Admiral Care Ltd

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Inspection report

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Date of inspection visit:
22 June 2018

Date of publication:
31 July 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Admiral Care Limited on 22 June 2018.

This service is a domiciliary care agency. It offers personal care to people living in their own homes. It provides a service to older and younger adults, people living with dementia, learning disabilities or autistic spectrum disorder, mental health, people who misuse drugs and alcohol, people with eating disorders, people with physical disability and people with sensory impairment. At the time of our inspection there were 68 people using the service.

Not everyone using Admiral Care Limited receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection, in June2017 the service had been rated 'Requires Improvement'. At this inspection, we found evidence the service had improved to support the rating of good and there was no evidence that demonstrated serious risks or concerns.

People were kept safe from abuse and harm and staff knew how to report any suspicions concerning abuse. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans.

Incidents and accidents were recorded appropriately and investigated where necessary. If learning resulted in changes to support plans or support guidelines, these were discussed and action was taken to reduce the risk of further incidents and accidents.

Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the service. People received their medicines when they needed them from staff who had been suitably trained and had their competency checked.

People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection.

Staff received effective training to meet people's needs. An induction and training programme was in place for all staff. A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service.

The management team effectively operated a system of spot checks, supervision, appraisal and monthly team meetings which supported staff to deliver care based on best practice.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The service was working within the principles of the Mental Capacity Act, 2005 and we found people's human rights were recognised and protected.

People were protected from the risk of malnutrition and supported to eat a healthy diet of their choice by staff who had completed training in food hygiene and safety.

Staff treated people with kindness and compassion in their day-to-day support. People's dignity and privacy were respected and upheld, and staff encouraged people to be as independent as possible.

People's care records were person-centred and staff provided people with support in line with people's preferences. People were consulted about their diverse needs which were respected by all staff.

People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

The registered manager carried out their role in line with their registration with the CQC. They ensured all notifiable incidents were reported to the CQC. Staff respected the registered manager who encouraged them to carry out their role in line with provider's aims and values. Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff had received training in safeguarding and knew their responsibilities for reporting any concerns regarding any possible abuse.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs. However, some relatives told us staff had not always visited people on time.

People had risk assessments in place to ensure risks were minimised and managed.

There were appropriate arrangements for the safe handling and management of medicines.

Is the service effective?

Good

The service was effective.

People's care and support needs were assessed and reflected in support records.

Staff received up-to-date training and appropriate support through supervision and appraisal meetings.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 to practice.

People were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People told us staff treated them with dignity and respect.

We observed people being treated with kindness and compassion.

People were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

Personalised care plans were in place and people told us staff provided them with care and support that met their needs.

There were mixed views about the range of activities offered to people.

People were encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues, these were dealt with in an open and honest way.

Is the service well-led?

Good

The service was well-led.

Staff told us the recent changes in the management structure had boosted their morale. Staff felt supported by the registered manager.

People using the service and their relatives spoke positively about the management team.

The provider had effective systems in place to regularly assess and monitor the quality of service provided to people. On-going audits were used to improve the support people received.

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 22 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that representatives of the service would be in the office.

The inspection site visit activity started on 22 June 2018 and ended on 26 June 2018. It included reviewing records kept in the office and telephone interviews with staff, people using the service and their relatives. We visited the office location on 22 June 2018 to interview the manager and office staff, and to examine care records and policies and procedures.

The inspection was carried out by one inspector 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.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, the Provider Information Return (PIR) and statutory notifications. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. A notification is information about important events which providers are required to notify us by law.

During the inspection, we spoke with14 people using the service, six relatives and friends of people, four members of staff, the deputy manager and the registered manager.

We reviewed a range of records relating to people's care and the way the service was managed. These included care records for five people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incidents and accidents reports, complaints and compliments records, and records relating to the

management of the service. We also looked at the results of the most recent satisfaction survey completed by people using the service and their relatives.

Good

Is the service safe?

Our findings

People and their relatives told us that the individuals receiving care from Admiral Care Limited were kept safe. One person said, "Definitely, I feel safe. I've been with them for some years". Another person told us, "I do not have any concerns about how they treat me. I get quite good care from them". One person's relative replied, "She feels safe with the carers, she says they're all very nice".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff told us, "I would report things like abuse to my manager. If she did nothing, I would go further to the local safeguarding team or the Care Quality Commission (CQC)".

Risks relating to the service and to individual people were assessed. These included risks associated with environment, mobility, skin care, social isolation and eating and drinking. Risk assessments formed part of the support plan for each person. They provided clear guidance to staff and specified the least restrictive methods possible to keep people safe. There were arrangements in place to review the risk assessments on a regular basis in line with people's changing needs.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks. These checks identified if prospective staff were of good character and were suitable for their role. This enabled the registered manager to make safer recruitment decisions.

We asked people if there were enough staff and if staff attended their calls on time. Most of people and their relatives confirmed people were visited in a timely manner. One person remarked, "They are as regular as clockwork". One person's relative said, "As far as I know, they're not late. There haven't been any missed visits. They say roughly when they'll come back later on that day". Another person's relative told us, "They are always on time. She is mainly visited by the same carers as she would not be able to cope with different faces". However, some people told us that due to low staffing levels and recent staff turnover, sometimes staff members arrived late. One person told us, "They don't have enough people. They don't have spare people. If people don't turn up, they have to scrabble around to find someone". Another person said, "Well, sometimes their cars are held up in traffic, it's not their fault. Some are walkers and if the previous client keeps them late, then they're late for me and the next person and they can't catch up with themselves". We noted there were three missed calls recorded last year. We asked the registered manager how they were going to address the issue of late calls and missed calls. They told us visits were monitored electronically, however, they were going to replace the electronic monitoring system in use witha more efficient one. As the missed calls had occurred as a result of miscommunication, the procedures of communicating changes in calls to staff had been updated. As a result, the office staff were obliged to call a member of staff directly and inform them about changes over the phone before approving the changes in the system.

Medicines were managed safely. There were medication risk assessment for people who self-administered their medicines or when the medicines were administered by their relatives. Medication profiles noted

reasons for the medicines taken and possible side effects. Staff told us and records confirmed they had received training in safe management of medicines and their competencies in administering medicines were assessed on a regular basis. We examined the Medication Administration Record (MAR) and saw that there were no gaps in the recordings.

There were systems in place to ensure people were protected against the risk of infections. Staff were aware of their roles and responsibilities in relation to hygiene and infection control. They were provided with personal protective equipment, including gloves and aprons. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. For example, the registered manager conducted regular audits of falls. Each person who had suffered two or more falls within a month was referred to the appropriate health care professional.

Good

Is the service effective?

Our findings

Most of people told us they were cared for by staff with the relevant skills and knowledge to meet their needs, which was also confirmed by people's relatives. One person said, "Yes, I do think they are well trained". One person's relative told us, "They are brilliant". However, some of the relatives thought that due to the recent turnover of staff some of them were rushed into providing care and support to people. One person's relative remarked, "Generally speaking, they are well trained, but not so much now as they used to be". One person told us, "Some of them are well trained. I'm being diplomatic. There was an instance once with a new person doing it and they didn't know how to change a catheter bag. We were concerned about that". We talked to the management team about this issue and they informed us that they had recently increased the number of spot checks on staff. This action aimed to identify shortfalls and improve staff's induction and shadowing process. We saw records that confirmed staff had received appropriate training in catheter care once the issue had been reported to the office.

The management team demonstrated their commitment to ensuring staff could learn and develop their professional skills from the outset of their employment. New staff were supported to learn about the organisational policies and procedures as well as about peoples' needs. All new members of staff received an induction to ensure they were able to carry out their duties and they were supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. In addition to completing the induction training, new staff were provided with opportunities to shadow more experienced staff. A member of staff told us, "I was able to shadow more experienced members of staff for a couple of weeks as I work part-time".

The provider retained records of the training that staff had completed. These records showed that a comprehensive range of training was provided. This included safeguarding, food hygiene, administration of medicines, health and safety, and moving and handling. Training was refreshed regularly to ensure staff's knowledge was kept up to date. Staff told us that they were encouraged and supported by the registered manager to look for additional training courses. A member of staff praised the training opportunities offered by the service, "We are offered plenty of training opportunities. I have completed training in diabetes, Mental Capacity Act (MCA), First Aid and Parkinson's disease". Another member of staff told us, "You can come to the office and ask for any training you want".

Staff had regular supervision meetings with their manager. This gave them opportunity to discuss any concerns about people whom they supported as well as their own progress and training needs. Staff were asked to reflect on their own practice and on what their development needs were. A member of staff told us, "I find our supervision very useful. It points you into the right direction".

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.

The registered manager and staff demonstrated a thorough understanding of the Mental Capacity Act (MCA) 2005. Staff recognised the principles of the MCA. A member of staff told us, "I always work with the principles of the MCA and I always assume people have capacity to make decisions unless assessed otherwise".

Each person had their needs assessed before the service commenced providing them with care. The aim was to make sure the service was able to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met. People's preferences were recorded so that staff could learn about them. This included people's preferred names, and also their life stories. People's cultural and religious preferences were also recognised by the service.

Technology and equipment were used to enhance the quality of care, and to promote people's independence. An electronic call monitoring system was used to ensure people received their care on time, for the correct duration and with the right member of staff. Some people had personal alarms and staff are fully aware of the importance of these.

People's needs in regard to food preparation, eating and drinking were assessed if this was part of the required care. If people required any special diet, for example due to diabetes, this was highlighted in their care files. The registered manager told us and records confirmed that people were involved in making decisions about what they were going to eat and drink. All the members of staff had completed food hygiene training.

The service actively contacted other services for advice and guidance, such as a speech and language therapist (SALT), the district nurse team, and the local safeguarding team. Records confirmed people were supported to attend appointments when needed. We saw people's changing needs were monitored, and changes in health needs were responded to promptly.

Good

Is the service caring?

Our findings

People and relatives we spoke with were all positive about the staff and said they were kind and caring. People told us they developed positive relationships with staff. One person said, "Yes, they are very caring". Another person told us, "We have a giggle now and again". One person's relative pointed out, "They are helpful, patient and kind or they wouldn't be doing that kind of work". Another person's relative told us, "They have a really nice relationship".

Staff were aware that all people who use the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said they always remembered to ensure people were not exposed while providing them with personal care. For example, staff drew the curtains or closed the door if needed. A member of staff explained how they ensured people's privacy, "I keep curtains closed when providing personal care. If I assist with a full body wash I cover the bottom half of the body when washing the upper half of the body so people do not feel exposed". People confirmed staff treated them with respect.

Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like personal care or dressing themselves. This helped to maintain or develop people's independence and self-esteem. A member of staff told us, "We promote people's independence by ensuring clients do as much for themselves as able to. Care given is individual to each client depending on where support is needed. For example, I assist to dress someone that cannot do this themselves due to a partial paralysis whereas someone else may be able to dress but need assistance to go food shopping. People's needs are individual and are stated in each service user's care plan". People confirmed they were encouraged by staff to do as much as they could.

People were involved in planning their care. People told us they were consulted in order to develop their care plans and their relatives confirmed this. One person told us, "I've got a folder in the kitchen. There's all in there and I signed it". One person's relative said, "My father and I were both involved with the detailed planning of his care plan, this was a review of his needs and preferences as well as the things that were important or may worry him. It did take some time for him to get used to the service, but it is now working really well. This is now an ongoing process of communication with the staff who are all proactive in letting me know how he is. This certainly gives me confidence in the team". People were offered choices of what to eat, what to wear or how to spend their time. One person told us, "They give me choices about what to wear".

The provider's equality and diversity policy was available in the service. This stated the provider's commitment to promoting equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Staff received training in equality and diversity, and knew how to protect people from discrimination.

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidentiality to protect personal information they may encounter

during the course of their work. The registered manager had high regard for confidentiality and said they always aimed to ensure that staff knew how to access and how to share any personal information safely at all times.

Good

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. One person told us, "Yes, they are very responsive, they are cheerful ladies and have a good sense of humour, I look forward to their visits. They will within reason, do anything I need on the day". Another person emphasized staff's virtues, "If I was to change my mind about having my hair washed on a particular day, they just say 'OK, we can do it tomorrow if you prefer'. Nothing is too much trouble for them. They are also very trustworthy; they have a key to my key-safe and just let themselves in every day and get on with things. I love the service". One person's friend said, "If she's unwell or her skin breaks down, the main carer is robust about acting. [Friend] is a reluctant patient. She needs a massive amount of persuading, but the main carer is good at it. She seems to know how to go about it". People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs.

People's preferences were recorded so that staff would know about them. This included people's preferred names, and also their life stories. The needs and preferences of people were taken into account while formulating care plans and outlining the care which was to be provided at each visit.

People and relatives told us that the provider responded quickly to any changes in a person's health and would contact other health professionals when needed. We could see relevant evidence in the care records where care routines and tasks had been altered. The purpose of the changes was to tailor the care provided by the service to what the person wanted, and therefore make it even more individualised. The registered manager told us and records confirmed that all people had planned reviews of their care every six months or when their needs changed.

Staff told us that the service was committed to a person-centred philosophy of service delivery. It meant that people's rights were promoted and meaningful activities facilitated to them. In addition, people's abilities, preferences and aspirations were recognized by staff. People were supported to take part in activities within and outside their homes. The latter included staff accompanying people to the local amenities, for example, going out for a coffee, going shopping or going to a day centre run by the service.

People and their relatives were aware of how to make a complaint. Each person had been given relevant documentation when they had commenced using the service. This included the complaints policy and procedure. People told us they felt able to raise any concerns and were sure these would be responded to in a timely manner. One person told us, "I have recently complained about a carer. She came far too early, it was taken up by the office". One person's relative said, "There was an issue with the invoicing. Someone from the office rang her to say she wouldn't get any more care if she didn't pay. But [the registered manager] sorted it out. [The registered manager] did deal with it and the lady who'd phoned her doesn't work there anymore".

On the day of the inspection no one was receiving end of life care. However, staff had already received training to provide end of life support. The registered manager told us they were aware of people's changing

needs and they knew the professionals they would liaise with if they were to provide people with end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager was supported by a deputy manager with the day to day management of the service.

People and their relatives told us they found the registered manager approachable. One person said, "As far as I can see, it's very well organised." One relative of a person told us, "Yes, they are managed well".

Staff were positive about the leadership of the service. They told us they found the management team to be approachable. A member of staff said, "They are very supportive, they are like a family. My husband is away and [the registered manager] has worked my shifts around the childcare". Another member of staff told us, "I feel supported: any problem, just phone the office".

Staff were positive about the culture of the service and said they were aware of its vision and values. A member of staff told us, "The service has made a progress and we feel more confident with the support we receive".

An incentive scheme for staff had been introduced which involved the presentation of money voucher when an individual had gone beyond the call of duty. This initiative had been received well, improved staff's morale and commitment, and was welcome by staff as a genuine recognition of their efforts. For example, a member of staff had covered work at a short notice when they had not been scheduled to work and they had been awarded for that.

Staff told us they were able to attend regular staff meetings organised by the office. A member of staff said, "The meetings give you an opportunity to talk about anything. You can raise any issue you have". Another member of staff told us, "We have our team meetings every week. We discuss any problems or issues that arose and changes in people's needs. We are also informed about any changes in policies or care plans and we are reminded to do different things. For example, we are reminded to keep our service users and ourselves hydrated in this hot weather".

The service also organised weekly office meetings to discuss issues related to the administration of the service and monthly governance meetings to discuss any accidents, incidents and changes in the care plans.

The service had systems in place for seeking the views of people who used the service. A survey was issued to people and relatives which asked whether staff were caring, if people were visited on time, if staff treated people with dignity and respect and if people were supported to make choices. Responses reviewed showed people responded gave positive feedback about the care and support they received.

The registered manager was responsible for completing regular audits of the service. These included

medication administration, missed visits, training and care plans. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed these audits had taken place regularly and had positive outcomes. We saw improvements being made to the service, for example, the electronic monitoring system had been updated and a new member of staff had been trained how to use the training matrix.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to the CQC about reportable events.