

Unannounced Care Inspection Report 2 May 2017



Admiral Care

Type of service: Domiciliary Care Agency
Address: Admiral House, 4 Joymount, Carrickfergus BT38 7DN
Tel no: 028 9086 4055
Inspector: Jim McBride
User Consultation Officer: Clair McConnell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Admiral Care took place on 2 May 2017 from 09.15 to 12.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. The inspection outcomes demonstrated compliance with regulations and standards.

No areas for improvement have been identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The reports of monthly quality monitoring completed on behalf of the registered provider were unavailable for inspection. A number of reports were forwarded to RQIA on the 12 May 2017 following the inspection.

One area for improvement has been identified.

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This should include monthly monitoring reports which shall contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. These reports must be available for review within the agency.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with the wishes of service users and their representatives. The inspection outcomes demonstrated compliance with regulations and standards.

No areas for quality improvement were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary.

The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding managing changes in service user's needs. The inspection outcomes demonstrated compliance with regulations and standards.

No areas for quality improvement were identified during this inspection. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with the Operations Manager and Care Coordinator, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24/01/2017.

2.0 Service details

Registered organisation/registered person: Admiral care Dawn Smyth	Registered manager: Dawn Smyth
Person in charge of the service at the time of inspection: Operations Manager	Date manager registered: 17/11/2010

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report;
- Previous returned quality improvement plan;
- Record of notifiable events for 2016/2017;
- User Consultation Officer (UCO) report;
- Record of complaints notified to the agency;
- Communications with the agency.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and ten relatives, either in their own home or by telephone, between 19 and 21 April 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to two service users. The inspector requested a written response from the agency on some of the areas of concerns raised by service users and relatives, the responses from the agency have been included in the body of this report.

Specific methods/processes used in this inspection include the following:

- Discussion with the Operations manager and Care coordinator;
- Examination of records;
- File audits;
- Evaluation and feedback.

Service users recording records;
 Recruitment policy and procedure;
 Six recently recruited staff member's recruitment records;
 Induction policy and procedure programme of induction and supporting templates;
 Six recently recruited staff member's induction and training records;
 2016 annual quality report;
 Service user records regarding referral, assessment, care planning and review;
 Staff training records including:
Safeguarding;
Child protection;
Health and safety;
Manual handling;
Risk assessment;
 The agency's service user guide/statement of purpose;
 Complaints;
 Service user reviews.

The Care coordinator was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. It was disappointing to note that no staff questionnaires were received by RQIA following the inspection or prior to the issue of this report. The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

4.0 The inspection

Admiral Care is a domiciliary care agency based in Carrickfergus. The agency provides personal care, meal provision, social support, sitting services and overnight stays for service users in their own homes. These services are provided to 112 adults with personal care needs, mental health needs, physical disability and learning disability by a team of 53 staff. The services are provided in the areas of Newtownabbey, Greenisland, Carrickfergus, Larne and Carnlough and the surrounding areas. The Northern Health and Social Care Trust commission these services.

4.1 Review of requirements and recommendations from the most recent inspection dated 24/01/2017

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 24/01/2017

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.2 Stated: First time	The registered manager ensures the agency delivers services effectively on a day-to-day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations.	Met
	Action taken as confirmed during the inspection: The registered manager has undertaken a policy review. No concerns have been noted or raised directly with the registered manager in relation to professional relationships. The records in place were satisfactory.	
Recommendation 2 Ref: Standard 8.10 Stated: First time	Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.	Met
	Action taken as confirmed during the inspection: Action plans have ensured continued compliance as auditing takes place on an ad hoc ongoing basis as well as via formalised policy and procedural reviews. The records requested during the inspection were satisfactory.	

4.3 Is care safe?

The agency currently provides services to 112 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

Staff files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency has incorporated the Northern Ireland Social Care Council (NISCC) induction standards within their induction process and this was evidenced during inspection of records. The agency's recruitment and induction training processes are in line with those found within the agency procedures and records.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Admiral Care. No issues were raised with the UCO and confirmation was received that carers advise relatives of any concerns with the service user. The service users and relatives interviewed did not advise of any issues regarding the carers' training; however two relatives felt that the carers would benefit from dementia awareness training. The inspector discussed this issue with the operations manager and the care coordinator who stated that dementia training has been undertaken by a number of staff and plans were in place for all staff to avail of the training.

It was good to note that new carers are usually introduced to the service user by a regular member of staff; however the UCO was advised that there can be occasions when new carers provide care without introduction to the service user or after a short period of shadowing. Concerns were also raised with the UCO regarding frequent changes to the carer teams as it does not allow the carers to become familiar with the service user or their condition.

The operations manager and care coordinator discussed these concerns with the inspector and stated that staff do provide care and support to service users following induction, and that they are always accompanied by an experienced member of staff who would have complete a full induction. The operations manager confirmed that new staff are always put on at least three shadowing shifts as an additional member of staff when they commence, following that they will be on double runs with existing staff for the most of their (6 month) probationary period.

Examples of some of the comments made by service users or their relatives are listed below:

- "Sometimes the carers seem to be under pressure and things can be a bit rushed."
- "Better consistency would help so a relationship can develop."
- "Happy with the carers."

The agency's policies and procedures in relation to adult safeguarding and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards and was updated during the inspection day to reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) vulnerable adults guidance 'Adult Safeguarding Prevention and Protection in Partnership', issued in July 2015.

The operations manager described the role of one of the directors who is named as the Adult safeguarding champion within the agency;

- To ensure that the agency's adult safeguarding policy is disseminated;
- To advise within the agency regarding adult safeguarding training needs;
- To provide advice to staff;
- To support staff to ensure that any actions take account of what the adult wishes to achieve;
- To establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI, RQIA and other agencies as appropriate;
- To ensure accurate and up to date records are maintained;
- To compile and analyse records of reported concerns.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016 confirmed all care workers had completed the required mandatory update training programme. Other areas of training relevant to service users' care needs are provided by the agency.

The operations manager and care coordinator had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their responsibility in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Records reviewed for staff member's mandatory training, supervision and appraisal were confirmed as compliant. The operations manager and care coordinator reported service users as being safe and protected from harm and that there were appropriate care plans and risk assessments in place.

A sample of service user files confirmed that the agency management team ensure service user needs were being met. The operations manager confirmed that trust representatives were contactable when required. The operations manager confirmed that the agency complete their own programme of quality monitoring in line with the agency policy and procedure. The agency provides feedback to the trust commissioners following the agency reviews and evidence of this feedback was reviewed during inspection the records in place were satisfactory. The inspector noted some of the comments made by service users during their review:

- "I'm happy with the girls and the standard of care, I have no complaints."
- "My **** is treated with dignity and respect."
- "I'm happy with my call times."
- "I'm happy with all aspects of the service."

The agency's registered premises include offices and staff facilities suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency supported that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The agency has recording templates in each service users' home file on which care workers recorded their visits. The inspector reviewed a sample of completed records returned from service user's homes, which confirmed appropriate procedures.

The operations manager demonstrated an awareness of the importance of staffs accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs are identified.

Minutes of staff meetings were examined by the inspector and some of the discussion topics included:

- Roles and expectations;
- Communication;
- Shift swaps;
- Runs;
- Confidentiality;
- Missed calls.

Service user records viewed in the agency office included referral information received from the HSC Trust and contained information regarding service users and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their Initial service visits contained evidence that service users' and/or representative's views had been obtained and where possible, incorporated.

The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint.

Service user records evidenced that the agency carries out care reviews with service users and telephone contacts along with annual questionnaires to obtain feedback on services provided.

The agency had completed their annual quality review report for 2016, with a summary report of findings and improvements planned. The inspector noted that service users were asked their view on some of the following areas and it was noted that the responses were positive:

- Do you have a written care plan of the care to be provided?
- Do you feel that you receive adequate care from care staff?
- Do you feel rushed whilst the care staff are with you?
- Do you feel staff are fully trained to carry out their duties?
- Do staff treat you with respect?

- How often do you see supervisors?
- Do you know who to contact if you had a complaint?
- Overall how satisfied are you with the quality of service we provide?

The operations manager confirmed the summary report is provided to all service users upon request. The content of the annual quality review report was discussed with the operations manager. The inspector noted some of the positive comments provided to the agency during the annual review process from HSC Trust staff:

- "I think the care is excellent."
- "All very good."
- "Communications if times change."
- "Could not do any better."
- "Very pleased, excellent care."

Service user files also contained evidence of communication between the agency and care managers where changing needs were identified and reassessments result in amended care plans. The agency also maintain a system of providing updates to trust professionals following agency reviews with service users and evidence of this process was reviewed during inspection.

The UCO was informed by a number of the service users and relatives interviewed that there were concerns regarding the carers' timekeeping and that, on occasions, care can be rushed. There were also a small number of missed calls by the agency. Service users are usually introduced to new carers by a regular carer; however concerns were raised regarding the frequent changes to the teams thus not allowing carers, relatives and service users the opportunity to develop a rapport.

These concerns were raised by the inspector with the operations manager who stated that missed calls are recorded and reported through the necessary channels.

The operations manager stated that care staff have been informed of the outcomes.

Staff have been retrained and a new run has been added to further support the number of calls. The operations manager stated that the agency has invested in a new online management information system which gives accurate and instant run time information. This has now been rolled out across all runs and means timekeeping and run duration can be monitored. Admiral operates a two tier escalation style on-call system with a dedicated phone number linked to a mobile phone which is held by team leaders on a rota. The operations manager stated that have had no complaints that this phone has not been answered.

There was mixed feedback regarding communication with concerns raised with the UCO in regards to telephone calls not being returned or the out of hours telephone number not being answered. The operations manager stated that have had no complaints that this phone has not been answered. The agency has updated their on call system. This was viewed by the inspector during the inspection. The service users and relatives advised that home visits and phone calls have taken place as well as questionnaires from the agency to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

Examples of some of the comments made by service users or their relatives are listed below:

- “Things have been more settled recently.”
- “We have raised issues with consistency and timekeeping. Things improved for a while but didn’t last.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to two service users and it was noted that one care plan contained out of date information. During the inspection the operations manager stated that care plans will be reviewed and updated as required. The operations manager stated that information from referring trusts is not always made available quickly enough until individual service user reviews. The agency are in regular contact with Social Work teams to alleviate this issue and have set a dedicated group email address for social work teams to use to send information.

The operations manager described the monthly quality monitoring as efficient and reports include consultation with a range of staff, relatives and HSC Trust professionals, however these reports were unavailable for inspection. This was discussed with the operations manager and one area for quality improvement was identified. The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This should include monthly monitoring reports which shall contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. These reports must be available for review within the agency.

Both the operations manager and care coordinator confirmed they were provided with details of care planned for each new service user. They also confirmed that they were kept informed regarding changes to existing service user care plans.

Areas for improvement

The agency must provide to RQIA the most recent quality monitoring reports and to continue to provide the reports until further notice.

One area for improvement was identified during the inspection.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate and service users are treated with dignity and respect. However, concerns were raised regarding consistency of carers and care sometimes feeling rushed. The operations manager stated that the agency’s turnover of staff is below average and they have increased the size of their team and recruited staff to give additional support to runs and this may appear as new staff. Staff are always introduced and never on a single run until well established.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Admiral Care. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers are all very nice. The agency is run really well.”
- “It’s hard to build a rapport with the carers. There seems to be high turnover.”
- “Everybody’s great.”
- “XXX can be anxious with strangers so we would prefer better consistency.”

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user’s homes on a regular basis. From the records reviewed by the inspector no staff practice issues were identified during spot checks and monitoring visits. The operations manager confirmed ongoing monitoring/spot checks by their managers to ensure effective service delivery. The inspector noted some of the areas examined during spot checks:

- Uniform appropriateness;
- Appearance;
- PPE;
- Communication;
- Tasks.

During the inspection the operations manager presented appropriate knowledge around the area of compassionate care and described practices relating to individual service users wishes, dignity and respect. He also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy reviewed during inspection.

The agency implement service user quality monitoring practices through home visits alongside phone contact. The annual quality review of services reviewed evidenced positive feedback from service users and their family members.

xxx returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Comments:

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person/manager the agency provides domiciliary care and support to 112 people living in their own homes.

The Statement of Purpose and Service Users Guide (April 2016) were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure records were reviewed and contents discussed with the operations manager. The operations manager confirmed that staff had access to the agency's policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

The majority of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The UCO was informed that complaints had been made regarding consistency of carers, timekeeping, missed calls and standard of work.

Concerns regarding poor communication by the office and improvements not being sustained following complaints were both raised with the UCO. These areas of concern were discussed with the operations manager during inspection who stated that complaints had been received and had been fully satisfied following discussions with service users. The operations manager stated that any complaints raised have been dealt with to completion. Informal queries have been addressed and have usually been satisfactorily remedied within a 1-5 day period. Where they have been in relation to times there has been an occasion where due to absence runs have been split and re-ordered which have caused times to move on runs temporarily and this has been an issue that has been addressed by recruitment. On a number of occasions the office have contacted service users to let them know a run is late and to update service users, this is not always passed on the family however, who may review call times in books at a later time.

The agency's complaints procedure viewed was found to be appropriately detailed, including details of independent advocacy services. The complaints information was also reviewed within the service user guide during inspection and found to be appropriate. The complaints log was viewed for 2016 and 2017 to date, with two complaints recorded. These were found to be fully satisfied with service users.

Discussion with the operations manager and care coordinator and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The on-call system in operation was described as extremely valuable to staff for seeking advice but also as a support and reassurance outside office hours. The operations manager discussed supervision, team meetings, annual appraisal and training processes as supportive and informative in helping them to provide care to service users. The care coordinator and operations manager also reflected that current staffing arrangements are appropriate in meeting service user's needs.

Ongoing communications with trust professionals were presented for review during inspection and supported an open and transparent communication system between the agency and the commissioning HSC Trust.

Feedback provided to the inspector and the UCO indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff and the managers. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The registered provider has worked with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide (April 2016) are kept under review, and have been revised when necessary.

The inspector was informed by the operations manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that a number of staff are registered with NISCC. Documentation in place showed that the remaining staff are awaiting their registration certificates.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr J Hoy, Operations manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 23 (2) (3) (4)

Stated: First time

To be completed by:
Immediately

23-(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—

- (a) arranges the provision of good quality services for service users;
- (b) takes the views of service users and their representatives into account in deciding—
 - (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and
 - (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.
- (3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph and in the form and manner required by the Regulation and Improvement Authority.
- (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

Response by registered provider detailing the actions taken:
Following discussion with the inspector and some follow up work a format of monitoring report has been agreed. This will initially be undertaken and sent each month by the Operations Manager but Admiral Care Services will endeavour to find a third party to undertake the quality monitoring to ensure impartiality.



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