

ACE Home Support Ltd

# Ace Home Support

## Inspection report

Office 10, 32 Fore Street  
Chudleigh  
Newton Abbot  
TQ13 0HX

Tel: 01626853483

Date of inspection visit:  
16 August 2022  
17 August 2022

Date of publication:  
01 September 2022

### 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 Home Support is a domiciliary care service supporting adults in the community who require personal care in the Chudleigh, Newton Abbot and Ipplepen area.

Not everyone who used the service received personal care. The Care Quality Commission (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 there were 17 people using the service who received personal care.

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

People received safe care from the staff at the service and all the feedback we received was positive. One comment from a relative we received was, "They [person using service] are very happy with them and I know that if there were any problems, they'd be the first to say so."

People's individual risks were identified and care was planned in a way to reduce identified risks. Risk assessments were reviewed. Staff understood safeguarding processes and how to escalate concerns.

People's medicines were managed to meet their needs and sufficient staff were deployed. Staff recruitment was safe, and no concerns were identified around infection control practice.

Staff received an induction together with a continuing training package. Staff were supported through spot checks and feedback. People's needs around eating and drinking were met. The service worked well with other healthcare professionals.

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.

Without exception, people told us staff were very caring and gave a high level of feedback about the care and support they received. People told us staff treated them with dignity and respect.

Care files were personalised to reflect people's preferences. There were systems and policies in place to respond to complaints if required. People could be supported by the service at the end of their lives.

Staff told us they were happy in their jobs and gave positive feedback about the service management. People and their relatives gave good feedback on the way the service was managed, and told us that using the service had been a positive step in their lives.

There were systems to assess the quality and safety of the service people received. The service made

continuous improvements in response to their findings.

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

This service was registered with us on 27 April 2021 and this is their first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well-led.

Good ●

# Ace Home Support

## 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 was conducted by one inspector and an Expert by Experience. An expert by experience is a person who had 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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 August 2022 and ended on 17 August 2022. We visited the location's office on 16 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two members of staff, which were the provider and registered manager. We reviewed a range of records, including records relating to the care and support provided. We reviewed additional records which included staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regarding the management of the service.

#### After the inspection

After our visit we continued to seek feedback from people using the service, their relatives and staff to obtain their views of the service provided to people. We also contacted two healthcare professionals and received feedback from one of them. We received feedback from seven people using the service, three relatives and a further three staff members. We continued to seek clarification from the provider to validate evidence found.

# 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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed. These assessments included in relation to falls, pressure sores and weight.
- Where a risk was identified, risk management or mitigation measures were recorded and were regularly reviewed. This guided staff in reducing known risks.
- Staff were familiar with people's needs and read their support plans to manage risk. Staff generally worked with the same people which promoted good care continuity. All the people we spoke with told us they received consistent care and people felt staff knew them well.
- The safety of people's homes was assessed and recorded in their care records. This ensured that staff were aware of any internal or external risks and hazards.

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

- Without exception, all the people we spoke with told us they felt extremely safe with staff. One person said, "The carers really look after me."
- The provider had appropriate policies, systems and processes to manage safeguarding concerns. Staff told us they had access to relevant policies.
- Staff were aware of their responsibilities in relation to the identification and escalation of safeguarding concerns. Staff received periodic safeguarding training updates.
- There were systems operated by the service management that ensured any safeguarding concerns were investigated and escalated to the relevant third party agencies. Where required, appropriate referrals had been made to protect people.
- The service had produced fridge magnets for people with important numbers such as the police and local safeguarding team to aid them in escalating concerns. Staff were also supplied keyrings to the same effect.

### Using medicines safely

- People told us they received their medicines safely. All of the feedback we received about medicines management was positive and no issues were raised with us.
- People required variable support with their medication from staff at the service. For example, some required full support from staff and others were completely independent.
- Comments we received from people included, "I usually take my medication in the morning, so carers take it out of the box and put it into a small glass and give it to me to take. They watch me take it to make sure it's all been taken." A relative said, "[Person's name] is given their medication by the carer and I've not had any problems with that. The carers always turn up on time, so there are no issues."
- The provider had a medicines policies in place. Staff received medication training and their competency

was routinely assessed. There were governance systems in operation to help ensure medicine management was safe and met people's needs.

#### Staffing and recruitment

- The service deployed staff appropriately to meet people's needs and keep them safe.
- All the people we spoke with were happy with the service they received, including staff timekeeping, and all told us they had a consistent staff team. Everyone confirmed they had never been subject to a missed visit.
- The registered manager explained staffing arrangements matched the support commissioned. Care continuity was achieved through people being supported by small staffing teams.
- One person said, "Sometimes the girls are a little late, because they've been delayed, but not often. They always stay for the full amount of time and if they finish early, they ask if there is anything else they can do for me."
- People that required support from two staff members told us they received the correct level of support.
- Staff we spoke with were positive about staffing levels and the operational deployment of staff. All said they received sufficient time between care appointments and also said this would be adapted by the service management if requested.
- There were effective recruitment and selection processes in place. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Preventing and controlling infection

- Staff had received training in infection control to ensure good hygiene practices were delivered during care and support.
- Everyone said staff were following good Personal Protective Equipment (PPE) practice in relation to the COVID-19 pandemic. One person commented, "Carers always turn up suited and booted. Face masks, apron and gloves every time." Another said, "Staff always wear their masks, gloves and aprons."
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. Staff told us that PPE was always available to them.
- There were systems to ensure that staff compliance with PPE and infection control practice was monitored through service management spot checks.

#### Learning lessons when things go wrong

- There were systems in place to ensure that learning could be identified where incidents or accidents had occurred.
- There were governance systems in place to monitor reported accidents or incidents to establish patterns or trends.
- Learning was identified following a review. For example, the review would identify if any safety issues were evident and this was shared with staff when needed.
- Where required, care plans and risk assessments were updated to reflect a change in known risk.



# 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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was reviewed.
- Nationally recognised tools were used as part of the assessment process. This included, for example, tools in relation to malnutrition and skin integrity.
- The service carried out pre-assessments in partnership with the funding authority before they started receiving a care package. This was to ensure people's needs could be fully met.

Staff support: induction, training, skills and experience

- Without exception, people told us they were cared for by skilled and capable staff. People described staff as, "Professional", "Friendly", "Kind", "Caring", and "Approachable". One person told us, "Our carers are very, very good. They're absolutely brilliant and have always been there for us."
- Staff had completed an induction when they started work at the service, which included training and shadowing. The induction was aligned to the Care Certificate which is a recognised set of minimum industry standards for care staff.
- We reviewed the training records for staff which evidenced staff received training. Staff received training on a range of subjects including safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and equality and diversity.
- Staff were positive about the training package they received and told us they felt very well supported in their roles.
- There were systems in place to provide staff with supervision through spot checks and feedback. Appraisals were due to commence soon in line with the length of time the service has been in operation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- The service had a good working relationship with other healthcare professionals and communicated with them when required.
- People's care records evidenced where the service had escalated concerns to external professionals.
- The feedback we received from a healthcare professional was positive. They told us, "The team members I have met appeared to have a kind and caring attitude. They engaged well with people and were respectful of their wishes. They have often gone, "above and beyond" to ensure their wishes are met."

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, there were no people subject to any Court of Protection orders.
- Throughout our discussions with people, it was evident staff supported them in line with their wishes and preferences and people were given choices.
- People's capacity to consent had been assessed as part of the care planning process and this was recorded. Staff understood the principles of the MCA and how it impacted on their work.
- There was a system to record if people had a registered Lasting Power of Attorney (LPA) in place. Reviewing LPA documentation formed part of the initial assessment process.

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

- People received different levels of support with food and drink depending on their individual needs and preferences.
- People's care plans detailed any risks the service may have identified in relation to their weight using a nationally recognised tool. The level of nutritional support people needed was recorded within their care plans.
- Staff supported people with food preparation and with eating if this was assessed as being required.
- People and their relatives said they received the right level of support with food and drink. One relative told us, "We have a fresh ready-meal delivered here every day and the carers heat it up in the microwave for us." One person said, "They always leave me snacks and drinks for in between visits so I don't go hungry or thirsty."

# 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

- Without exception, all of the people we spoke with commented extremely positively on the staff that supported them with their care and support needs. Everyone commented how kind and caring staff were and how well they got on with each other.
- The comments we received from people and their relatives included, "We all get on very well, they're a lovely bunch of girls. Sometimes [relative details] asks me, "What on earth do you girls find to laugh about in that bedroom." They really make me laugh." Another person commented, "I love my carers to bits!"
- Staff were clearly committed to people they supported and wanted to make a positive difference to the people. Staff understood people's needs well.
- The service had received compliments from people who had given feedback on the care they have received. These were recorded so they could be shared with staff as a recognition for the support they gave.
- Examples of how the service had additionally supported people included giving each person flowers on Mothering Sunday, and people were given personalised cards over the Easter period and on their birthdays.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were always cared for in line with their assessed needs and preferences. ● All of the feedback received was positive. One person told us, "My carers are wonderful and do exactly what I want them to do." Another person commented, "I find the attitude of my carers to be friendly and reassuring. That's just how I want it to be."
- Staff we spoke with understood the people they supported and acknowledged they were working in other people's homes. One told us, "When supporting people, I always make sure people are happy and comfortable."
- People were encouraged to share their views and people received calls from the service to ensure they were satisfied. The results of this feedback were positive.

Respecting and promoting people's privacy, dignity and independence

- All of the people and relatives we spoke with commented positively about how staff respected them and promoted their privacy and dignity.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. Examples were given how they ensured people were covered when they could be during personal care to make them feel more comfortable.
- People we spoke with told us how staff put them at ease, with one person commenting, "I think my carers do treat me with dignity and respect. They talk to me all the time and this makes having a shower with someone else in the room easier to cope with."

- People were encouraged to be as independent as possible; support plans detailed the level of support people needed. This included, for example, in relation to their independence with mobility and personal care.

# 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 personalised. Each person's specific needs and how they liked to be supported was detailed for staff to aid them in delivering care.
- Care plans were reviewed. This was completed at a scheduled frequency or when a change in a person's needs was identified. People and their relatives confirmed reviews were completed.
- Care files included information about people's history which provided a timeline of life events to staff to help them understand the people they supported. People's likes and dislikes were detailed in care plans.
- Staff spoke positively about the care plans and the level of detail they held. All of the comments we received about the care planning system were positive and staff told us it enabled them to do their jobs effectively.

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 individual communication needs were assessed and recorded in care plans. Staff knew people well and responded to their individual communication needs.
- The service were able to supply documentation in larger print where required.
- As part of their ongoing development, the service user guide given to people when they commence a care package with the service was being voice recorded to support people where required.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people and their relatives to raise issues, concerns and compliments. This was achieved through on-going discussions with staff and members of the management team during quality assurance processes.
- People were made aware of the complaints system when they started using the service and had access to the complaints procedure. The provider also had appropriate policies in place.
- None of the people we spoke with told us they had made a complaint or needed to make a complaint. However, all told us they would feel comfortable approaching the service staff to raise an issue. One person told us, "I have never needed to make a complaint. It's always a brilliant team from the top to the bottom." Another comment we received was, "I've never needed to make a complaint. If I was unhappy with something, I would ring [name of staff member] and talk to them about it."
- There was a system in place to receive, investigate and respond to complaints.

#### End of life care and support

- People could be supported at the end of their life. The registered manager advised us that at the time of inspection there was no person actively receiving end of life care.
- Should a person choose to remain at home for the end of their lives the service would work with other appropriate professionals to facilitate this. This had been previously achieved with a person in the community by the service working together with the district nurses and local hospice.

# 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.

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

- There were systems in place to monitor the standard of care provided by the service. Surveys were completed annually by people or their relatives.
- The results of the previous survey were reviewed. All of the responses received from people were positive about the care and support they received and the management of the service.
- Spot checks of staff were also conducted on a periodic basis. These enabled the service management to monitor staff performance and punctuality. This gave people the opportunity to feedback on their care. We reviewed supporting spot check records in staff files.
- As part of continual improvements, the service had a service improvement plan. This covered areas such as documentation, medicine management, general working practices and staffing. The aim of the plan was to identify areas that could be improved.
- The service had notified CQC in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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 service understood how to be open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.

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

- All of the information we received about the leadership of the service was positive. One relative said, "I think the service is well managed; it's great. Staff are always on time and there are never any issues. It works." A person we spoke with said, "They are definitely well managed; they're all absolutely wonderful, from [name of person] down to all the carers."
- When asked about the culture of staff and service atmosphere, one comment included, "The carers are clearly happy in their job. They're wonderful." Staff told us they aimed to achieve positive outcomes for people and all said they would recommend the service to a friend or relative.
- Staff told us the providers and registered manager listened to them and all of the staff were positive about their employment. Staff commented how the service leadership would continually ask for feedback or ideas on how the service could adapt to promote better outcomes for people.

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

- People were engaged and involved in the service. People were involved in choices about their care delivery and were encouraged to express themselves. This was evidenced through the people we spoke with and their care records.
- People told us communication relating to their care appointments met their needs. People told us the service did everything really well and nobody could identify any immediate improvements.
- People said the service had a positive impact on their lives. Comments we received included, "The difference it has made to me is that I can live at home and be independent." Another person commented, "They make me feel like a person again."
- Staff felt there was good communication within the service and no concerns were raised. There were meetings held at both management and care staff level to discuss operational matters relating to the service.
- Staff had been issued water bottles by the provider over the period of extreme heat England had experienced. Staff had also been thanked for the commitment and support with a wellbeing massage provided by a local service.

Continuous learning and improving care; Working in partnership with others

- The service worked with other health and social care professionals to meet people's specific needs. This included, for example, social workers from the local authority and the district nursing team.
- The feedback we received from the healthcare professional we received communication from was positive. One comment received was, "The people they have cared for have always spoken highly of them and look forward to their visits. They have not voiced any concerns or complaints towards their service."
- The service maintained an overview of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events through sharing and communicating with staff.
- Links and involvement in the local community were evolving. The service was recently involved in a Macmillan coffee morning fundraising event and also a dog walk event to raise funds and awareness for diabetes.