

Ace Care Agency

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Inspection report

Ace Care Centre
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Tel: 01543454438

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 May 2016 and was announced. At the last inspection completed 30 July 2014 the provider was meeting all of the legal requirements we looked at.

Ace Care Agency provides personal care to people living in their homes. At the time of the inspection there were 22 older people using the service some of whom were living with dementia. There was a registered manager in place. 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 were protected by staff who could describe how they would recognise the potential signs of abuse and were confident in reporting and whistleblowing. The Registered Manager managed risks to people but did not always report concerns to the local safeguarding authority as required. People were kept safe by staff who understood the risks to them and could manage those risks. People received their medicines as prescribed.

People told us that they did not always receive their care visits at the expected times and they were not always informed if care staff would be arriving late. Pre-employment checks were completed for all new staff members. However, where additional checks or risk assessments were required to ensure staff members suitable for their role these were not always completed.

People were supported by a staff team who had the required skills and support to provide effective care. People were enabled to consent to the care and support they received. People were supported to maintain their day to day health and receive food and drink when required.

People were supported by a care staff team who were caring and treated people with kindness and respect. People were enabled to make day to day choices around their care. People's privacy, dignity and independence were protected and promoted by care staff.

People received care that reflected their needs and preferences. Care plans reflected the care that people received although not everyone was aware of their care plan and felt involved in it's development. People felt able to raise concerns and complaints if needed and told us their complaints were taken seriously and resolved.

People did not always feel involved in the service and some people told us that they did not have sufficient contact with managers and office staff. Relatives told us that they felt the service was well-run. People were supported by a staff team who were motivated and felt supported by the managers. Quality assurance systems were in place but needed development in order to identify all areas of improvement required in the service. The Registered Manager was not always submitting notifications of significant events to the Care

Quality Commission as required by law.

We found that the provider was in breach of the regulation requiring them to submit notifications about significant events to the Care Quality Commission. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

People were protected by a staff team who could recognise signs of potential abuse. Safeguarding concerns were not always reported to the local authority as required. People received their medicines as prescribed.

People were protected by care staff who understood how to manage potential risks to them. The results of pre-employment checks were not always reviewed sufficiently to ensure staff were suitable.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by care staff who had the skills to provide effective care. People were enabled to consent to the care and support they received. People were supported to maintain their day to day health needs.

Good ●

Is the service caring?

The service was caring.

People were supported by a care team who were caring and treated them with respect. People's privacy, dignity and independence was protected and promoted by care staff. People were enabled to make day to day choices about their care.

Good ●

Is the service responsive?

The service was responsive.

People received care that met their needs and preferences. Care plans reflected the care that people received. People felt complaints were taken seriously and were resolved.

Good ●

Is the service well-led?

The service was not consistently well-led.

Requires Improvement ●

People did not always feel they had sufficient contact from managers and office staff. Quality assurance processes were in place but did not always identify all issues and areas for development within the service. People were supported by a care team who were motivated, committed and felt well supported by managers.

Ace Care Agency

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 10 May 2016 and was announced. We gave the provider 48 hours' notice of the inspection because it is a domiciliary care agency and we needed to be sure that they would be in. The inspection team consisted of one inspector and an Expert 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

As part of the inspection we spoke with six people who used the service and six relatives. We spoke with the provider who held the role of the registered manager. We also spoke with another manager, five members of staff including the deputy manager, the care coordinator and care staff. We reviewed three people's care records including their medicine administration records, three staff files and records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe when they used the service. We were told by people and their relatives that they felt comfortable with care staff and one person told us, "They make me feel safe". One person told us they had reported a concern to staff and managers had dealt with it appropriately. Staff we spoke with were able to describe signs of abuse and how to report any concerns they might have about people. We found managers took steps to manage potential concerns about people with their own internal systems. However, they did not report concerns about people to the local safeguarding authority as required. The local safeguarding authority is the lead authority for investigating allegations of potential abuse. The registered manager told us they were not aware of the requirement to report to the local authority when they felt the risk had been managed. They confirmed that they would ensure all new safeguarding concerns were reported to the local authority following the inspection. The registered manager had not ensured that concerns about people were reported and investigated to ensure appropriate plans were in place to keep them safe.

People were protected by a staff team who understood the risks to them and how to reduce any risk of harm. We saw risk assessments were in place which identified hazards and risks to people. The actions required to manage the risks were not recorded as part of the risk assessment process, although staff we spoke with were able to tell us how they managed the risks to people. We saw accidents and incidents were recorded in each person's care file. However, there was no central record of accidents and no overall analysis of these events was completed. The registered manager was not ensuring accidents were reviewed to check for any overall trends. This may have helped them put plans in place to mitigate risks to people and learn from these events.

People told us care staff didn't always turn up on time and people were not told if there was to be a change in care staff. One person told us, "You don't know who's coming or if they're coming. It makes me feel terrible." Another person told us, "If they're going to be late, they don't bother to tell you" and "If they're going to change your carer, they don't bother to tell you". The care coordinator told us that there was an agreement with people that care staff may be up to 30 minutes late for each call. This was to allow for any delays in travelling or resolving any additional needs that may be required at a previous care visit. People and their relatives told us the provider never missed a care visit. One relative told us, "Ace always arrange for [a member of staff] to come". We spoke with the Registered Manager about the comments people made. They advised they would look into the concerns and ensure that any issues with communication and timekeeping were resolved immediately.

We looked at how people were protected by the provider's recruitment processes by ensuring only suitable staff were recruited to support them. We saw the recruitment process required a range of pre-employment checks to be completed for new staff members. We saw identity checks, reference checks and checks on a staff member's potential criminal history were completed before they started work. However, where information of concern was received that required further investigation or risk assessment, this had not always been completed and recorded. The registered manager had not consistently assessed the results from potential staff member's background checks to ensure they were suitable to work with vulnerable

people.

People told us that they were happy with the support they received with their medicines. We saw that the Registered Manager recorded any assistance people required with medicines in people's care plans. We saw that medicines administration records (MAR) were in place and these were checked by the Registered Manager for any errors or discrepancies. We saw that where people required medicines through patches that are applied to the skin, the Registered Manager had a system in place to record where the patch was applied to the person's body to ensure the medicine was effective. People received their medicines as prescribed.

Is the service effective?

Our findings

People told us that they felt care staff were well trained and had the skills to support them effectively. One person told us, "They're very good". Another person told us, "As far as I'm concerned they must be (well trained). They do everything they're meant to". Care staff told us they felt they had the training and support they needed to do their job effectively. Some care staff had expressed areas in which they wanted additional training through their supervisions. The registered manager had responded to these requests and was arranging further training in various areas to enhance the service provided to people. We found that staff attended one to one meetings and appraisals with their line manager. Care staff and managers also told us that informal supervisions were held every week where staff could raise issues and receive additional support if required. People were supported by an effective staff team who were trained and supported well by managers.

People were asked for their consent before any support was provided to them. One person told us care staff, "Always ask first". Another person also told us that care staff always checked with them first before doing anything, "Even when it's what they do each time". Care staff and managers were able to describe to us how they obtained people's consent before they provided support. People received care and support that they had consented to.

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. Staff that we spoke with had a basic knowledge of the MCA and told us that they would discuss any issues that arose with the registered manager. The registered manager had a good knowledge of the MCA and we saw they had completed assessments of people's capacity around specific decisions regarding their care. They had also documented decisions made in people's best interests as a result of these assessments and how the decisions had been made. Decisions made about people's care when they lacked capacity were made in line with the MCA.

People told us they were happy with the support they received with their food and drink if this was required. Most people told us they received support from family members or were able to complete tasks independently. Where concerns about people's nutrition or hydration were identified relatives were informed. For example, one relative told us when their family member had difficulties eating they were notified so they could resolve the concerns. People were supported to receive the food and drink they needed to meet their nutritional needs.

Most people also told us that their family members supported them with healthcare appointments to maintain their day to day health needs. Where it was required, we saw staff members proactively made contact with healthcare professionals such as the doctor, occupational therapists and pharmacies. Where people were observed as not being in good health by care staff, staff made contact with the person's relatives or doctor. People were supported to maintain their day to day health.

Is the service caring?

Our findings

People told us they felt the care staff were caring and approachable. One person told us, "They're all caring". Another person told us, "It's the attitude they go about with that makes you feel better". A third person told us, "We have an exceptional [member of care staff]". They told us how the staff member, "Actually looks for things". For example, the person told us how on one occasion they been unable to make their bed properly so the care staff supported them with this. People told us that they felt valued and respected by care staff. People also told us how staff took the time to speak with them. We saw that staff and managers displayed a caring attitude and a genuine concern for people. We saw examples of managers taking caring actions, for example we saw a manager arranging to deliver some personal photos to one person. People were supported by a caring staff team who made them feel valued and important.

People were involved making day to day choices and decisions about the care they received. One person told us that the care staff always listened to what they wanted and, "They provide the care to show this". Another person told us, "I've only got to ask and they'll do it for me". People told us that care staff gave them choices in their care. For example, how they wanted things done or what food and drink they wanted to eat. They also told us staff understood their individual preferences. One person told us, "I don't have to say bring the talc in. They just do it". People's preferences were listened to by care staff and acted on.

People were supported to maintain their independence. One person told us care staff had helped them to remain living in their own home. Another person told us that care staff support them with household tasks while encouraging them to do as much for themselves as possible. They told us, "They put the washing in the basket near the washer to make it easier for me". We were told by people that care staff supported them to do as much for themselves as possible. We were also told that care staff were flexible in their approach and provided additional support in areas when it was seen to be required. For example, one relative told us that care staff had been supporting their family member to walk in and out of the house, however, one care staff observed them to be tired one day so fetched the wheelchair. Care staff were promoting people's independence in the support they provided.

People also told us that care staff protected their privacy and dignity while providing them with care. One person told us that their care staff, "Always see that the door is always shut" when they washed and dressed them. Relatives also told us that they felt privacy and dignity was protected by care staff. One relative told us, "When [care staff] come it's truly a private matter". Care staff we spoke with were able to tell us how they promoted dignity and protected people's privacy while providing support. People's privacy and dignity was protected and promoted by care staff.

Is the service responsive?

Our findings

People told us they received care that met their needs and preferences. One person told us, "They all seem to know what to do to help me". People told us if they wanted to make changes to the care they received they were able to do this easily. People felt care staff understood their needs and knew how to support them effectively. We saw the care and support people told us they received was recorded accurately in their care plans. We found that people were receiving effective support that met their needs. People's care needs were recorded and reflected the care they received.

Most people told us they knew they had a care plan, however, some people were not aware of their care plan. One person told us their care plan had been updated by care staff that day. They told us, "They'll come along tomorrow and ask if this is alright" once it had been revised. Most relatives told us that they were involved in the care plans where appropriate and that care provided met people's needs. One relative told us their family member needed help getting into bed so this was a task care staff did for them and they told us it was recorded in the care plan. Another relative told us the care plan was reviewed once a month. Some people indicated they would like more involvement in the review of their care. We spoke with the registered manager about the feedback we received. They told us that they would consider how to make care plans and reviews accessible to everyone and increase people's understanding of their plan. People's care plans were reviewed and updated, however, care plans could be made more accessible to everyone using the service.

Most people told us if they raised a complaint with the service it was listened to and acted upon. Two people gave us examples of complaints they had made. Both of these people told us the provider had taken the complaints seriously and had resolved their concerns. We confirmed with the registered manager they had not received any formal written complaints into the service. However, we also confirmed they were not keeping a record of any complaints received verbally or informally. We found that people's concerns were being addressed and resolved but this was not being recorded. The registered manager confirmed that they would begin recording comments made and actions taken by the service in order to review and identify any areas for improvement required.

We looked at how the provider obtained people's views about the service and saw that they issued feedback surveys to people or their representatives. The registered manager reviewed the responses received from the surveys which we saw were mainly positive. Some people and relatives told us that they received these surveys but others could not recall them. We spoke with the registered manager who told us they asked representatives to complete the surveys where people did not have the capacity to complete these themselves. The registered manager confirmed that they would review how to make the feedback process more inclusive for people who may have capacity to provide feedback through other methods.

Is the service well-led?

Our findings

We identified during the inspection that the provider had failed to submit statutory notifications to CQC about significant incidents which had arisen in the service. For example, we identified safeguarding concerns we had not been notified about. A statutory notification is a notice informing CQC of significant events and is required by law. We found the registered manager was not fully aware of their legal responsibilities to submit notifications to CQC.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

Some people told us they didn't feel that managers or staff working in the office were in contact with them as much as they would like. One person told us, "No one ever comes (from the office). I've never seen anyone", "It's important to talk to someone sometimes... say what you think of things". Another person told us, "No-one speaks to me (from the office)". A third person told us that they'd met a manager, "A long while ago". They told us that recently, "Nobody ever comes.. they leave things as they are". People told us they felt improvements could be made with communication from managers and office based staff. One person told us, "It's the communication that's lacking". Relatives told us they had more contact with the managers and felt that the service was well-run. One relative told us, "They do a pretty good job". Another relative told us, "Definitely, the service is well-run". The Registered Manager had not always ensured that people using the service were involved in the service and communicated with proactively.

We saw that the Registered Manager completed quality assurance audits to identify any issues and areas for improvement within the service. Audits had been completed on medicines administration records (MARS) and care records. The Registered Manager had identified some areas for improvement through these audits. For example, they had identified that some care plans needed amendments and these actions had been completed. We found that audits were not completed in some areas such as reviewing accidents and complaints. This had resulted in required improvements not always having been identified. There were no systems in place to ensure that any identified issues from spot checks and recruitment checks were followed up, resolved and recorded. We discussed examples of this with the managers during the inspection and they began to make improvements immediately. The Registered Manager had developed quality assurance processes, however, these were not sufficient to ensure that all issues and areas for improvement were identified and the quality of service provided to people was maintained and improved.

People were supported by a motivated and committed staff team who told us that they were well supported by the managers. This was demonstrated in the support provided to people. One person's relative told us, "The [care staff] are excellent. They treat [my relative] very well". Staff told us that they were well supported both professionally and also if they encountered any issues in their personal life that impacted on their job. One staff member told us, "It's a brilliant service to work for", "I can go to [the Registered Manager] and [manager's name] with anything". Staff told us that they felt involved in the service although some told us that communication could sometimes be improved. Staff were happy overall with the support received from managers within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider was not ensuring that all significant events were reported to the Care Quality Commission as required by law.