on call for advice if required. The registered manager and care co-ordinator were hands-on and worked alongside staff leading by example and providing oversight of the service. However, these observational supervisions of staff were not always recorded.

We have made a recommendation the registered manager seeks best practice in the developing, formalising and recording of staff supervisions and meetings.

The provider was also the registered manager and had oversight of the service. Either the registered manager or the care co-ordinator visited people for spot checks to ensure the quality of the service provided by staff was maintained. This additionally provided people with an opportunity to speak about their experience of the service directly to management.

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 support this practice.

Care plans were person-centred and appropriate risk assessments were carried out to ensure their care needs were met. Medicine administration records showed people were assisted to take their medicines as prescribed. Infection control procedures were followed and staff had enough personal protective equipment (PPE) to carry out their work safely.

This service was registered with us on 7 August 2018 and this is the first inspection

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 24 Consultancy 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. 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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

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

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

Notice of inspection
We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 August 2019 and ended on 6 September 2019. We visited the office location on 19 August 2019.

What we did before inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the provider/registered manager, care co-ordinator and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received an email response from one professional.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff had received training on adult safeguarding and were aware of how to report an allegation of abuse. One staff member said, "I would whistle-blow if I had a concern. I would go to my manager as I am confident they would deal with it."
• Systems, including safeguarding and whistleblowing polices, were in place to safeguard people.
• People and relatives told us they felt safe using the service.

Assessing risk, safety monitoring and management
• Risk assessments on the environment and fire risks in people's homes, were conducted by the registered manager or care co-ordinator. If necessary, and with the person's consent, the fire service would be consulted.
• The registered manager or care co-ordinator carried out the initial comprehensive assessment, which identified care needs and risk assessment relating to mobility and medicines. These were documented in the care plan.
• Audits were in place to monitor service performance.

Staffing and recruitment
• Safe staff recruitment procedures were followed which included making the necessary checks to ensure staff were suitable to work with vulnerable people.
• There was a system in place to monitor the Disclosure and Barring Service (DBS) as staff were registered with the update service. The DBS is a national agency that holds information about criminal records.
• Staffing level were determined by the number of people using the service and their needs. Staff told us they had enough time with each person and they were not rushed. People told us staff did not rush them.
• Staff wore uniform and carried identification badges, so people could be confident in who was attending. However, where people requested staff not to wear uniform, staff wore appropriate clothing to carry out their work safely.

Using medicines safely
• Staff had received medicines training.
• People who were supported with medicines had a medicine administration record (MAR). MAR charts were audited. Those MAR charts we viewed, were completed and showed the people had received their medicines as prescribed.
• The service had policies and procedures on the administration of medicines which provided guidelines for staff.
• Where the medicine skin patches were used, a body map (diagram) provided a record of patch placement

to ensure rotation of the patches.

Preventing and controlling infection
• Infection control policies were in place and personal protective equipment (PPE) was available to reduce the risk of cross infection.
• Staff had received training in infection control and confirmed they were supplied with enough gloves and aprons to enable them to carry out their work safely.

Learning lessons when things go wrong
• Systems were in place to investigate accident and incidents and lessons learnt would be shared to improve the service.
• Monitoring spot checks were made by management and people were asked their opinion of the staff and service. This provided an opportunity to make changes to practice if required.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Initial comprehensive assessments of physical, mental and social needs were carried out by the registered manager or care co-ordinator when people first joined the service. One relative told us, "They (care co-ordinator) came out to assess and produced a fantastic care plan. We felt we were listened to. They [staff] go to [relative] straight away and asked if they were happy with the care plan."
• Consent to care and treatment were sought, and this was documented in the care plans which were person-centred. One person said, "They [staff] know what to do when they come in and always asks if there is anything else I want them to do."
• Most people we spoke with confirmed staff attended at the time allocated. One person had an experience of the staff not attending on one day. They spoke with the care co-ordinator who followed-up the incident and there were no more situations of non-attendance. People told us on occasions when staff were going to be late due to unforeseen circumstances, alternative staff arrangements were made.
• One person told us there had been a concern about the time span between visits as the staff made four visits a day and some of the visits were close together. They spoke with the registered manager and their time allocation was reviewed and the concern was resolved. They were happy staff attended with appropriate time gap between visits.

Staff support: induction, training, skills and experience
• Records showed staff had received training by suitably qualified trainers.
• All staff were current in their mandatory training which included moving and handling, health and safety, infection control, food hygiene, medication and basic life support.
• Staff told us the training was good. One staff said, "They [management] make sure we are well trained." Another commented, "They [management] encourage us to make sure training is done, its good."
• Staff supervision records seen only related to some staff, however this did not mean staff were not supervised. The registered manager and care co-ordinator were hands-on and worked alongside staff leading by example. Staff visited the head office frequently when informal meetings took place.

We recommend the registered manager seeks best practice guidance in the developing, formalising and recording of staff supervisions and meetings. Supervisions and staff meetings are used to develop and motivate staff, review their practice or behaviours and focus on professional development.

Supporting people to eat and drink enough to maintain a balanced diet
• Care plans included a nutrition and hydration risk assessment and guidance for staff on the person's dietary requirements.

• Staff supported people with their meals if required. One person told us, "They [staff member] help me with cooking and my shopping. Sometimes they go and get my shopping for me or they will come shopping with me, depends on how I feel."
• We were told some staff had been trained in providing percutaneous endoscopic gastrostomy (PEG) feeds. There was no one receiving PEG feeds at the time of inspection.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
• The service worked closely with health and social care professionals including the GP, community nurses and social workers.
• Staff told us if they had any health concerns about a person during a visit they would contact the appropriate professional such as the GP or in an emergency would call for an ambulance.
• One health professional told us the management of the service communicated with them in a courteous manner, and have responded to any requests.

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, 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.
• People's capacity to make decisions about their care was assessed.
• There was no one at the service at the time of inspection who required an application to the Court of Protection or an advocate. Advocacy seeks to ensure people have their voice heard on issues that are important to them.
• Staff told us they asked people at the point of care delivery for consent to care, and this was confirmed by the people we spoke with.
• Care plans contained a consent to care and treatment which included the provision of first aid, collecting prescriptions and calling a GP or emergency services as necessary.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 told us they were treated with respect and staff were kind. One person said, "If there are new staff they are always introduced to me." One relative told us, "When staff visit they [staff] always go to them [relative] to say hello first. In the beginning, different staff came to introduce themselves so when they attended for care, they [relative] would know them."
• Care plans identified equality and diversity and met the requirements of the Equality Act 2010. People's religious, spiritual, cultural and lifestyle choices were considered.
• Staff spoke with compassion when talking about the people in their care. One staff member said, "People are treated with respect. Management will allocate staff in order to meet the needs of the person."

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were involved in the care planning, providing choice. One person said, "The [staff] are respectful. There is a pattern of what you want them to do and I always have a choice."
• The registered manager and care co-ordinator knew the people who used the service well and were knowledgeable when discussing their needs.
• Spot check visits undertaken by the registered manager and care co-ordinator gave people and their relatives an opportunity to express their views on their care directly to management.
• People and relatives told us they would be happy to contact the care co-ordinator if they had any concerns or questions and felt confident they would listen.

Respecting and promoting people's privacy, dignity and independence
• Promoting independence was demonstrated in the care plan. One care plan commented the person could transfer independently into their wheelchair but needed assistance outside.
• People told us they were treated with dignity when staff attended to their personal care. One person said, "They [staff] couldn't be nicer. They [staff] help me to shower and wash my hair. I chose female carers. There are no problems." Another said, "They [staff member] is great, absolutely super, we get on really well together."
• Relatives told us staff were respectful and treated their relative with dignity. One told us, "My relative is well looked after, they look after their [relative] dignity. I am satisfied with the care."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Care plans were comprehensive and person-centred. Areas of care specific to the individual's health and social care needs were identified and guidance provided for staff to enable them to meet the person's needs.
• The registered manager told us people were given a choice where possible of staff gender when attending to personal care. People confirmed they were asked their preference regarding staff gender at their initial assessment.
• People were encouraged to continue with activities in their daily lives. One person told us staff would accompany them to the shops.
• We noted in one care plan the person liked a particular sport. There was an instruction for staff that they were to let the person know then the sport was on the television for them to watch it.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were assessed and their preferred method of communication recognised.
• Records highlighted when hearing aids and glasses were worn. There was guidance for staff ensuring hearing aids were working correctly and glasses were cleaned.
• One person who required prompts to help remember events, had a white board where information was written by staff and relatives. This enabled the person to have control of their social calendar.

Improving care quality in response to complaints or concerns
• People were given a comprehensive Service User Guide when they first joined the service. This provided a background to the service, provision of care and how to raise a concern or complaint.
• People and relatives told us they would not hesitate to speak with the registered manager or care co-ordinator if they had a complaint or concern and were confident the management team would deal with it appropriately.
• Staff said if they had any concerns they would raise it with the registered manager or care co-ordinator. One staff member told us, "Management are 100% supportive. I feel listened and I would feel confident to raise a concern."

End of life care and support

• Care plans identified end of life wishes and included guidance for staff on how to support relatives.
• Where appropriate, care plans had information about decisions taken for 'do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.
• The service linked with SinglePoint which is a 24-hour, 7 day a week advice and support helpline for services supporting people on palliative care or in the last year of their life.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 care co-ordinator led by example through teaching and monitoring staff in people's homes.
• There was an open positive culture and staff were comfortable going into the head office where they met with the registered manager to discuss any concerns.
• Care plans demonstrated people using the service were empowered to be independent and had choice at point of care delivery.

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 provider/registered manager and care co-ordinator had a good working relationship and were committed to continually improving the provision of care for the people using the service. They both understood duty of candour and their legal responsibility.
• The service had begun to introduce a computerised care system. Some information was already being stored on computer, such as initial care plans and documents. The next phase of the introduction of the system was going to involve staff recording their visits on the computerised care plan. This would allow for the management to maintain live-time care monitoring.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The provider/registered manager was occupationally professionally qualified for their role. They provided much of the training and was suitably qualified to teach.
• The care co-ordinator was experienced and knowledgeable. One person told us, "They [care co-ordinator] is absolutely amazing, I feel comfortable with them. I believe they would always take complaints seriously."
• Staff were confident in their ability to provide good care and confirmed they had received the appropriate training. People told us, "They [staff] are great, they are an enormous help" and, "I couldn't ask for a better person than [staff member], they are very knowledgeable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others
• The service worked with the multi-disciplinary team including GP, community nurses and social workers to provide a holistic approach to care.

• The registered manager and care co-ordinator told us, if people needed to be referred to other professionals such as the speech and language team (SaLT) or occupational therapist then they would seek advice.

Continuous learning and improving care
• The registered manager attended local authority meetings arranged for managers of domiciliary care agencies in the area. This provided an opportunity to exchange good practice information and ideas.
• The service had linked with the local authority for training opportunities for staff.