



Department of Health and Social Care

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*Rheyynn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Domiciliary Care Agency**

Caros Care

### **Announced Inspection**

29 November 2021

***Registration and Inspection Team,  
1<sup>st</sup> Floor, Belgravia House,  
34-44 Circular Road, Douglas, Isle of Man, IM1 1AE.***

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**Part 1 - Service Information for Registered Service**

**Name of Service:**

Caros Care Ltd

**Telephone No:**

(01624) 822767

**Care Service Number:**

ROCA/P/0215A

**Conditions of Registration:**

None

**Registered company name:**

Caros Care Ltd

**Name of Responsible Person:**

Caroline Ronan

**Name of Registered Manager:**

Diane Moore

**Manager Registration number:**

ROCA/M/0245

**Date of latest registration certificate:**

16 January 2020

**Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring):**

None

**Date of previous inspection:**

11 September 2020

**Person in charge at the time of the inspection:**

Caroline Ronan

**Name of Inspector:**

William Kelly

**Part 2 - Descriptors of Performance against Standards**

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

**Compliant**

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

**Substantially compliant**

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

**Partially compliant**

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

**Non-compliant**

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

**Not assessed**

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

### Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

### Summary from the last inspection

#### Number of requirements from last inspection:

Four

#### Number met:

Four

#### Number not met:

None

### Overview of this inspection

**Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.**

This was an announced annual inspection, covering a number of standards within the Domiciliary Care Agencies Minimum Standards 2017.

During the inspection, service user's care plans and records were reviewed and measured against the standards.

Areas looked at during this inspection included assessing the care needs of the service users, care planning and risk assessment, administering medication, the recruitment and selection of staff members and quality assurance.

The inspector also had an opportunity to gather feedback from a number of service users, who reported that they were very happy with the services they received, found the carers were very kind, caring and professional, and enabled them to continue to live in their own home.

Feedback from members of staff, informed the inspector that they had received sufficient information and training to meet the needs of the service users and continued to feel supported by the management.

The responsible person provided the inspector with feedback throughout the inspection.

## Part 4 - Inspection Outcomes, Evidence and Requirements

### Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1 – Information about the service

Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.

1.1

#### Our Decision:

Compliant

#### Reasons for our decision:

The agency produced a Statement of Purpose, which had been reviewed in September 2021 and included all of the criteria set out in Schedule 3 of the Regulation of Care (Registration) Regulations 2013.

#### Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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#### Requirements:

None

#### Recommendations:

None

### Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 – Assessment

The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

#### Our Decision:

Compliant

#### Reasons for our decision:

The inspector had an opportunity to review the care needs assessments for a number of service users, which were found to have been completed prior to a service being provided by the agency. The assessments had been completed by the manager, or the responsible person, who had been suitable qualified to do so.

The care needs assessments were examined and found to be extremely comprehensive, containing sufficient information to meet all of the criteria of the standard.

It was reported that copies of the care needs assessments, care plans and daily routines had been available at the service user's home. Feedback from the carers confirmed that the manager or responsible person had gone through the care plans with them, either in the office prior to meeting the service user, or at the service user's home during their first visit.

The agency had provided a service to some of their clients at short notice. It was reported that, prior to commencing with a service, either the responsible person, or the manager, had completed an initial assessment of needs and appropriate risk assessments for all service users.

The staff handbook contained procedures for carers to follow when reporting any changes to the care needs, or circumstances, of the service user. The responsible person reported that, if a service user's requirements changed significantly, they would complete a re-assessment of their care needs.

Records evidenced that a care review and evaluation had been completed with the service user on an annual basis. The evaluation process substituted the care needs assessment and identified any changes in the service user's needs.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

**Our Decision:**

Substantially Compliant

**Reasons for our decision:**

Care plans had been formed following the care needs assessments. The care plans had been signed by the service user, confirming that they had been developed with their agreement; however, for service users who did not have the capacity to contribute to the development of their care plans, due to a cognitive impairment, there was no evidence that a capacity assessment had been undertaken, and a best interests decision made, to determine the level of support most appropriate for the service user.

Care plans, for some service users, had not contained sufficient details to meet their assessed needs; for example, where a service user had significant communication difficulties.

Records and feedback from service users, evidenced that the services provided by the agency had promoted and supported their independence, as much as possible.

Care plans had identified the tasks for the carers to undertake, to meet the individual needs of the service users; however, for service users with more complex needs, the care plans had not provided the carers with sufficient information and details appropriate to meet those needs.

Some care plans were found to have been reviewed on a regular basis, when the needs and circumstances of the service users had changed; however, the review dates for one service user had not been recorded correctly, to evidence that a review had been conducted at least annually.

Discussions with the manager and feedback from the service users had determined that they had copies of their care needs assessments, support plans and routines within their home and had access to those documents, if they so wished.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

Four

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 7 – Medication**

The agency's policy and procedures on medication protect service users.

**Our Decision:**

Substantially Compliant

**Reasons for our decision:**

The agency had a number of medication policies and procedures, which had identified the limits to the support offered by the agency, and the tasks carried out by the carers to assist the service users with monitoring and administering their medication. The policies had all been reviewed and updated recently.

The policies, when put together, contained all the procedures for the management and handling of the service user's medication, and were sufficient to fulfil the criteria of the Standard.

The inspector had an opportunity to review staff records, which determined that all of the carers had completed medication administration training and their certificates were available for inspection.

Service user's that had been supported by the carers with their medication, each had medication care plans in their files. However, there were no medication risk assessments, identifying the potential harm associated with the service user's prescribed medication, what actions had been agreed upon to reduce the risk of harm, or inform the carers on what to do if there had been a medication error.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

One

**Recommendations:**

None



**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 8 – Health & Safety**

The health, safety and welfare of service users and care and support staff is promoted and protected.

8.3

**Our Decision:**

Substantially Compliant

**Reasons for our decision:**

Records showed that the agency had completed risk assessments, demonstrating that they had developed a risk management strategy.

Service user's files contained a number of risk assessments, which included identifying potential harm associated with their living environment, their mobility and mobility aids and specialist equipment required to meet their individual needs. However, for some service user's, there was no evidence that risk assessments had been carried out on daily activities that constituted or suggested a risk of harm.

There was no evidence to support that the risk assessments had been developed in consultation and agreement with the service user, or their representatives, on how best to manage the risk of harm.

There was no evidence that the risk assessments had been reviewed when a service user's needs had changed, or at least every six months.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

One

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 9 – Safeguarding**

Service users are protected from abuse, exploitation, neglect and self-harm.

9.5

**Our Decision:**

Compliant

**Reasons for our decision:**

Training records verified that all staff had attended adult safeguarding training, which had been undertaken within the staff member's probation period. Records also identified future dates when this training needed to be refreshed.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 10 – Security of the Service User’s Home**

Service users are protected and are safe and secure in their home.

10.3

**Our Decision:**

Compliant

**Reasons for our decision:**

The inspector had an opportunity to review a number of the carer’s identity cards, which were found to comply with all of the criteria within the standard. Feedback from the service users established that the carers had their badges on display during each visit.

**Evidence Source:**

Observation		Records		Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 12 – Recruitment and selection of staff**

The well-being, health and security of service users is protected by the agency’s policies and procedures on recruitment and selection of staff.

12.2, 12.3

**Our Decision:**

Compliant

**Reasons for our decision:**

The agency had carried out a number of pre-employment checks, prior to the recruitment and selection of new staff, which fulfilled the criteria of the standard.

Records demonstrated that the agency had verified the identity of the new employees, obtained two references and the appropriate enhanced Disclosure Barring Service (D.B.S.) checks, prior to commencing their employment.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 13 – Development and training**

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

13.1, 13.2

**Our Decision:**

Compliant

**Reasons for our decision:**

The agency had developed a training programme for their staff, and records determined that all staff members had completed the mandatory training identified within appendix B of the Standards.

Feedback from the service users determined that they felt safe with the carers and that they were adequately trained and competent to deliver the support being provided.

The agency had a formal staff induction programme, which included a 3-day orientation period at the start of their employment. There were twenty two tasks the new employee had to complete during their induction, plus a three-month employment review with the manager or responsible person.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 19 – Complaints and compliments**

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

19.4

**Our Decision:**

Compliant

**Reasons for our decision:**

The agency had not received any complaints since the last inspection; however, discussions with the responsible person confirmed that the agency's complaint policy would have been followed if they had received a complaint.

Feedback from service user's indicated that they knew how to make a complaint and felt comfortable in approaching the manager or responsible person with any concerns.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)  
Standard 20 – Quality Assurance**

The service is run in the best interests of its service users.

20.2

**Our Decision:**

Compliant

**Reasons for our decision:**

Records evidenced that the agency had sent out quality assurance questionnaires to the service users, and/or their representatives, on an annual basis, asking for feedback on the care and support they had received. Feedback questionnaires had also been sent to each member of staff within the agency.

It was reported by the service users, that the manager, or responsible person, had also visited them on a regular basis and enquired about their experiences of the care they had received.

All responses from the service users and staff had been archived, and information from the feedback process had been scored, collated and included in the agency's annual report.

There had been no safeguarding concerns since the last inspection. Records showed that information from any accidents and incidents had also been collated annually and included in the agency's annual report.

**Evidence Source:**

Observation		Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

**The inspector would like to thank the management, staff and service users for their co-operation with this inspection.**

**If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.**

**Inspector:** William Kelly

**Date:** 22 December 2021

**Provider's Response**

**From:** Caros Care Ltd.,

I / we have read the inspection report for the inspection carried out on **29 November 2021** at the establishment known as **Caros Care**, and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

**Or**

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

**Signed**

**Responsible Person**

C A Ronan

**Date**

20.02.2022

**Signed**

**Registered Manager**

**Date**