

Unannounced Care Inspection Report 16 December 2019



Admiral Care

Type of Service: Domiciliary Care Agency
Address: 4 Joymount, Carrickfergus, BT38 7DN
Tel No: 028 9086 4055
Inspector: Corrie Visser

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency which provides a range of personal care services, meal provision and sitting services to people in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. The services are provided in the areas of Newtownabbey, Greenisland, Carrickfergus, Larne, Carnlough and the surrounding areas. The Northern Health and Social Care Trust (NHSCT) commission these services.

3.0 Service details

Organisation/Registered Provider: Admiral Care Services (NI) Ltd	Registered Manager: Ms Dawn Elizabeth Smith
Responsible Individual: Ms Dawn Elizabeth Smith	
Person in charge at the time of inspection: Mr Jonny Hoy, Operational Manager	Date manager registered: 17 November 2010

4.0 Inspection summary

An unannounced inspection took place on 16 December 2019 from 09.45 to 14.10 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to training and development, ensuring staff are registered with the Northern Ireland Social Care Council (NISCC), policies and procedures, quality monitoring reports, liaison with service users and their relatives and staff recruitment.

Areas requiring improvement were identified in relation to the signing of care plans and missed calls to service users.

Service users commented:

- "I am very happy with the service."
- "I am very happy with the girls and fellas."
- "I am amazed at the help that I didn't know was there."
- "I couldn't complain about them."

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Jonny Hoy, Operational Manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 7 June 2018

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports and most recent QIP dated 7 June 2018
- record of notifiable events submitted to RQIA since the previous inspection
- all correspondence received by RQIA since the previous inspection

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

- discussion with the operational manager
- examination of records
- evaluation and feedback

The following records were examined during the inspection:

- RQIA Registration certificate.
- A range of policies and procedures.
- Records confirming registration of staff with the Northern Ireland Social Care Council (NISCC).
- Accident/incident records and adult safeguarding records.
- Five service user records regarding review, assessment, care planning and quality monitoring.
- Complaints records.

- Monthly quality monitoring reports.
- Four staff recruitment records.
- Five service users' daily logs.

Following the inspection the inspector spoke to four service users, three professionals and the relative of one service user.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The inspector would like to thank the operational manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 7 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This related specifically to:</p> <ul style="list-style-type: none"> • the requirement to obtain two references, one from an applicant's most recent employer, • the completion of a statement by the registered provider, or the registered 	Met

	<p>manager, as the case may be, that the person is physically and mentally fit for the purposes of the work he is to perform and</p> <ul style="list-style-type: none"> • having a satisfactory written explanation of any gaps in employment. 	
	<p>Action taken as confirmed during the inspection: The inspector reviewed four staff recruitment files. It was identified from records viewed that there were no gaps in employment and appropriate references were sought and retained. In addition there was a statement in relation to the person being physically and mentally fit for the position.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 10.4 Stated: First time</p>	<p>The registered person shall ensure that information held on record is accurate, up to date and necessary. This includes, but is not limited to, all required signatures within records of induction.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed five induction records and all records were signed appropriately. The training matrix indicated that all staff are up to date with their mandatory training.</p>	
<p>Area for improvement 2 Ref: Standard 14.1 Stated: First time</p>	<p>The registered person shall ensure that the agency's procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p>	Met
	<p>Action taken as confirmed during the inspection: The agency's adult safeguarding policy and procedures were reviewed in May 2019 and were compliant with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p>	
<p>Area for improvement 3 Ref: Standard 3.3</p>	<p>The registered person shall ensure that all care plans include information on:</p> <ul style="list-style-type: none"> • the care and services to be provided to 	Partially Met

Stated: First time	the service user <ul style="list-style-type: none"> • directions for the use of any equipment • the administration or assistance with medication • how specific needs and preferences are to be met • the management of identified risks 	
	Action taken as confirmed during the inspection: The inspector noted that care plans reflected the needs of the service user including what medication is required and when it is to be administered, however it was noted that these were not signed by the service users or their next of kin. Details of manual handling requirements were included on the care plan and the Occupational Therapist has oversight of this. Risk assessments for the five service users were completed and signed accordingly.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The operational manager confirmed care services could not be provided to a service user until the necessary information had been received from the relevant Health and Social Care Trust (HSC) which included: referral information and care plan, relevant assessments and risk assessments, as applicable. The inspection evidenced that assessments had been undertaken for the service users in respect of mobility, health needs and their ability and levels of communication. It was also evidenced that the service users' care plans were reviewed and updated regularly, however it was noted that they were not signed by the service users or their next of kin. This was discussed with the operational manager who advised that the signed copy is retained in the service users' home. It was advised by the inspector that a signed copy also needed to be retained by the agency. This was stated in the previous QIP therefore this has been re-stated as an area for improvement.

The inspector was advised by the service users and their relatives that were spoken to that they had no concerns regarding the provision of safe care by the agency, however indicated that on occasions calls can be late but that they are contacted advising of same. Examples of some of the comments made by services users or their relatives are listed below:

- "All the girls are very good."
- "The girls are rushed off their feet but I couldn't complain about them."

- “When the girls are late my husband does their job.”
- “We appreciate Admiral calling to make sure we are ok and if we have gone to bed early, they leave a note to let us know they called.”
- “I go through my social worker if I have any complaints.”

Four recruitment files were reviewed during the inspection. It was evidenced that all of the pre-employment information had been obtained in accordance with Regulation 13 and Schedule 3. The provider had a checklist in place to ensure all of the relevant checks were completed prior to the commencement of employment. New employees received an in depth induction including two day training with nursing staff, two day in house induction, three days of shadowing an experienced worker and in addition had to complete a three month probation period. It was noted that newly recruited care workers work in conjunction with another carer until all mandatory training has been completed. The layout of the application form was discussed with the manager in relation to previous employment and any gaps; it was discussed that this information is obtained during interview. It was positive to note that staff complete training in relation to a range of basic clinical skills, as part of the induction process, including: catheter and stoma care, oral and nail hygiene, pressure care, nutritional support and continence care. Review of a sample of staff induction records evidenced that staff received safeguarding training which is refreshed as part of mandatory training updates on an 18 monthly basis.

No concerns were raised in relation to the care workers not meeting the needs of the service users. There was no evidence of call cramming on the rota. The agency has a computer system in place for monitoring staff arrival and departure time at service users' homes. This system allows for the staff to advise if they visited the service user's home but did not gain access or if the service user has requested to cancel a call.

Staff supervision records were reviewed during the inspection and it was positive to note that there was a matrix in place to record and monitor the frequency of supervisions and appraisals of staff and to ensure they were being maintained. Training and learning needs were identified during supervision with staff. Management ensured that training was put in place to ensure that staff were appropriately trained and that a good standard of care was being provided.

The agency has a training matrix that supports them in ensuring that staff's experience and knowledge is kept up to date. There was evidence of in house training having been provided including moving and handling, first aid, safeguarding, infection control and challenging behaviour training. There was an e-learning training programme for staff including food safety, record keeping and confidentiality. All training for staff was up to date and the inspector noted the agency had identified future training dates for all staff.

The agency has an identified Adult Safeguarding Champion (ASC). All incidents in relation to medication errors were managed appropriately and referred to the relevant Trust; additional training was provided to the staff involved. The agency did not have an Adult Safeguarding Position Report on the day of inspection. This was discussed with the operational manager who advised this will be relayed back to the director who completes these reports. It was advised that this report will be mandatory from April 2020 and will be reviewed as part of the inspection process.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal.

Areas for improvement

No new areas for improvement were identified. One area of improvement has been stated for a second time in relation to the signing of care plans.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Service users reported to the inspector that calls can be late however the care being provided is not rushed. Feedback from one service user highlighted that the time of the calls can be changed without consultation. It was reported that the care workers appear to know that the time has changed however the service user is not informed. It was reported that office staff change the time of the calls. A service user reported that they understand the care workers are rushed off their feet and could not complain about them as they are all very good. Another service user commented on the timing of calls. They were advised to speak to their social worker about changing the timings of the package of care. A service user reported that they would like to receive care from their previous care provider as they are not happy with the package of care. This appeared to be in relation to the number of care workers providing their care. It was reported that this has been raised with his social worker and is being looked at, however they were content with the service they are currently receiving and reported that their human rights are being met.

Five service users' files were reviewed during the inspection. There were a number of missed calls identified in four of the files. This was discussed with the operational manager who attempted to ascertain if these calls were cancelled however was unable to provide details of the reasons that calls had been missed. An area for improvement has been made in this regard.

The needs of the service users are identified by the referring HSC Trust with input from other professionals including an occupational therapist. Care is not provided to any service user unless all the relevant assessments and signed paperwork have been received by the agency. The operational manager advised that this is to safeguard service users and the care workers.

A review of a sample file provided to service users in their own home was noted to contain the agency's Statement of Purpose, Service User Guide and Agreement, an agency care plan, service user assessments and a daily care diary, which is used to direct and record care provided. The Service User Guide issued to service users at commencement of the care package included details of support available in reviewing their care package or making a complaint.

Service user records viewed on the day of inspection included referral information received from the appropriate referring professionals and contained information regarding service users and/or their representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments, as necessary.

The agency maintained recording sheets in the service users' home file on which care staff record details of their visits. The operational manager advised that the daily recording sheets are collected weekly by agency team leaders and audited. The inspector reviewed a sample of records during inspection and found them to be satisfactory. The care that service users require was recorded in the daily logs; if the service user does not wish to receive a certain aspect of their care package, this is recorded and a note is made of what task was done instead.

There was evidence that the opinion of the service users of the care being provided were sought on a monthly basis and included in the quality monitoring reports. This also included consultation with the commissioning Trust.

There was evidence of team meetings being held; the minutes recorded were available on the portal which all staff have access to. This means that staff that were unable to attend a team meeting can access the minutes to keep up to date on the issues being discussed.

The agency has an effective communication system in place for all staff members. This system ensures that staff receive information relevant to the care and support of service users whilst also providing them with support from the management team and out of hours support.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between the management team and care staff, service users and stakeholders.

Areas for improvement

An area for improvement was identified during the inspection in relation to missed calls to service users.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with the service users and relatives indicated that the care being provided was compassionate. There was a general consensus that the care workers treat them with dignity and respect and they take their time during calls.

Examples of some of the comments made by service users and their relatives include:

- "I am very happy. All the girls are very good."
- "The girls are nice, attentive and excellent."
- "They check to see if they can do anything to help us such as make the beds or make us a cup of tea. We are very grateful to have them."
- "They are friendly and allow me to make my own choices."

During the induction process the new members of staff undergo training in relation to human rights and confidentiality. The service users' needs and choices are incorporated into their care plans and various aspects are assessed to ensure their dignity is being promoted. The service users and their next of kin are contacted and included in review meetings relating to the care they receive; this ensures that their views and comments are listened to and respected.

The inspector spoke to a number of professionals in relation to the care being provided by Admiral Care and the some of the comments include:

- “Good communication from the agency.”
- “They are quick to come back to respond to any issues.”
- “Calls were a bit late to one service user however; this was sorted out between them.”
- “Good relationships with service users.”
- “Staff are respectful.”

In addition, the operational manager advised there was an ongoing quality monitoring system to encourage and obtain service user feedback at various intervals. This included monthly monitoring telephone calls, ongoing care reviews with NHSCT staff, and an annual service user satisfaction survey. In addition, team leaders regularly undertook spot checks of staff practice to ensure effective service delivery.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency has robust quality monitoring reports which are completed following the monthly monitoring audit. The reports review the care being provided, incorporate any incidents/accidents that have occurred during the month, analyse any trends and identify if there is learning for staff. An area of concern was identified in relation to medication errors; it was noted that the staff involved in these incidents were provided with additional training. There was good evidence of consultations with service users, their relatives, staff and referring professionals. Some of the comments from professionals included:

- “Spoken to management a few times over the phone, they are friendly.”

- “The service user loves the carers, she has never complained about the time spent with her.”
- “I (social worker) have never received any complaints about the time spent with the service user.”

No complaints had been made from the previous inspection. All accidents/incidents were managed in line with the legislation and minimum standards and the commissioning HSC Trust were informed of any incident/accident that had occurred. The inspector was satisfied that these were managed appropriately.

The agency has a range of policies and procedures in place that were reviewed in line with the minimum standards; they were updated in May 2019. Staff are provided with details of the agency’s policies and procedures during their induction process.

The RQIA registration certificate was up to date and displayed appropriately.

Areas of good practice

There was evidence of good practice in relation to the monthly monitoring reports and details held within these, the management of incidents and the agency’s policies and procedures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 10.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing from the date of inspection</p>	<p>The registered person shall ensure that information held on record is accurate, up to date and necessary.</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> • all required signatures are recorded on service users' care plans, (where the service user is unable or chooses not to sign this is recorded). <p>The agency should retain a signed copy of the service users' care plans within the agency office.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following consultation the Care Plan completion process has been modified so that authorised delegated signatories can sign plans off. Pro-forma has been altered to include space to record where SU / representative is unable or chooses not to sign plan.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.1</p> <p>Stated: First time</p> <p>To be completed by: immediately following the date of inspection</p>	<p>The registered person shall ensure there is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.</p> <p>This relates to missed calls to service users. The agency is required to have a system in place which records any calls which did not occur to the service user or if the service user has cancelled the call.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Daily record sheets have been modified to a personalised, task specific format which, with the dynamic electronic real time recording, will highlight any calls that may be missed or outside agreed timescales. Professional staff receive same day notification via email (within 72 hours over bank holiday periods) of cancelled calls to ensure up to date information is shared.</p>

Please ensure this document is completed in full and returned via Web Portal



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