

Ace Social Care Ltd

Ace Social Care

Inspection report

The Wesley Centre
Blyth Road, Maltby
Rotherham
South Yorkshire
S66 8JD

Tel: 01709943044

Website: www.acesocialcare.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ace Social Care is a domiciliary care agency providing personal care to people in their own homes. At the time of this inspection it was providing services to around 15 people.

People's experience of using this service:

People's relatives praised the standard of care they had observed, and told us in their experience staff were kind and respectful. They told us staff were usually on time for care visits, and said that most of the time care was delivered by the same staff, which they said was important to them.

Relatives told us they were regularly asked for their feedback about the service, and said their feedback was always positive. They told us they could contact the registered manager whenever they needed to and said they were quick to respond.

The provider's arrangements for recruiting staff safely were not sufficiently robust. The provider had, in most cases, relied upon Disclosure and Barring Service (DBS) checks that had been undertaken by staff members' previous employers, and did not always have records of the work history of employees.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were some shortfalls in the way medicines were managed; there were no protocols in place setting out when medication prescribed to be taken on an "as and when" basis should be administered, and staff were not recording when they had administered topical medication.

The registered manager knew people using the service and their relatives well, and had a good knowledge of people's needs. Staff told us the registered manager was very approachable and described them as supportive.

Staff told us they received a good standard of training, and records showed they received a range of training relevant to their roles.

The registered manager carried out audits of the service provided, however these audits had not always identified areas requiring improvement.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to consent, good governance and fit and proper persons employed. Details of action we have asked

the provider to take can be found at the end of this report

More information is in the full report

Rating at last inspection:

Good. The report was published in December 2016

Why we inspected:

This was a scheduled inspection based on the last rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings, below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings, below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings, below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings, below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our Well Led findings, below.

Requires Improvement ●

Ace Social Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector

Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service two working days' notice of the inspection visit because we needed to be sure that the registered manager would be available

Inspection activity started on 4 June and ended on 10 June 2019. We visited the office location on 4 June to see the registered manager and to review care records and policies and procedures, and visited again on 10 June to collect records which were not available on the first visit. From 7 June to 10 June we carried out telephone interviews of staff, people using the service and their relatives.

What we did before the inspection:

We reviewed notifications we received from the service and reviewed any information we received prior to the inspection from people using the service, their relatives and care staff.

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 this information to plan our inspection.

During the inspection:

We looked at four people's care records. We checked records relating to the management of the service and spoke with three people's relatives who spoke on behalf of people using the service. We also spoke with three members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- The provider did not follow a safe system of recruitment, which meant that people were receiving services from staff whose background had not been adequately checked.
- We checked a sample of five personnel records. Each staff member had a Disclosure and Barring Service (DBS) check but in four out of the five we checked were from a previous employer. We explained the system for DBS portability to the registered manager, which is the system whereby DBS checks by previous employers could be used. The registered manager was not aware of this and acknowledged they had not complied with this system.
- Regulations require providers are able to check staff's work history, and account for any gaps in work history as well as reasons staff have left previous roles where they have been caring for vulnerable adults or children. The personnel files we checked did not hold this information. The registered manager told us they would retrospectively obtain this information from staff. This information was subsequently provided although this did not always match up with information the employee had previously supplied the provider with, meaning it was not clear whether records were accurate.
- References requested by the provider were not always from suitable referees. One person's records showed they were working for a care company when they applied to work for the provider, but no reference was requested from that employer, and instead references were provided from an employer the staff member had worked for some years earlier and one from the employee's relative.

Due to a lack of robustness of recruitment procedures people were at risk of receiving care from staff whose background had not been adequately vetted. This is a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Each person's file showed that a risk assessment had been completed before they began to receive care. This considered most, but not all, of the risks people may be vulnerable to. For example, some people's records showed they were at risk of malnutrition, but there were no accompanying risk assessments to support this.
- Staff told us they had time to read people's care records and were familiar with risk assessments and the

steps they should take to protect people from harm.

- The registered manager told us they used feedback from staff and people using the service to implement improvements and changes to the service.

Using medicines safely

- The provider managed medicines in a predominantly safe way although we identified some areas for improvement.
- Each person's file showed they had a record of any medication that staff were required to support them in receiving. Each person had a medication administration record (MAR) which staff signed to evidence they had administered medicines. We noted that when staff were administering medicated creams this was not always entered onto the MAR chart.
- Some people were prescribed medication to be taken on an "as and when" basis, sometimes referred to as PRN. Where this was the case, people's files did not contain any information guiding staff in relation to what symptoms the person might show which indicated the medicines should be administered or what the desired outcome should be.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and staff training did not comprehensively reduce the risk of harm.
- People's relatives told us they felt people were safe when receiving care from the service. They told us they felt they were safe when staff were in their house and said they believed staff had received the right level of training which kept people safe.
- The provider's training records showed staff had received training in relation to protecting people from the risk of abuse, and staff we spoke with confirmed this.
- The provider had appropriate policies and procedures in place to ensure people's safety.

Preventing and controlling infection

- Staff training records showed staff had received training in relation to the control and prevention of infection.
- The spot check system, whereby the registered manager carried out unannounced checks on staff as they undertake care visits, showed checks included whether the staff were correctly using personal protective equipment (PPE)
- Staff told us PPE was available to them and confirmed they had received training about when it should be used.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been 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 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 with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- We found the provider did not have effective systems in place for obtaining or acting in accordance with people's consent.
- None of the care records we checked contained capacity assessments or information about whether the people concerned had mental capacity. Three people's records indicated that they couldn't give consent to receiving care due to them living with dementia. The provider had arranged for their relatives to give consent on their behalf. The registered manager told us during the inspection that they believed the relatives concerned had lasting power of attorney, but did not have any evidence to support this. Following the inspection they told us one of the relatives did not, in fact, have lasting power of attorney. There was no evidence that the provider had sought to assess whether the care package was in the person's best interests and no evidence of others being consulted, in accordance with the Mental Capacity Act Code of Practice.
- The registered manager was unclear about the processes to follow in relation to decision-making when people lacked capacity. They could not describe the best interest processes as set out in the Mental Capacity Act Code of Practice. We recommend that the registered manager familiarises themselves with these procedures.

- We asked the registered manager to provide us with a copy of the policy they used relating to consent and capacity. This was not provided to us during the inspection, nor was it provided within the documentation the provider supplied to us after the inspection.

This meant there was evidence the provider was not lawfully obtaining and acting in accordance with people's consent. This is a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs and preferences were assessed prior to them receiving care
- The registered manager had personally developed the assessments we checked, and regularly updated them to ensure people's care was planned in line with their needs and choices.

Staff support: induction, training, skills and experience

- Staff said they received an induction before they started to provide care work. They told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident to work alone.
- The provider's records showed that staff received training relevant to their roles. Staff we spoke with said the training they received enhanced their understanding of their roles.
- Staff told us there were enough staff available to meet people's needs, and people's relatives told us they received care visits from a consistent staff team. One person's relative said: "It's usually the same staff that come and that's what [my relative] likes. It's rare [my relative] sees a carer she doesn't know, I think that's only if someone's off sick."
- People's relatives told us they believed staff had received a good standard of training, with one saying: "They always know what they're doing, that's clear to see."

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed, although we noted that where people were at risk of not eating enough, there were no risk assessments to support this.
- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.
- We asked people's relatives about the food that staff prepared and provided. They were all positive about this, with one saying: "They do the food [my relative] likes...[my relative] wouldn't have it any other way."

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

- Staff knew when to contact outside assistance. People's care records showed evidence of this and staff we spoke with confirmed it.
- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.
- The registered manager spoke with knowledge about the role other agencies played in people's care, and gave examples of their contact with them.

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

At the last inspection this key question was rated as good. At this inspection this key question remains good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care packages were devised.
- People's relatives told us staff consistently treated their relatives with respect and told us they felt listened to by staff.
- Staff gave us examples of how they treated people appropriately, including one telling us they make each appointment the person's "me time" in that it was important to centre the care around the person's needs and ensure they were respected
- The registered manager told us about a person who was reluctant to receive care as they had previously had a bad experience with another provider. After receiving care for a short time from the provider they requested additional care visits and said they provider's care and compassion had given them reassurance about care providers.

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

- The registered manager met regularly with people using the service and their relatives and gained their views and opinions about their care. This took the form of documented meetings as well as weekly visits to people.
- People's views and decisions about care were incorporated when their care packages were devised.
- People's relatives told us their relatives had been asked to give their views about their care and said the care provided reflected their relatives' preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they felt treating people with dignity and respecting their privacy was very important. We asked staff to give us examples of this, and they included things like using towels to cover people when washing them, ensuring curtains were closed when carrying out care tasks and pacing the care tasks to people's preferences.
- When the registered manager carried out unannounced checks on care visits, they looked at whether staff were treating people respectfully and with dignity.
- Relatives we spoke with told us staff were unfailingly respectful, and also told us that consistency of care

staff promoted dignity as they said it meant staff knew their relatives well.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
- Staff told us they checked with people when providing care, to ensure care was being given in accordance with people's choices.
- The registered manager carried out frequent visits to people using the service to review their care. During this they obtained the input of people using the service to promote them having control over their care.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received. However, the policy did not direct complainants to the correct source of external remedy.
- The provider had not received any written complaints since the last inspection, although people told us they would feel confident to make a complaint should they need to.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support, including a consistency of staffing and detailed care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- When we contacted the provider to announce the inspection, the registered manager told us they had moved, the day before, to another location. This location was not registered with the Care Quality Commission. The registered manager told us they were not aware of this requirement and instead understood that they would notify CQC of the move once it had been completed. We advised the registered manager that regulated activities can only be lawfully carried out at or from an appropriately registered location.
- The registered manager had a good oversight of the service being delivered, however, they lacked knowledge in some key areas of regulatory requirement; the service was failing to comply with regulations relating to consent and recruitment, but the quality monitoring processes had failed to recognise this. Additionally, although medication records were regularly checked by the registered manager, they had not identified that there were shortfalls in the way medicines were managed within the service. Due to poor governance of the service people were placed at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Staff told us the registered manager was accessible and supportive. One said: "She's great, always there for you and really supportive." Staff were clear about their roles and responsibilities.

Continuous learning and improving care

- At the last inspection, concerns were raised about the way recruitment was managed within the service. The report observed that recruitment records were incomplete and disorganised. At this inspection, we found improvements had not been made in this area, and identified a breach of regulation. This meant the provider had not used the previous inspection findings as a tool for improvement.
- The registered manager told us they reviewed care records, personnel records and medication records by reading them, and some of the records we checked contained a document setting out the registered manager had reviewed the records and found them to be adequate and correct, although we found this was not always the case, indicating the review was not sufficiently substantial.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured that care was tailored to people's individual needs and had a good knowledge of people using the service and their support needs.
- Care was audited by means of spot checks of care visits and audits of documentation. However, we found issues within people's care records that the existing audit system had failed to identify.

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

- There was a system of surveys, gathering the views of staff and people using the service, which were then reviewed by the registered manager. The response rate was high and responses about the service were positive.
- People told us they were asked for their views about the service and about the care they received. One person's relative said: "They regularly meet with us or check with us about how things are going."
- Staff we spoke with told us they felt supported by the provider and said they could make suggestions about the service and about people's care.
- Staff told us that they knew which other agencies were involved in people's lives which they said was important in order to provide good care. We saw evidence in people's care records of staff liaising with other agencies on people's behalf.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have adequate arrangements in place to ensure it complied with the requirements of the Mental Capacity Act in relation to people who did not have the capacity to give consent.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance arrangements were not sufficiently robust to identify shortfalls in regulatory compliance.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider's pre-employment background checks on staff lacked robustness.</p>