

Admiral Care Ltd

Admiral Care Limited

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 28 July 2015. The inspection was unannounced.

Admiral Care Limited provides personal care to people in their own homes. At the time of the inspection the service provided care to 62 people with a range of needs including those living with dementia, older persons and people with a physical disability. The service had 34 care staff, a training manager, deputy manager, office manager and two senior care workers.

The service had a registered manager. 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.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant

Summary of findings

improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At our last inspection on 21 November 2014 we found the service was in breach of two regulations because staff did not receive adequate training, supervision and appraisal and the provider did not seek the views of service users, or people acting on their behalf and staff. We asked the provider to send us an action plan to tell us how they would meet regulations and what actions they would take to make improvements. At this inspection the provider had not taken the appropriate steps to ensure staff were appropriately supported and views of service users were being sought.

At our last inspection on 21 November 2014 we also made two recommendations. We recommended training was provided for staff in the Mental Capacity Act (MCA) 2005 to enable staff and managers to increase their knowledge regarding the correct procedures to follow for people who were not able to consent to their care. We also recommended the provider referred to nationally recognised best practice guidance to improve the systems for training and assessment of staff competency to administer medicines safely. At this inspection improvements had not been made to meet the relevant requirements.

People gave us complimentary comments about the service they received. People felt happy and well looked after. However, our own observations of records we looked at and feedback provided by care staff and other professionals did not always match the positive descriptions people and relatives had given us.

Safeguarding concerns were not always identified and investigated. Care staff had not always received training on safeguarding but knew how they could keep people safe from harm and could recognise types and signs of potential abuse to look for. Care staff would report concerns to the manager but some care staff did not have confidence the registered manager would take appropriate action if there were concerns.

Staff demonstrated a good understanding of how to identify, manage and report any risks in line with their care role. Risk assessments relating to people's environment, health, safety and welfare were completed but were not always updated or corresponded with the person's assessment of need. Incidents and accidents were reported by care staff. However, they were not consistently reviewed or monitored by the registered manager or provider.

Care staff did not have the qualifications and competence to support people with medicines safely. Arrangements for giving medicines covertly were not in accordance with the MCA 2005.

People and their relatives told us they felt staff had the skills abilities and training to provide the support they or their relative needed. Training did not always take place. The training manager did not have the necessary qualifications to train staff effectively. The service's training planner did not give an accurate reflection on the training provided to staff. Staff did not receive an appraisal and did not receive a supervision. Regular checks of their competencies were not carried out.

The registered manager and staff did not demonstrate a good understanding of the MCA 2005 and the code of practice and how it related to people they provided personal care to.

People were involved in day to day decisions about their care but people's care plans did not reflect their choices and preferences on how they would like to their care to be received. People's care needs were assessed but their

Summary of findings

assessments were not always dated. Care plans were not always in place for people and they were not always reviewed and did not reflect how people would like to receive their care.

People knew how to raise concerns or complaints and felt able to raise any issues or concerns and that these would be resolved. Appropriate action was not taken to respond to any failures identified by a complaint.

The registered manager was not always aware of their responsibilities for providing a care service. The provider had not displayed their rating. There were no systems for gaining the views of people, staff or other professionals about the service or for involving staff and people in the development of the service. Staff meetings did not take place. Care staff said they did not feel supported by the office. The out of hours support service was not always effective with providing support to staff.

There was no analysis of complaints, incidents and accidents. The commission had not been notified of 16 safeguarding concerns and one incident which had been reported to and investigated by the police.

People confirmed they felt safe with care staff that supported them and felt there were enough staff to meet their needs and keep them safe. People and their relatives said the service provided a good service and they would recommend the service to others. People were supported to eat and drink and have access to health care services. People and their relatives had a positive relationship with care staff and said they were kind and caring. People felt their views would be acted upon and listened to by the registered manager. Staff were respectful and mindful of respecting people's privacy and dignity.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe. The provider had not improved their systems for training and assessment of staff competency to administer medicines safely. Arrangements for giving medicines covertly were not in accordance with the Mental Capacity Act 2005.

Safeguarding concerns were not always identified and investigated. Care staff knew how to report concerns but did not feel confident that management would deal with allegations of potential abuse.

Risk assessments were not always updated or corresponded with the person's assessment of need. Staff demonstrated a good understanding of how to identify, manage and report any risks in line with their care role. Incidents and accidents were not always identified, reviewed, investigated or monitored.

People confirmed they felt safe with care staff that supported them. There were enough staff to keep people safe and meet their needs.

Inadequate



Is the service effective?

The service was not effective. Care staff did not receive training to support them in their role. The training manager did not have the necessary skills and competencies to train staff appropriately. Staff did not receive appraisals and did not always have a supervision or their competencies checked.

The registered manager and staff did not demonstrate a good understanding of the MCA 2005 and the code of practice.

People and their relatives told us they felt staff had the skills abilities and training to provide the support they or their relative needed. People were supported to eat and drink and have access to health care services.

Inadequate



Is the service caring?

The service was not always caring.

People were involved in making day to day decisions; however the service did not always take the views of people into consideration when planning their care.

People and their relatives confirmed they had a positive relationship with care staff and said they were kind and caring. People felt their views would be acted upon and listened to by the registered manager.

People and their relatives had a positive relationship with care staff. Staff treated people as individuals and respected their privacy and dignity.

Requires improvement



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

People and their relatives said care staff listened to them and that they received personalised care. People's needs were assessed but care plans were not always developed to ensure staff knew how to meet a need. Plans did not reflect how people would like to receive their care. They were not always dated or reviewed and did not reflect people's change in needs.

The out of hours support service was not always responsive.

People knew how to raise concerns or complaints and felt able to do so. They were confident any issues or concerns were resolved. Complaints and concerns were not always identified, investigated or followed up.

Is the service well-led?

The service was not well led. There were no systems for gaining the views of staff or other professionals about the service or for involving staff and people in the development of the service. Staff meetings did not take place. Care staff were not supported by the office. People's care records were not accurate.

There were no analysis of complaints, incidents and accidents.

The provider did not ensure they notified CQC of incidents they are required to do so by law.

The registered manager was not aware of their responsibilities for providing a care service. The provider had not displayed their inspection rating.

Staff demonstrated a good understanding of whistleblowing but were not always confident management would take the appropriate action.

People and their relatives said the service provided a good service and they would recommend the service to others.

Inadequate



Admiral Care Limited

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 28 July 2015. The inspection was unannounced.

The inspection team consisted of two inspectors, an inspection manager and two experts 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. Both experts by experience had personal experience of caring for a relative who used care services. However one expert by experience also had professional experience of working in the care profession.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed questionnaires that had been received by people who used the service. We reviewed previous inspection reports, safeguarding records and other

information of concern received about the service. We spoke with the local authority safeguarding team who stated that a high volume of safeguarding concerns had been raised about the service and were currently being investigated by the safeguarding team. Notifications had not been received by the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 21 people who used the service and 10 relatives. We also spoke with 14 care staff, the training manager, the office manager, the deputy manager and the registered manager.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for eight people which included specific records relating to people's health, choices and risk assessments. We looked at daily reports of care, incident and safeguarding logs, complaints and compliments, service quality audits and minutes of meetings. We looked at the training plan for 31 members of staff and supervision and training records for seven members of care staff and the training manager.

We asked the registered manager to send us information after the visit. We requested copies of their policies and procedures to be sent to us by 30 July 2015. These were received by this date

Is the service safe?

Our findings

People confirmed they felt safe with care staff that supported them. Relatives said they were happy with the care and support being given to their relative. One person said, “I have no trouble with the [carers] and good gracious I feel very safe, they’re a great bunch of people.” Most people confirmed they received care from regular carers; however they often arrived later than planned but would stay for the full amount of time.

Care staff knew how they could keep people safe from harm and could recognise types and signs of potential abuse to look for. However whilst care staff understood how to keep people safe from harm and knew the action they should take, the provider had not ensured they had all received training to support this knowledge. For example, Four out of 14 care staff said they had never received training on safeguarding and a further two care staff said training was provided to them when they first started with the service which for one was over two years ago and for another over one year ago. Four out of seven staff’s plan of training needs did not show they had received safeguarding training. Two staff’s plan of training needs showed they had completed safeguarding training on 4 July 2012 and had not received an update since. One staff’s plan of training needs was blank. This meant staff did not always receive training on safeguarding and may not be equipped with the most up to date knowledge of safeguarding.

Care staff said they would report any concerns to the manager and knew what to do if concerns were not dealt with. However, three care staff did not have confidence that the registered manager would take action. One said, “Some things are pushed under the carpet.” Another told us the registered manager was not very approachable and a number of care workers were concerned about approaching them. The provider’s policy on whistleblowing and reporting bad practice, dated November 2010 stated, “Bad practice for whatever reason is not acceptable and all staff should feel confident that their comments and concerns will be suitably acted upon.” The policy also stated, “Staff who report any form of bad practice should be able to do so without fear of retribution, ridicule or victimisation.” This meant people could be at risk of

potential abuse because not all staff felt confident to raise concerns to management because management did not always deal with allegations of potential abuse in line with the provider’s policy.

Safeguarding concerns were not always identified and investigated in line with the provider’s policy on safeguarding. For example, the provider’s policy on safeguarding dated November 2010 stated, “Service users are protected from abuse or risk of abuse because we comply with the regulations and will respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.” The Local Authority safeguarding team informed us that a number of safeguarding concerns had been raised about the service and on two occasions the provider had not responded or dealt with the concerns appropriately resulting in further allegations of abuse being reported about the same care staff. The registered manager and deputy manager said they had investigated these concerns thoroughly. However safeguarding records for these two care staff showed both care staff had been suspended whilst the investigation took place but were reinstated the day after the suspension and continued to provide care to the people where the alleged abuse had been reported. Records showed that after the two care staff returned to work further allegations of abuse were being raised by care staff to the local authority safeguarding team and the commission. One safeguarding concern had been reported to and was being investigated by the police. This meant the provider did not have established or effective systems and processes in place to prevent or investigate potential abuse of service users.

The failure to identify and appropriately investigate safeguarding concerns and ensure all staff receives relevant and up to date training is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments relating to people’s environment, health, safety and welfare were completed but were not always updated or corresponded with the person’s assessment of need. For example, One person’s assessment of need recorded the person was at risk of falls. This person’s risk assessment was not dated and stated the person did not require any assistance with manual handling and no equipment was needed. However this person’s handling assessment stated, “Two carers were required and a rotunda should be used for all transfers.” Another person’s

Is the service safe?

risk assessment was completed on 8 June 2013 and recorded the next review would take place on 7 May 2015. This review did not take place. The registered manager said people's care plans and risk assessments were reviewed yearly. This meant people may be at risk of receiving inappropriate and unsafe care because risk assessments were not always completed correctly and were not reviewed regularly.

Staff demonstrated a good understanding of how to identify, manage and report any risks in line with their care role, for example, one care staff said, "Assess the situation, a few people have bed sores and we keep an eye on them, we contact the district nurse and continence nurses."

Another said, "Make sure people are safe in their environment particularly if they have mobility problems. If someone had a fall I would call an ambulance and stay with them and notify the office."

However not all staff had received training on manual handling by the service before they started working with people. Two care staff said they had not completed manual handling training at all with the service. Another said they had completed manual handling with their previous employment. Staff plan of training needs records showed three staff had not received training on manual handling, two staff members had received manual handling training with a different provider in 2011 and had not received an update of this training since. One staff member's plan of training needs was blank and one staff member's plan of training needs showed they had received manual handling by Admiral Care in September 2014. This meant people may be at risk of receiving unsafe care because staff did not always receive the appropriate manual handling training or have this training updated.

Incidents and accidents were reported to the management team; however they were not always identified, reviewed, investigated or monitored to make sure that action was taken to remedy the situation and prevent further occurrences. For example, the registered manager said records of incidents and accidents were kept in people's care plan records in the incident and accident sub folder. Of the eight people's care records viewed all incident and accident sub folders were empty. However on one person's daily log record there was detail of an incident that had occurred on 31 May 2015. The daily log had been stamped with "Admiral care audited"; however there were no records to demonstrate that this incident had been investigated to

prevent further occurrences and no incident record had been completed. The registered manager showed us one person's care plan record which contained two incident records. One incident was dated 3 July 2015 and detailed a person had suffered an injury and the police had been involved. This incident had not been reviewed and the person's risk assessment had not been updated. The deputy manager was unable to comment. The registered manager and deputy manager confirmed there were no systems to analyse incidents and accidents. This meant people were at risk because actions had not been taken to identify, investigate and learn from incidents and accidents to prevent reoccurrence.

The failure to appropriately assess and review the risks to the health and safety of service users and identify, investigate and learn from incidents and accidents was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 21 November 2014 we found concerns with how people were supported with medicines. We gave a recommendation to the provider to refer to nationally recognised best practice guidance to improve the systems for training and assessment of staff competency to administer medicines safely. At this inspection we found the provider had not improved their systems for training and assessment of staff competency to administer medicines safely.

Of the 14 care staff, eight told us they had never had training on medicines with admiral care, three said they had training with admiral care when they first started with the service. They confirmed they had been working at the service for longer than 24 months. One care staff said, "You learn everything as you're doing it." Another said, "I only give tablets, there not medicines." All staff confirmed they had never received any competency assessment to administer medicines safely. One said, "You're let loose and that's it, no instructions about the client's needs."

This meant people may be at risk of receiving medicines incorrectly because care staff did not have the qualifications and competence to do support them safely.

People and their relatives did not have any concerns about the support they received with medicines. The registered manager said they had never had any medicines errors.

Is the service safe?

However four care staff said they had raised concerns on a number of occasions to the management team regarding missed medicines, timings of 'as required' (PRN) medicines and medicines not being available.

One care worker said they supported one person to take their medicines which were put in the food. They said the person relative had said this was "ok". The approach described by the care staff indicated the person was being administered the medicines covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. The registered manager said they had not completed a mental capacity assessment regarding covert meds for this person. The care worker said they were not aware of a BI process having been undertaken for this person. There were no records to confirm that other professionals including the person's GP or pharmacist had been involved in this decision to ensure that the medicines were safe to be combined in food. This meant people were at risk of not receiving their medicines safely and arrangements for giving medicines covertly was not in accordance with the Mental Capacity Act 2005.

Failure to provide staff with the appropriate competence and skills to administer medicines and understand the requirements associated with covert medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said there were enough staff to meet their needs and keep them safe. People said they had regular care staff and most people said the care staff arrived around the time they were expected and stayed for the allotted time. One person said, "I have the same two who come most of the time, except for when they have holidays. They're both very good, very friendly and helpful." However two people and two relatives said care staff were often late, but they did not mind or a reasonable explanation was given when they queried this with the office. One person said, "The [carers] are all very nice and they are more or less on time and I don't mind if they're a bit late, I don't worry about it." One relative said, "We have carers in the morning and at night, there's been a few times that they've turned up late but I've got in touch with the office and it's usually due to traffic." Care staff confirmed most of the time there were enough staff to meet people's needs and keep them safe, unless care staff were on holiday or "off sick". However all care staff said the team were reliable and would "step in" and help cover shifts. The registered manager had an informal process to assess and monitor the staffing levels to ensure they met people's needs. This meant there were sufficient numbers of staff to keep people safe and meet their needs.

Is the service effective?

Our findings

Most people and their relatives told us they felt staff had the skills abilities and training to provide the support they or their relative needed. One relative said, “My [relative] is happy with their care, I’m happy with their care and they all seem trained and capable, the [care staff] all ok.” However relatives of those people who were living with dementia said they had some concerns with the level of training, experience and skills of the carers and whether they were suited to caring for someone with dementia. One said, “The care is varying in quality of care when carers change; some carer’s not as experienced for caring for someone with Dementia.”

At our last inspection we found the provider to be in breach of Regulation 24 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staff did not receive adequate training, supervision and appraisal so they were supported to enable them to provide care and treatment to an appropriate standard. There was a lack of assessment of the competency for staff. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider sent us a letter dated 8 May 2015 telling us they were employing an in-house health and social care trainer to help improve their documentation and record keeping. The training manager would be employed to train care staff as training would not be sought from elsewhere. The provider also told us they would be commencing monthly reviews and appraisal meetings for every staff member with the in-house trainer. At this inspection we found sufficient improvements had not been made.

A training manager was in post at the time of inspection; however they confirmed they had not delivered any training to staff except induction for new starters as they had not undertaken the appropriate “train the trainer” courses. They confirmed the training they had provided to new starters had included “client care, code of conduct, safeguarding and practical manual handling”. The only subject they were trained to deliver was manual handling. This meant the provider had not ensured the person they had employed to deliver training to staff had the necessary skills and competencies.

Care staff said training did not always take place. One said, “I have a client with a specialist condition and I know nothing about it. I have taught myself from the internet and leaflets in the office. They do not provide us with training we ask for.” The provider’s policy on training dated November 2010 states, “To ensure that all staff, regardless of their length of time in employment, are given sufficient information, training and support to properly meet the needs of service users.

We viewed the training planner which identified when staff had completed training courses. The section which indicated staff should receive training in dementia was blank. The registered manager was unable to demonstrate that staff had completed this training. The office manager said this was an up to date copy of the training staff had completed. This meant staff did not receive the opportunity to improve their knowledge and skills to enable them to support people with complex conditions effectively.

Some staff’s names had been omitted from the planner therefore we were unable to evidence if all staff had received training or updated training. We viewed seven care staff records which contained a plan of training needs for each care staff. One was blank and six did not correspond to the information on the training planner. For example, two care staff’s plan of training needs identified they had completed first aid on 8 September 2011 but the training planner stated 10 December 2012. However their plan of training needs had been updated to show they had completed an NVQ level 3 in 2014, this information did corresponded with the information on the training planner. Certificates in the care staff files matched the dates on their plan of training needs. This meant the training planner may not be an accurate reflection on the training provided to staff and therefore staff may not have received ongoing training to ensure they have the skills, competences and knowledge to care for people and meet their needs.

1. Thirteen out of 14 care staff said they had never received an appraisal, one said they had received an appraisal. We viewed this care staff’s records and an appraisal had been completed on 21 January 2015. We viewed a further five care staff records and could not evidence appraisals had been completed for those care staff who should have received one. The registered manager and deputy manager said they were looking at ensuring appraisals for staff would be completed more regularly. Care staff did not always

Is the service effective?

receive a supervision. For example, eight care staff confirmed they had never received a supervision session whilst working for the service. One said, “Supervision, what do you mean?”. Another said, “No supervision, just called in if there is a problem.” Of the six care staff records viewed four did not have any documentation to evidence they had received a supervision. The providers policy on supervision and appraisal dated November 2010 stated, “Admiral Care will ensure staff are properly supervised and appraised.” This meant staff did not receive supervision or appraisal in line with the providers policy therefore the service could not demonstrate acceptable support was provided to staff to ensure they were supported and competent to carrying out their role.

2. We received a mixed response from care staff when we asked them if they had recently received a spot check. A spot check is a test made without warning on a selected subject. Six care staff said they had never received a spot check or an observation of their work. One said they had received a spot check but it was over a year ago and seven said they had received a spot check in the past few months. However, care staff who had received a spot check did not always receive feedback. One said, “No feedback, but they’d tell me if there was a problem.” We viewed six care staff records and four care staff had recently received a spot check. The provider’s policy on supervision and appraisal dated November 2010 states, “The manager is responsible for putting into place a system whereby each member of staff is afforded feedback on the good work they have produced.” This meant staff who work unsupervised did not always receive regular competency checks and feedback on their performance to enable them to develop their skills and identify further training needs.

The failure to provide staff with appropriate support, training, professional development, supervision and appraisal was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 21 November 2014 we made a recommendation that training was provided for staff in the Mental Capacity Act 2005 (MCA 2005) Code Of Practice. This

was to enable staff and managers to have the skills and knowledge regarding the correct procedures if people are not able to consent to their care. At this inspection improvements had not been made.

The registered manager demonstrated a limited understanding of the MCA 2005 and the code of practice. For example, the registered manager said, “I think 95% of our clients do not have capacity.” However, mental capacity assessments had not been completed to demonstrate that 95% of people did not have capacity to make specific decisions. The registered manager said they were not authorised to complete mental capacity assessments as this was the responsibility of a GP or social worker. This demonstrated the registered manager lacked an understanding of the MCA 2005 and their responsibilities. MCA relates to people’s ability to make specific decision and specific times and outlines that any person can undertake a mental capacity assessment.

We viewed eight people’s care plan records and found one person’s care plan had been signed by their relative. The registered manager said this was because the person had dementia. There was no evidence that this relative had the legal authority to act on their relative’s behalf as there were no documents present in this person’s care records to demonstrate their relative had lasting power of attorney (LPA). The LPA were created under the MCA 2005. Their purpose is to meet the needs of those who can see a time ahead when they will not be able or lack capacity to look after their own personal and financial affairs. The LPA allows them to make appropriate arrangements for family members or trusted friends to be authorised to make decisions on their behalf.

Staff did not demonstrate they understood the MCA 2005 and how it related to people they provided personal care to. For example, four care staff said people lacked capacity if they had dementia and two said they had never heard of the MCA 2005. One said they did not really understand mental capacity but would listen to what people with dementia would say. Another said, “If they’re depressed that can be mental capacity.” The service had a policy regarding consent to care and the use of the MCA 2005 however; none of the staff had received training in this. The registered manager said they had employed a training manager who would be providing this training to staff. However the training manager demonstrated a limited understanding of how to put the MCA 2005 into practice

Is the service effective?

and had not attended any training to enable them to train staff in the MCA 2005. This meant people were at risk of receiving care and support they had not consented to and was not in their best interests.

The failure to understand and apply the MCA 2005 and its code of practice was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives did not express any concerns about nutrition or hydration. Care staff said they made sure people had drinks left for them and one said they checked the fridge regularly for any out of date food.

People and their relatives said they organised GP and hospital appointments themselves or for their relatives and on occasions the care staff or the office had organised these on the person's behalf. One person confirmed they had seen their GP the day before. A relative said, "The [care staff] and the office organise hairdressing and GP appointments for [relative] and they keep us informed of any problems or health issues." Staff confirmed this.

Is the service caring?

Our findings

People and their relatives confirmed they had a positive relationship with care staff and said they were kind and caring. They said they felt care staff listened to them and responded to their views and showed both dignity and respect. One relative said, “its amazing (Admiral), nice bunch of [staff], kind and considerate. I couldn’t be happier with them. The office is very good, very receptive. It’s marvellous, I’ve no concerns. There’s so much love and compassion.” One person referred to the care staff as “wonderful angels.”

People’s care plans were not personalised and did not take into account people’s choices and preferences. Two people’s care plans were task specific and did not take into account how they would like to have their care provided. For example, one person’s said, “Assist with personal care.” It did not provide any information about what this meant for the person, where they required assistance and how they wanted this to be delivered. Care staff confirmed they would always ask the person and involve them in how they would like to receive their care and encourage them to be as independent as possible. One care worker said, “I prompt them to do as much as they can for themselves.” Another care worker said, “I ask what they would like to receive as things change along the way.” People confirmed their permission was sought before care was provided. This meant although people were involved in day to day decisions about their care, people’s care plans did not reflect people’s choices and preferences in how they would like to receive their care therefore new staff may not be aware of people’s choices and preferences.

People said they were involved in their day to day care planning and felt their specific needs were supported. However, the registered manager said people were always given a choice and involved in decisions about their care unless they felt the person lacked capacity. The registered manager gave an example of one person who they felt could not make a choice about their care because they had Alzheimer’s. The registered manager said this person’s relative makes all the decisions about their care. A mental capacity assessment was not in place for this person. The providers policy on autonomy and choice dated November 2010 states, “Where the manager or other staff member believes that the choices made by a service user are not in

the service users best interest, the manager may provide the service user with further information and likely outcomes of their actions, but the service user should retain the right to make their own decisions unless there are legal reasons which would prevent this.” This meant the provider’s policy was not followed and as a result people that had capacity may not always be given the opportunity to be involved in making decisions about their care because the Mental Capacity Act 2005 and its codes of practice were not followed to determine people’s level of understanding about their care.

The failure to support and enable people to make, or participate in making decisions relating to their care and treatment is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt their views would be acted upon and listened to by the registered manager. People and their relatives said the manager was approachable and respectful. One relative said, “[manager] will always sort things out. One relative said they had contacted the office some time ago about one member of the care team who they felt had the wrong attitude toward their relative. They confirmed the office had spoken to the member of the care team about their approach and things had improved. The relative confirmed they had spoken to the office more recently about the same member of the care team as they were arriving before the allotted time and immediately using the facilities. The relative confirmed the office had spoken to the member of the care team about this and there has been an improvement.

People and their relatives confirmed staff were respectful and mindful of respecting people’s dignity when providing personal care to them. One person said, “The staff are very respectful.”

Staff confirmed they would respect people’s dignity and privacy by closing doors, knocking before entering the person’s home or room and informing them what they were going to do before supporting them with personal care or other support tasks. One care worker said, “I always make sure they’re covered up with a towel if it doesn’t need to be exposed.” Another said, “If family are there ask them to leave the room.”

Is the service responsive?

Our findings

People and their relatives said care staff listened to them and that they received personalised care. People confirmed they were able to talk freely to care staff and their views were listened to and acknowledged.

People's care needs were assessed but the assessments were not always dated and care plans were not always in place and they were not always reviewed. People's care plans did not always reflect their change in needs. We viewed eight people's care plan records and all had an assessment of need in place, however the assessment of needs were not dated for five people and start dates of service commencement were not visible for these five people. No plans of care had been developed for four people following this assessment and there was no guidance about how to meet these people's needs. Of the four people who had care plans all four care plans were not dated therefore it was difficult to evidence if this was the most up to date information about their care needs. One person's care plan did not reflect a change in their needs, for example, this person's communication diary dated 13 June 2015 stated, "Olive oil drops in ears on every visit." This person's care plan had not been updated to reflect the care staff now needed to provide this support. One care plan had been signed by the person and another person's care plan had been signed by their relative. Six care plans had not been signed. This meant it was difficult to evidence if people had been involved in the planning of their care.

The registered manager said people should have their care plans reviewed yearly unless there is significant change or they are discharged from hospital. Of the eight people's care records viewed we were unable to ascertain if seven people's care plans were due to be reviewed because we could not establish when the care package started. The eighth person's care plan had not been reviewed for over a year. Staff confirmed people did not always receive regular reviews and as a result care plans were out of date. Staff said they often received telephone calls to inform them of a change in a person's care needs but this was not done quickly enough and the care plans were not updated to reflect the changes. One said, "They have not been touched." Another said, "Some clients should be two

carers, I informed the office but nothing gets done." This meant the provider's policy was not followed and as a result people may not be receiving the most up to date care that meets their needs.

People's care plans did not reflect how they would like to receive their care. People's assessments were not very descriptive, for example, the service user information sheets contained people's contact information and brief information on their background such as medical information. People's care plans were task focused and did not reflect how they would like their care to be received. For example, one person's care plan was very brief, a few paragraphs stating what care was to be provided, there was no information about the way in which care was to be given and did not give enough detail to support staff and give a personalised service to the person. However people told us care staff always asked how they would like to receive their care before they started providing personal care. This meant people's care plans did not reflect how people would like their care to be given and therefore people could be at risk of receiving care that did not include their choices and preferences.

Staff said they had access to an out of hours support service when they needed it and this included evenings, night time and weekends. Staff told us this did not always work because the staff members who provided the out of hours support often had to support people with their personal care at the same time as receiving calls from care staff. As a result phone calls would get missed and messages would not be passed on. We viewed the supervision record for one of the members of staff who completed the out of hours role. This member of staff had identified they had been providing out of hours support whilst working with people at the same time. They highlighted this as a concern to the manager; however there was no outcome or resolution to this situation. On the day of the inspection the out of hours phone did not get transferred back to the office until late morning when the registered manager came into the office and spoke with the office manager. This meant people may not be receiving personalised care when their support is provided by care staff that are also covering the out of hours role because they are responding to other issues and concerns about the service.

Is the service responsive?

The failure to make sure people receive person centred care that is appropriate, meet their needs and reflects their personal preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said they knew how to raise any concerns or complaints they had and had a copy of the service's complaints procedure. People also said they felt able to raise any issues or concerns informally without using the complaints procedure and that these were resolved. One relative said, "I can always get through to the office and, so far, they usually sort things quite quickly." One person said, "I'm not afraid to use my voice so I would speak out if I wasn't happy with something."

Whilst the complaint folder contained three letters of complaint and letters of responses there was no clear track of when an offer to do something had been accepted or whether the complainant was satisfied and the complaint was considered resolved. The deputy manager said complaints were kept in people's care records. We viewed two complaints which were provided to us by the deputy manager. One complaint was made from a relative dated 16 July 2015. The deputy manager had responded in a timely manner with a written apology, but the written response did not reflect the appropriate management of the complaint. The second complaint was from a relative dated 16 July 2015. They had concerns about health/hygiene issues. The deputy manager had responded on the 23 July 2015 with an apology but the written response did not reflect the appropriate management of the complaint. There was no evidence of an investigation having taken place or records to show what action had been taken in response to any failure identified by the complaint. The provider's policy on complaints dated November 2015 states, "Service users or others acting on their behalf are sure that their comments and complaints are listened to and acted on effectively."

Concerns were not always identified as a complaint or followed up. We saw in one person's care record a telephone conversation had been documented dated 23

February 2015 from a member of care staff. This showed that the care staff had passed on a concern from a person who used the service. The concern was about the attitude of another member of the care team. The document showed that contact had been made to the person; however it was unclear who had made the contact as there was no name or signature on the document. The deputy manager confirmed they had contacted the person. There was no record of an investigation having taken place into the person's concerns or what those concerns actually were in any detail. The deputy manager said the matter had not been dealt with as a complaint and should have been. The provider's policy on complaints states, "We recognise that there is a fine divide between a "grumble", "a comment", and a "complaint". Service users and their relatives do not need to make a "formal complaint" for their dissatisfaction to be acted upon.

Appropriate action was not always taken to respond to any failures identified by a complaint. For example, in one care staff record a concern had been raised and documented dated 12 January 2015 about this staff member's attitude by another member of the care team. There were no records to show this concern had been dealt with or followed up. The registered manager said they had shadowed the staff member and had not seen any of the concerns which had been highlighted in the document. The registered manager confirmed they had not completed a formal investigation or recorded any action taken. The provider's policy on complaints dated November 2010 states, "All complaints will be acted upon quickly and effectively to improve the level and standard of service provided." This meant people and staff concerns and complaints were not dealt with in line with the provider's policy and were not investigated effectively to reach a satisfactory outcome.

The failure to investigate and take proportionate action in response to any failure identified by a complaint or investigation is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

People and their relatives said the service provided a good service and they would recommend the service to others. One relative said, “The office is very good, very receptive. It’s marvellous, I’ve no concerns. [Manager] will always sort things out.” Another relative said, “its well led and well managed, there’s no problem contacting the office.” People were not given the opportunity to provide their views on the service.

At our last inspection on 21 November 2014 we found the provider to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no systems for gaining the views of staff or other professionals about the service or for involving staff and people in the development of the service. Staff meetings did not take place. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider sent us a letter dated 8 May 2015 telling us they had instituted a six monthly postal questionnaire to all people and weekly staff meetings between management and senior staff were in place. At this inspection we found sufficient improvements had not been made.

Care staff said they did not feel supported by the office staff. One said, “No support if there is something wrong.” Another said, “You tend not to see seniors unless something is wrong.” A third said, “Morale is low.” Care staff confirmed they had never attended a staff meeting. The deputy manager confirmed an office staff meeting had taken place but care staff meetings had never taken place. There were no minutes of the office staff or care staff meetings available at the time of inspection.

There were no systems in place to gain the views of people and staff. We asked to view previous quality assurance information, such as satisfaction surveys. The deputy manager showed us three people’s care records with a subfolder showing “Audits”. There was a satisfaction survey in one person’s audit folder dated 24 June 2015 which gave positive feedback. This was signed by staff and the person but was blank in the area where the manager should sign. Another person’s audit folder did not contain a survey. The third person’s audit folder contained old care notes which

had been stamped as audited. We had also looked at a further eight people’s care records during the inspection and all eight people’s audit folders were empty. We asked the deputy manager again for other people’s feedback surveys and they said five or six had been done so far. This information was not provided to us. The providers policy on Quality Assurance dated November 2010 stated, “The service provider is committed to putting in place an effective Quality Management System which, through its systematic approach towards improvement will enhance the quality of life of service users,”

The deputy manager and registered manager said there was a member of staff visiting each person over the next four weeks to complete the satisfaction surveys for everyone. The member of staff would sit with the person and would help them to complete their survey. The deputy manager did not take into consideration or appear to understand the possible issues of mental capacity or unintended influence if a member of staff was helping the person to complete their survey. The deputy manager responded by stating that they thought family members would probably complete the forms if people could not or did not.

The deputy manager said they were piloting a new approach to anonymously gather people’s views as part of the services approach to quality assurance. They would be using an intermediary agency that supplied anonymous self-seal self-addressed envelope quality questionnaires. The deputy manager said a number of the questionnaires had already been distributed and they planned to do this for all people. They said this would be repeated at six monthly intervals and the information would be analysed. However, they could not say how they would be able to analyse the information or be certain how they would receive the feedback from the intermediary agency. There were no systems in place to seek the views of staff relatives or health/social care professionals involved. This meant the service did not seek the views of people and others to assess and monitor service delivery and help to improve the quality of services provided.

There was no analysis of complaints, Incidents and accidents. The registered manager and deputy manager agreed there was no analysis of complaints, incidents and accidents because there hadn’t been enough to trigger the need to do so. Safeguarding concerns had not been dealt with in line with the provider’s policy and as a result further

Is the service well-led?

safeguarding concerns had been raised about the same care staff. The commission had received 16 safeguarding concerns about the service from the 26 August 2014 to 2 July 2015. The commission had not been notified of safeguarding concerns and the incident which had been reported to and being investigated by the police. The registered manager and deputy manager advised they did not know that we needed to be notified of the safeguarding concerns. The providers policy on Quality Assurance dated November 2010 stated, “We comply with the regulations and will identify, monitor and manage risks to people who live in, work or visit the service users home. We will improve the services provided by learning from adverse events, incidents, near misses that happen and the outcome from comments and complaints.”

We received a mixed response when we spoke with staff about the support they received from management. Some staff felt they could not always raise concerns because they would be ignored if they were brought to the attention of management. Seven care staff said they did not feel supported by management and we received the following responses, “Get ignored, You’re made to feel like you’re in the wrong, they take things personally they do not treat it like a business.” “I’ve raised issues before but it falls on deaf ears, they ignore you and they are not supportive.” “I get support from my colleague but I’m looking for another job.” “We have a lot of problems, moral is very low, they are not supportive.” One care staff said, “If you are not regarded as one of the in crowd, they ignore you, there’s an inner circle – I’m not one of them.” However, seven care staff felt they were well supported by management and we received the following responses, “We can go to them with problems, they are supportive.” “Very motivating.” “Management are exceptionally good, very fast and efficient at dealing with things.” No forums were in place to support staff to raise issues and make suggestions. Staff did not always receive sufficient supervision, appraisal or training.

Most staff demonstrated a good understanding of whistleblowing and knew what to do if the concerns raised were not dealt with by management. However some staff felt they could not always raise concerns because they would be ignored if they were brought to the attention of management.

People’s care records were not fully completed and care plans were not always completed, reviewed or amended when a person’s need had changed. Risk assessments were not always accurate, reviewed or correspond with the person’s assessment of need.

The failure to have systems and process in place to monitor the quality and safety of the service, and mitigate the risks relating to the health, safety and welfare of service users, maintain an accurate, complete and contemporaneous record in respect of each service user and the management of the regulated activity was a breach of Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014.

The failure to notify the commission of safeguarding concerns was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had not displayed their rating. As of April 2015 the provider was required to display their rating following their inspection on 21st November 2014. The provider had 21 calendar days from the date of publication of their final report to display their rating. The publication date of the provider’s final report was 18 May 2015 and therefore their rating should have been displayed by 8 June 2015. The registered manager and the deputy said they were not aware of the requirement to display the service rating.

The failure to display a rating of the service performance is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place and a deputy manager as well as a training manager, office manager and two senior care workers. The registered manager was not always aware of their responsibilities for providing a care service and demonstrated a limited understanding of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. The registered manager said they would be stepping down as the registered manager because they preferred to work as a member of the care team and provide care to people. The registered manager was also the sole director of the limited company. They did not realise they would still be responsible for how the service performs overall.