Admiral Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Admiral Care Limited is a domiciliary care service providing personal care to people in their own homes. The service provides support to older people and younger adults some of whom may be living with dementia, a mental health condition and/or a physical disability or sensory impairment. At the time of our inspection there were 57 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People and relatives we spoke with told us they received safe care. However, records to support the delivery of safe care, were not always complete, up to date or accurate.

Action was taken when safeguarding allegations and concerns were raised. However, these concerns were not always shared promptly with the local authority safeguarding team or notified to CQC. Sharing this information is required to help protect and monitor people's safety.

Information about people's medicines and the management of medicines was not always comprehensive or up to date. This meant staff did not always have access to the guidance necessary for the safe management of people's medicines.

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. However, the provider's process to show how decisions had been made in people's best interests required improvement. We have made a recommendation about this.

The governance system had not identified the concerns we found. Policies required updating and incidents requiring notification to the CQC had not always been submitted.

Staff understood how to protect people from the spread of infections. Although at times the service was short staffed, management staff provided care to ensure people did not experience missed or shortened calls. The provider acted when things went wrong, and improvements were made as a result of lessons learnt.

People and relatives spoke highly about the quality-of-care people received. Staff told us they received the support and training they needed to carry out their role. Staff worked in partnership with other health and social care professionals to achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 31 July 2018).

Why we inspected
We received concerns in relation to allegations of neglect and unsafe practice. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Admiral Care Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to records concerning people's care, management of people's medicines, governance arrangements and notification of incidents to CQC at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Admiral Care Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 1 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.

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.

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

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

Inspection activity started on 4 April 2023 and ended on 13 April 2023. We visited the location's office on 4 and 6 April 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 7 people and 8 relatives about their experience of the care provided. We spoke with 15 staff including 9 care staff, a care team leader, compliance lead, training lead, director, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care records of 7 people and multiple medication records. A variety of records relating to the management of the service were reviewed. These included policies and procedures, records of accidents or incidents, staff training and quality assurance records. Following the inspection, the registered manager provided us with information and other documents to support our inspection.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

● Information in people's care plans about risks and safety was not always comprehensive or up to date. This included information about skin injuries, prevention and treatment, catheter care, risk of neglect and risks associated with people's changed needs. This meant people could be at risk of inappropriate care and treatment.

The failure to maintain an accurate, complete, and up to date record in respect of each service user was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager, deputy manager and staff we spoke with had good knowledge of risks to people and how they were managed. When people's needs changed staff were informed by text or phone call to communicate changes.

Using medicines safely

● The management of topical medicines (applied to the skin) required improvement. Information about the frequency of use, thickness of application and where on the body the medicine should be applied was not accessible in people's care records. The fire risk to people from some skin creams had not been assessed. The registered manager acted to address this during the inspection.

● Topical medicine administration records were not always completed to show they had been applied as prescribed. These creams and lotions are prescribed to protect people's skin.

● Guidance to support the use of medicines prescribed 'as required' (PRN) such as pain relief was not available in people's care plans. This is important to ensure staff know when to give these medicines, the maximum dose to be given and the safe gap between doses.

● Some medicines have side effects which can increase risks to people in some circumstances. For example, blood thinning medication can increase bruising and internal bleeding should the person have a fall or injury. These medicines are considered high risk; however, no risk assessment was in place to guide staff or alert other professionals (such as emergency services) to their use. The registered manager addressed this following the inspection.

● The arrangements in place to safely support people with their medicines was not always clearly laid out. For example, when family or other carers may also give medicines. Risks associated with these arrangements had not been assessed.

● Information about the level of support people required was not clear for example, whether care staff administered people's medicines or provided a prompt only. This is important to ensure people are supported to maintain as much independence as they can, and staff are clear about their responsibilities.

● The provider's medication policy was out of date and did not refer to current best practice guidance or the

correct regulation.

Medicines were not always managed safely. This was a breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Competency assessments were carried out with staff to check they had the knowledge and skills to support people with their medicines safely.
● People and relatives, we spoke with told us they were satisfied with the management of medicines by staff where this applied.

Systems and processes to safeguard people from the risk of abuse
● There was a strong ethos of compassion for people and the registered manager took action to support people when their needs were not safely met by others. However, not all safeguarding concerns were shared promptly with the local authority safeguarding team to explore how risks of abuse would be mitigated. During and following the inspection, the registered manager raised concerns with the local authority safeguarding team.
● The registered manager had failed to notify CQC of allegations of abuse which they are required to do. This enables CQC to monitor the safety of people using the service.
● The provider's safeguarding policy was not up to date with current local safeguarding procedures and national legislation. This is important so that staff have access to the appropriate guidance.
● Staff knew how to identify the signs of abuse and said they would report any concerns to the managers. Staff told us they were confident managers would act on any concerns raised. Investigations had been carried out into allegations and actions had been taken to ensure people were safe.
● People and relatives told us staff provided safe care. A person said, "My carers are very caring, knowledgeable, professional and keep me safe." A relative said "I live far away and need to know [person] is well cared for and happy and she is."

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's care plans included information about their mental capacity. However, the provider's process for decision making in people's best interests was not followed in their care records. Whilst we did not find people had experienced any harm, records needed to be correctly completed to show principles of the MCA were followed. This is important to evidence decision making was in line with the MCA to protect people's human rights.

We recommend the provider seek advice and guidance from a reputable source about the application of the MCA.

Preventing and controlling infection
● Staff we spoke with understood their role in relation to infection control and hygiene. Staff confirmed personal protective equipment (PPE) was available to them and they used it.
● Training records showed staff had completed training in Infection prevention and control and food safety.

Staffing and recruitment

● Recruitment checks were carried out to help prevent the employment of unsuitable staff.
● Staff told us the service was sometimes short staffed. Managers told us they provided care when needed so people always received their planned care. This was confirmed by staff, people and relatives we spoke with, who told us they had not experienced missed, or shortened calls.
● The registered manager told us "We do try for people to be supported by the same staff as much as possible." This was appreciated by the people and relatives we spoke with who confirmed they received care from familiar staff which allowed them to build rapport and trust.

Learning lessons when things go wrong
● A system was in place for incidents to be recorded and reviewed so that action could be planned or taken.
● Staff we spoke with understood their responsibility to report incidents and accidents. All staff said they would report to the office or on call manager.
● Staff were confident action was taken when things went wrong. For example, a staff member said, "We were pulled in recently about medication we were all brought in and refreshed about this." This was in response to gaps in medication administration charts. Another staff member said, "Say if something hasn't been reported they let us know and make sure we improve."
● We looked at an example of an investigation into concerns raised. The outcome was for staff to complete further training, and this was being completed at the time of the inspection.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● An audit schedule and action plan were in place to review the care provided and identify responsibilities and timescales for improvements. However, this system had failed to identify some of the concerns we found on inspection. These have been detailed in the safe question and included medication management, out of date policies, application of the MCA, reporting safeguarding concerns and risk assessment.
● Policies we reviewed, such as complaints; safeguarding and medicines management, were out of date and did not reflect current best practice guidance or up to date Regulations.

The failure to operate effective systems to assess, monitor and mitigate the risks relating to the health, safety, and welfare of people, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered person must notify the CQC without delay of some incidents that occur in the service. This includes any abuse or allegation of abuse in relation to a service user and incidents reported to or investigated by the police. Whilst action had been taken in response to incidents, we found 2 allegations of abuse and 1 incident reported to the police had not been notified to CQC as required.
● The registered manager submitted notifications following the inspection and has reviewed their process to ensure notifiable incidents at the service were identified and submitted without delay.

The failure to notify the Commission without delay of incidents that occurred whilst carrying on a regulated activity was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

● The provider held weekly meetings with management staff to review quality performance and risks. For example, monitoring of care calls, client files, safeguarding incidents and staff training and supervision.
● Medication administration records and call times were audited. We saw that action was taken to address shortfalls with staff.
● Spot checks were being carried out by senior staff, these checks are observations of staff in practice to assess the quality of care people received and identify the development needs of staff.
● Staff team meetings were held 6 monthly with minutes available for staff who could not attend. In addition, monthly memos were sent to staff with updates and reminders of their responsibilities.

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

● People and relatives spoke highly of their experience with the service and told us staff delivered person-centred care, communicated openly and honestly, and were trusted by them. A person said, "I know they care about me, which they do, and they show it!" Relatives' comments included, "The care my relative receives is tailor made and that is what makes the difference to [person] and us as a family" and "Absolutely no complaints, in fact they probably know [person] better than we do and they can also sense if something is wrong and let us know like a UTI [urinary tract infection]."

● People and relatives also commented on receiving care from management staff and a relative said "Management visit and check all is as it should be and deliver care sometimes as well."

● We received some mixed feedback about the culture of the service from staff we spoke with. Most staff told us they felt valued and supported a staff member said, "Yes 100% I don't ever feel like I couldn't come to someone in the office." However, other staff said not all managers were approachable and staff were treated differently subject to their relationship with managers. For example, a staff member said, "There is a bit of a divide. Sometimes I don't want to go [to the office] and ask, they are not always approachable." All staff agreed the priority of the service was to deliver safe and high-quality care.

● The registered manager told us "We manage the growth of the business because we just want to provide people of Portsmouth with a quality of care. The growth is always slow because we need to get the staff and make sure they are reliable because we don't want to let people down." People confirmed the service was reliable and a relative said, "You cannot put a value on this level of good care and commitment."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the requirements of the duty of candour and told us they would act on this in relation to notifiable incidents.

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

● People and relatives told us they were asked for their feedback on the service. We saw a quality assurance questionnaire had been carried out in September 2022. This showed mostly positive feedback. However, it was not clear whether feedback had been responded to. For example, 7 people fed back to the service they were not aware of the complaints or compliments procedure, but no actions to remedy this had been identified.

● A staff quality assurance questionnaire was being completed at the time of the inspection. Most staff said they did have the opportunity to give feedback. A staff member said, "Yes I am asked for my opinion and [registered manager] is open to us going to [registered manager] with a way of doing something."

● The registered manager told us they [management team] operated an open-door policy whereby staff could always ask for assistance or support. We discussed examples of how staff had been supported when their needs were related to equality characteristics such as, disability or sexual orientation. Most staff we spoke with said they received the support they needed to carry out their role.

Working in partnership with others

●The service worked with other community health and social care professional such as community nurses, physiotherapists and GPs to support positive outcomes for people.

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 How the regulation was not being met: Not all notifiable incidents had been submitted to the CQC. Regulation 18(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: The management of people's medicines was not always safe. Regulation 12(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Records in respect of each service user were not always accurate complete or up to date. The system to assess monitor and improve the quality and safety of the service was not effective. Regulation 17(1)