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Admirals Care Agency

Inspection report

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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 inspected Admirals Care on 8 February 2017. The inspection visit was announced two days before we visited so we could be sure the manager was available to speak with us. This was the first time the service had been inspected.

Admirals Care is registered to provide personal care and support to people living in their own homes. There were eight people using the service at the time of our inspection visit. Of the eight people who used the service, only five people received personal care. The other three people received support with domestic tasks. The service offered support to people dependant on their specific needs, some people received one call a day; other people received four calls each day.

A requirement of the provider's registration is that they have 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection visit who was also the provider and the only member of staff. We refer to the registered manager as the manager in the body of this report.

The manager had received training in safeguarding adults and understood the correct procedure to follow if they had any concerns about people's safety. All necessary checks were in place to ensure any newly recruited staff were safe to work with people. The manager identified risks to people who used the service and took action to manage identified risks and keep people safe.

Although the manager worked alone, there was enough time for them to care for people safely and effectively. People were supported by someone who knew them well. There were contingency plans in place to ensure people continued to receive their care, if the manager was absent from work.
The manager planned induction procedures for all new staff, which adhered to recommended guidance on induction and training for staff working in the care sector. The manager planned and attended training to keep their skills up to date.

People's care was planned with them and with the support of their relatives. This helped to ensure care matched people's individual needs, abilities and wishes.

The manager understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their choices and freedom.

People described the manager as being caring and kind. They respected people's decisions to make their own choices and supported people to maintain their independence.

People were supported with their health needs and had access to a range of healthcare professionals where a need was identified. There were systems in place to administer medicines safely. People were supported to prepare food that took account of their preferences and nutritional needs.

People knew how to make a complaint if they needed to. Quality assurance procedures were being developed to ensure the quality of the service was maintained. There were plans and procedures in place to ensure any accidents or incidents were recorded and investigated, so that actions could be taken to minimise the risks of a re-occurrence.

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 felt safe with the manager in their own homes. The manager understood the risks relating to people's care and supported people safely. They understood their responsibility to keep people safe and to report any suspected abuse. There was enough time for them to provide the support people required. Procedures were in place to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

The manager kept their skills and training up to date. Induction and training was planned for any new staff, to ensure they had the right skills and knowledge to support people effectively. The manager understood the principles of the Mental Capacity Act 2005 and respected decisions people made about their care. People were supported to access healthcare services, where a need had been identified.

Is the service caring?

Good

The service was caring.

People were supported by someone who they considered kind and who respected their privacy and promoted their independence. People received care and support from someone that understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People and their relatives were fully involved in decisions about their care. People's care needs were assessed and people received a service that was based on their personal preferences. People knew how to make a complaint, and there were procedures in place to investigate and respond to complaints.

Is the service well-led?

Good

The service was well-led.

The manager was the provider of the service and conducted regular checks on the quality of service. The manager was developing further quality assurance tools at the time of our visit. People told us the manager was accessible and approachable.

Admirals Care Agency

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 was 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 visit took place on 8 February 2017. The inspection visit was announced two days before we visited so we could be sure the manager was available to speak with us. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority.

We spoke with the registered manager who was also the provider and only member of staff. We spoke with one person who used the service. Because some people were unable to talk with us due to their complex care needs, we asked their relatives to provide us with feedback on the care their relation received. We spoke with three people's relatives.

We reviewed two people's care plans to see how their care and support was planned and delivered. We checked whether any new staff would be recruited safely. We looked at other records related to people's care and how the service operated.

Good

Is the service safe?

Our findings

Some of the people who used the service had difficulty in communicating verbally, so it was difficult to ask specific questions about whether they felt safe around staff. People's relatives told us they felt their family member was safe. One relative said, "Yes, we have no concerns with [Manager]."

People were supported by someone who understood their needs and knew how to protect people from the risk of abuse. The manager attended safeguarding training which included information on how they could raise issues with other agencies if they were concerned about the risk of abuse. The manager had a procedure in place to notify us when they made referrals to the local authority safeguarding team. The procedure required them to keep us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

People told us that although the manager worked alone to support them, they felt their needs were met because the manager always arrived when expected. One person's relative said, "They are really reliable. They haven't let us down yet."

The manager allowed for time in their schedule to take a break from their caring duties, and for travelling between calls. For example, there were days during their working week when the manager worked less than a full working day, and other days where the manager took planned time off.

The manager was recruiting a new member of staff when we inspected the service. This was to allow for the further development of the agency. The recruitment process ensured risks to people's safety were minimised. The procedure ensured staff were of a suitable character to work with people in their own homes. Any prospective staff member had their Disclosure and Barring Service (DBS) checks and references in place before they started work. This was evidenced by the recruitment process for the new member of staff. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager/provider had contingency plans for managing unforeseen circumstances which might impact on the delivery of the service. For example, emergencies, such as the manager's unexpected absence were planned for. The manager had a process in place to cover for their absence with the use of agency staff. The manager also worked with people who had relatives and other care agencies who could support them if the manager was taken ill. This meant people were not placed at risk because there was only one member of staff working at the service.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed when they started using the service that identified any potential risks to providing their care and support. Risk assessments were up to date, were reviewed regularly and included instructions on how risks to people could be minimised or managed. For example, where people required assistance with mobilising, any equipment they used was explained so they could be assisted to move safely.

We looked at how medicines were managed. Most people administered their own medicines or their relatives helped them with this. Only one person who used the service received support to take their medicines, which was the application of a topical prescribed cream.

The manager had received advanced training in the effective administration of medicines. This included checks by third parties on their competency to give medicines safely. The manager had documents in place to record when people were given their medicines; they signed a medicine administration record (MAR) sheet to confirm this.

The manager had auditing procedures in place to check MAR charts every week. The manager understood their responsibility to record any medicines they administered to people, and policies and procedures were in place for future reference.

Good

Is the service effective?

Our findings

People told us the manager had the skills they needed to support them or their relation effectively. One person's relative said, "They are very good. We know they have more than 28 years' experience of working in care, and they really know what they are doing."

The manager had procedures in place to induct and train new members of staff to the service. This included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. For example, staff would receive training in how to move people safely if they had limited mobility. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for care workers in England. The induction would provide staff with a 'Care Certificate', which is a recognised qualification.

The manager intended to have a probationary period for any new staff. The manager explained probationary periods would be continued until staff were competent in their role.

The manager had received training in a range of areas, to ensure they kept their skills up to date and could effectively deliver care to people. This included training in supporting people with medicine administration and safeguarding adults.

We checked whether the manager and provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The manager understood their responsibility under the MCA. They told us there was no one using the service at the time of our inspection that lacked the capacity to make all of their own decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances. These people had somebody who could support them to make these decisions in their best interest, for example a relative or advocate. Where people lacked the capacity to make complex decisions 'best interests' decisions were made following a mental capacity assessment in conjunction with health professionals and people's representatives.

The manager understood they should seek people's consent before providing care and support. People we spoke with confirmed they were asked for their consent before they were provided with care.

People were offered support to prepare their meals, if this was part of their care package. Everyone we spoke with was content with the way the manager supported them with food and drink.

The manager worked in partnership with other health and social care professionals to support people's health, where a need was identified. For example, the manager confirmed people were referred to their doctor, district nursing team or other health professionals if their health changed. Records confirmed people had seen health professionals when there was a change in their health. Care records included a section to record when people were seen or attended visits with these professionals and any advice given was recorded for Admirals Care staff to follow.

Good

Is the service caring?

Our findings

All the people we spoke with told us the manager had a kind and caring attitude. A person's relative told us, "They are very good with [Name]."

As people were always supported by the manager, this ensured consistency in the care they received. The manager had a good understanding of people's care and support needs, as they assessed people, agreed their care arrangements with them, and prepared their care records.

The manager told us new staff would always be introduced to people before they supported them, and would work alongside an experienced member of the team before they were allowed to work unsupervised in people's homes. This was to ensure the consistency of care continued as the service expanded.

The manager told us they encouraged people to maintain their independence, as they felt it was important to people to continue to live their own lives in their own homes, for as long as possible. They used an example of how they put this into practice saying, "If someone requires assistance with personal care, I support them with tasks they can't do themselves. I also encourage them to do things if they can. For instance if a person received support with putting topical cream on their skin, I would help them apply it, but would also encourage them to rub this into the skin themselves if they were able to do this."

People's relatives told us they frequently saw how their relation was cared for when they visited them. One relative said, "I am always there. I have no problems with anything."

Relatives told us the manager maintained their relation's privacy during personal care routines.

The manager ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely at the manager's office, so that personal information about people was protected. People had a copy of their care records in their home and could choose who had access to these.

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and people who were important to them, which enabled the manager to deliver person centred care.

Care records were comprehensive and written to describe people's needs and abilities. For example, care plans included information on what support people required at each timed visit. Details included how staff should act to maintain the person's health, provide support to meet their needs, and respect their personal preferences. For example, records showed what name they preferred to use, a brief life history and what activities and hobbies they liked.

Care records were regularly checked so people's records reflected their current support needs. This involved three monthly reviews, monthly checks of risks, and updates to care records where people's needs changed.

Daily care records detailing the care each person received were kept up to date. This meant staff could respond to any changes to the person's health or care needs by reviewing daily records. One relative told us, "The daily records are really detailed. It's so good to be able to look at these and see what is happening with [Name's] care, they are kept up to date and its clear what has been done."

Where it was included in their care package, people received support to pursue activities and hobbies they enjoyed. For example, one person received support to keep them company. The manager supported people with interests and hobbies they enjoyed, for example, they told us about a time they had taken someone to a garden centre at the weekend, as they enjoyed gardening.

Information about how people could make a complaint was included in each person's service user guide, which they had in their home and received when they started using the service. People and their relatives told us they knew how to raise concerns with the manager if they needed to. One person's relative said, "If [name] was unhappy they would certainly raise this."

There was a complaints log in place to identify any trends and patterns from complaints. However, no complaints had been received at the service.

Good

Is the service well-led?

Our findings

The registered manager was also the provider and the only member of staff at the time of our inspection. This was the first time the service had been inspected.

The manager completed regular checks of different aspects of the service. This was to highlight any issues in the quality of the care provided, and to drive forward improvements. For example, their quality assurance system included asking people and their relatives about their views of the service. A yearly quality assurance survey was due to be undertaken asking people what they thought of their care. The manager also operated an 'on call' telephone number people could contact 24/7 to speak with them if they needed to. The manager explained, "We always take the opportunity to ask people how things are going when I visit them for their scheduled calls."

In addition to gathering feedback from people on a day to day basis, the manager made regular monthly checks on care records, and daily care logs to review whether the care was meeting people's needs and delivered in accordance with their care package. People's care records were kept up to date with changes in people's care and health needs. In addition, risk assessments were regularly reviewed in response to people's changing needs. The manager stated that although they worked alone, they always kept records up to date. This meant if they were unable to work in an emergency, any staff taking over their duties would be able to clearly see what each person's support needs were.

As the manager was the only member of staff at the time of our inspection, it was difficult for them to 'check' their own work with objectivity. The manager explained they were currently recruiting a new member of staff to work alongside them, who would be involved in quality assurance checks. In effect they would check the work of each other.

The manager planned a range of new checks when the staffing group expanded, including 'spot checks' on staff to ensure the service delivered quality care to people.

The manager would continue to work alongside staff regularly to shadow shifts, to ensure staff had the correct skills. The manager also planned to hold regular supervision and appraisal meetings with staff after their recruitment to review their performance; discuss their objectives and any personal development requirements.

The manger had a clear vision of how they wanted their service to expand with the people they supported at the heart of those plans. They said, "We want to make a difference. We will continue to support people to make their own decisions and maintain their independence at home."

The manager intended to record any accident or incidents when they occurred, to allow for the monitoring of incidents, making sure appropriate action was taken when necessary. However, there had been no accidents or incidents to record at the time of our inspection visit.

The manager understood the responsibilities of their registration and had procedures in place to notify us of the important events as required by the Regulations.