Inspection Report

Regulation of Care Act 2013

Domiciliary Care and Child Care Agencies

Western Home Helps

Announced

17/01/2017

11.30-16.10
Completing and returning your report

To complete your report form, enter text by clicking on the box see the instructions below.

Use the tab key to move to the next box.

1. Provider’s action plan
   a. Add details of your actions to complete the requirements/recommendations (if applicable)

2. Provider’s comments/response
   a. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
   b. State any factual inaccuracies found, add comments (if applicable)
   c. Sign (type name when returning electronically) and date

3. Return your report to randi@gov.im within 4 weeks

4. Do not use any other method e.g. links to Cloud or other file sharing services

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Part 1: Service information

Part 2: Descriptors of performance

Part 3: Summary of Inspection Outcomes

Areas of good practice
Quality improvements subsequent to the previous inspection
Areas for improvement
Demeanour of and feedback from clients/service users

Part 4: Inspection Outcomes and Evidence and Requirements

For this inspection the Unit has decided to inspect the following key groups of standards, taking account of the outcomes of the Quality Care Commission “Not Just a Number February 2013” inspection programme overview and the new Home Care Guideline from the National Institute for Health and Care Excellence (NICE) 2015.

Standard 2 - Care Needs Assessment
Standard 7 - Personal Care and Support
Standard 11 - Safe working practices

In addition the following areas will be considered in each inspection:
Statement of purpose
Complaints
Safeguarding

Part 5: **Previous Requirements**
Compliance with requirements and good practice recommendations from previous inspections

Requirements and good practice recommendations identified from this Inspection.

Part 6: **Provider’s comments / response**
### Service Information

<table>
<thead>
<tr>
<th><strong>Name of Service</strong></th>
<th>Western Home Helps</th>
<th><strong>Tel No:</strong></th>
<th>(01624) 213372</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered number</strong></td>
<td>ROCA/P/0206</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>Thie Ny Treisht</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marine Parade</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isle of Man</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IM5 1PA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conditions of Registration</strong></td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Brief Description of Service and Services Provided**

Western Home Helps is a service whose aim is to provide adults/older people living at home with a service that meets their needs and is delivered in a caring and professional manner promoting independence and supporting them in maintaining control of their lives. Referrals are made directly by the potential service users themselves, their relatives, carers or a professional such as a social worker.

**Service Information**

**Email Address:** westernhomehelps@gmail.com

**Name of Registered Manager:** Frances Griffiths

**Registered number:** ROCA/M/0051

**Type of Service:** Domiciliary care service

**Date of latest registration certificate:** 24/10/2014

**Assessed risk level of service:**

- Pre-inspection: Low
- Post-inspection: Low

**Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring risk level increases):** Not applicable

**Date of previous inspection:** 31/03/16

**No of individuals using the service at the time of the inspection:** twelve (12)

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

**Name of Inspector(s):** Egle Leadley
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.

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.

**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**
Summary of Inspection

This is an overview of what the inspector found at the time of the inspection.

The purpose of this inspection was to:

- Check the service’s levels of compliance with standards and regulations as set out in Part 4.

Areas of good practice:

The manager was very welcoming, helpful and open. The files in the office were well organised and easy to navigate.
The care plans seen were well written, comprehensive and clearly set out support required, as well as identified areas of flexibility to enable the service user maximise their potential and maintain independence.

Quality improvements subsequent to the previous inspection: Six requirements were made following the last inspection. Five requirements were met.

Areas for Improvement

The requirements were made in the following areas:

- The manager needs to ensure that care plans and care plan reviews are drawn up with the involvement of the service user, wherever possible or their representative, family and any other professional.
- The manager needs to ensure that the policies are reviewed as per the timescales stated on the documents and in line with the requirements of the Minimum Standards.
- Whistleblowing policy needs to be reviewed.
- The manager needs to ensure that all staff members complete mandatory training on health and safety within timely manner following their appointment to the role.
- The policy on maintaining personal safety and managing aggressive behaviour policy must be amended to include reference to the use of physical intervention.

Demeanour of and feedback from service users/clients:

The feedback from the service users and their relatives was sought by the inspector via phone conversations and questionnaires. Questionnaires were also left for staff and professionals. One relative was spoken to via phone and three filled in questionnaires were returned to the inspector. Three staff questionnaires were returned. The feedback was positive. Some of the comments made by service users/relatives were:

- "Fran Griffiths, who I have contact with, seems very professional, comprehensive and encompassing all aspects of care in her approach as well as seems to have extensive connections and suggestions in any of the problems encountered so far”;
- "She is also very good at staying in touch and will respond quickly to any email or phone contact as well as raising and checking concerns from their perspective”;
- "I’m very happy with the service”;
- "Care plans reviewed as often as need arises. I am of course consulted”;
- "They look after *** very well”;
- "Reliable, helpful and cooperative carers”;
- "Continuity of care always assured. This is blessing to me”;
- "Could not fault the service";
• “Always treat with respect”;
• “I had no complaints”;  
• “My *** is always treated with great kindness and utmost respect”;
• “The service *** receives is beyond reproach”; 
• “Very happy”.

Questionnaires returned by staff evidenced their knowledge in adult protection procedures as well as managing complaints and reporting any changes in client’s needs. Some comments made by staff were:

• “I can always contact the manager & deputy”; 
• In regards to knowing client’s needs - “Always escorted to the first visit or more if needed. Discussed in detail + written info given”; 
• “I am very proud to be a part of Western Home Helps and I believe the care delivered is of a very high standard”; 
• “Fran Griffiths is a very caring and understanding manager who looks after her staff as well as the clients”; 
• “Western Home Helps is a wonderful company.”
### Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
#### Standard 2 – Care Needs Assessment

**OUTCOME:**
The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.

**Our decision:**
Compliant

**Reasons for our decision**
The manager explained that she undertook all care needs assessments prior to the provision of a service. However she was also training a deputy manager to be able to carry out assessments. The care needs assessment included all areas required by the standards, apart from method of payment. The manager immediately amended the template to include it. Completed care needs assessments were kept within individual files at clients’ homes. This was also confirmed by the feedback from relatives. As well as the care needs assessment Social History questionnaire was in place, enabling the staff team to establish clients likes, dislikes, hobbies, favourite things, religious beliefs, social circle etc. The information from the care needs assessment fed into the individual care plans. The manager explained that they did not provide service at short notice or crisis due to being a small agency. The Procedure was in place to enable care staff to report any changes to the needs and circumstances of the service users.

**Requirements and recommendations**

**Standards 2.2**
The care needs assessment needs to include all the areas listed within the standard.

**Timescale:** Met during the inspection

**Provider’s action plan**
Not applicable

### Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
#### Standard 7 – Personal Care and Support

**OUTCOME:**
The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.

**Our decision:**
Substantially compliant

**Reasons for our decision**
The inspector had an opportunity to read several randomly selected care plans. All of the care plans read were well written, comprehensive and clearly set out support required, as well as identified areas of flexibility to enable the service user maximise their potential and maintain independence. The
manager explained the process of care planning to the inspector. After initial care needs assessment the manager drew up initial care plan and then worked with the service user herself for a week or so, giving her an opportunity to get to know person and her/his needs better. The manager than wrote up more in depth care plan covering all the areas required. This process enabled the manager to ensure that the care plans were detailed and provided all information needs to enable staff to meet the clients’ needs in line with her/his preferences, likes/dislikes. The plans were reviewed at least every three months, or as required. The care plans were kept in the office and the clients homes. The inspector has noticed that the care plans kept at the clients’ homes were regularly updated following reviews; however some of the office copies were not updated at the same time. The manager needs to ensure that the care plans held in both locations were the same and up to date. The inspector had a long discussion with the manager in regards to service user and/or their representative in care planning and reviews. As the care plans seen by the inspector did not evidence involvement by either. The manager explained that she had regular communication with families of the service users, however found it difficult get them involved in care plan reviews or even reading and signing care plans. The feedback received from the relatives also confirmed ongoing communication with the manager in regards to any care needs and care planning. If the service user and/or the family refuse to be involved in care planning or reviews or sign the care plans this should be recorded.

Requirements and recommendations

Standard 7.3 and 7.6

The manager needs to ensure that care plans and care plan reviews are drawn up with the involvement of the service user, wherever possible or their representative, family and any other professional.

Timescale: June 2017

Standard 7.3

The manager needs to ensure that the care plans held in both locations were the same and up to date.

Timescale: May 2017

Provider’s action plan

The Manager and deputy have decided that for new clients, a summary of the care plan with main points will be included in the notes which hopefully clients or their representatives may find easier to read and sign, relatives and clients are normally present when initial care plan is drawn up at the assessment, the manager will ask one of these to sign the initial care plan. Regarding new clients the manager and deputy will endeavour to keep copies of the care plan in both home and office and update both at the same time. Reviews of care plans will involve clients or representatives when they are able unless there are no relatives or the client is unable to undertake the task. Feb 2017
**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**

**Standard 11 Safe working practices**

**OUTCOME:**
The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.

**Our decision:**

Substantially compliant

**Reasons for our decision**

Health and safety policies and procedures were in place to comply with the requirements of health and safety legislation, however, a number of the policies were overdue for the review. The manager needs to ensure that the policies are reviewed as per the timescales stated on the documents and in line with the requirements of the Minimum Standards. The health and safety policy and procedures clearly defined individual and organisational responsibilities, arrangements for risk assessments, reporting of incidents and dangerous occurrences, managing aggressive behaviour and other required areas. A range of risk assessments were in place for each service user and their environment. The training records showed that the training in regards to infection control, moving and positioning, first aid, health and safety, medical awareness, food hygiene and fire safety were available for the staff. Not all staff members completed all the mandatory training. However the inspector recognised that members of the team who had outstanding training were in post for less than six months. The minutes of the team meetings were seen by the inspector. Various areas of health and safety were discussed during these meetings. Areas included: moving and handling, infection control, fire safety, legal framework, medication, staff and manager responsibilities, food hygiene. The inspector checked incident and accident logs as well as incident reporting file. No incidents or accidents were recorded since the last inspection. All organisational records relating to health and safety were kept in good order.

**Requirements and recommendations**

**Standards 11.1 and 25.1**

The manager needs to ensure that the policies are reviewed as per the timescales stated on the documents and in line with the requirements of the Minimum Standards.

**Timescale:** May 2017

**Standards 11.2 & 19.5**

The manager needs to ensure that all staff members complete mandatory training on health and safety within a timely manner following their appointment to the role.

**Timescale:** August 2017

**Provider’s action plan**

Policies have been reviewed and a new date for review included. The manager is using online training for health and safety training and will use this for staff who are not undertaking health and safety training within QCF level three. One staff currently needs to do the H and S course, by Aug 2017, the others are doing QCF and will undertake extensive H and S training within this. Feb 2017
### ANY OTHER AREAS EXAMINED

| Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) |
|---------------------------------|---------------------------------|
| **Standard 1.2 Statement of Purpose** | **Standard 26.4 - Complaints/Compliments** |
| **Our decision** | **Our decision** |
| **Compliant** | **Compliant** |
| **Reasons for our decision** | **Reasons for our decision** |
| The Statement of purpose was scrutinised by the inspector. It was accurate and written in plain English. The document covered all of the areas identified in the Regulation of Care (Registration) Regulations 2013 Schedule 3. | The complaints policy and procedure was seen by the inspector. It included all required information, including the contact details for the Registration and Inspection unit. The policy was in date and was due for the review in March 2017. The complaint log was checked by the inspector. No complaints were recorded since the last inspection. |
| **Requirements and recommendations** | **Requirements and recommendations** |
| None | None |
| **Provider’s action plan** | **Provider’s action plan** |
| Not applicable | Not applicable |
**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)**

**Standard 14.1 - Safeguarding**

**Our decision**

Substantially compliant

**Reasons for our decision**

The service had Adult protection and Whistleblowing policies and procedures in place. The copy of Isle of Man Inter-agency Safeguarding Adults, Adult Protection Policy 2016-2018 was also available. The adult protection policy was dated April 2016 and contained information required, including: contact details for the Access Team and Registration and Inspection unit, the need to notify the Registration and Inspection unit and types and indicators of abuse. The policy referred to Isle of Man Inter-agency Safeguarding Adults, Adult Protection Policy 2016-2018. The Whistleblowing policy and procedure was past the review date given on the document and needs to be reviewed.

All of the staff team, apart from a new starter had recently completed adult protection training and/or refresher training. The newest member of the team applied for the training and was waiting for the course date to be confirmed. The feedback from staff confirmed that they were fully aware of adult protection procedure.

No adult protection issues have been raised/recorded since the last inspection.

**Requirements and recommendations**

**Standards 14.1 and 25.1**

The Whistleblowing policy needs to be reviewed.

**Timescale: April 2017**

**Provider’s action plan**

Whistle blowing policy has now been reviewed  Feb 2017

**Other areas identified during this inspection / Or previous requirements which have not been met**

**Standard 17**

The inspector looked at one of the staff files. The file contained all pre-employment information required. Including: application form, a CV, two references, interview notes, signed contract, DBS certificate number, a copy of the employee's driving licence, as well as some copies of relevant training certificates.

The inspector had a discussion with the manager in regards to checking employees DBS certificates. The manager was advised to ensure that she notes the DBS certificate issue date and when she had seen it as well as the certificate number.

**Standard 14.6**

The policy on maintaining personal safety and managing aggressive behaviour was seen by the inspector. The policy does not include the reference to the use of physical intervention as per the
requirement following the last inspection. The inspector discussed the policy with the manager, who stated that the physical intervention was not used. The manager needs to amend the policy on maintaining personal safety and managing aggressive behaviour to include the statement that the physical intervention would not be used by staff.

Requirement carried over
Timescale: March 2017

Manager has amended the policy regarding maintaining personal safety and aggressive behaviour to include the statement that physical intervention would not be used by staff. Feb 2017
**Requirements from previous inspection**

Identified below are requirements made at previous inspections under Regulation of Care Act 2013 and progress to date:

<table>
<thead>
<tr>
<th>No</th>
<th>Regulation/Standard</th>
<th>Requirement/date for compliance</th>
<th>Met/not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Standard 14.7</td>
<td>Refresher training in adult protection must be organised every two years.</td>
<td>Met</td>
</tr>
</tbody>
</table>
| 2  | Standard 14.2       | The adult protection policy must be amended to include:  
  * reference to the Isle of Man Government Inter Agency Adult Protection Policy and Procedures 2013-2015  
  * mention of the need to notify Registration and Inspection  
  * contact details for the Access Team and Registration and Inspections  
  * information in relation to the types and indicators of abuse. | Met         |
| 4  | Standard 4.3        | A signed copy of the service user’s contract must be held in both the service user’s home file and the office file. | Met         |
| 5  | Standard 26.1       | The complaints procedure must be amended to include contact details for the Registration and Inspection Unit | Met         |
| 6  | Standard 14.6       | The policy on maintaining personal safety and managing aggressive behaviour policy must be amended to include reference to the use of physical intervention | Not Met     |

**Good practice recommendations from previous inspection**

Identified below are recommendations made at previous inspections under Regulation of Care Act 2013 and progress to date:

<table>
<thead>
<tr>
<th>No</th>
<th>Standard</th>
<th>Recommendations</th>
<th>Met/not met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please complete the provider action plan sections beneath each requirements and recommendation section providing details of action taken (or to be taken) with timescale for each.

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 please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Egle Leadley Date: 06/02/17
To: The Registration and Inspection Unit, 3rd Floor, Murray House, Mount Havelock, Douglas IM1 2SF

From: Western Home Helps

I / we have read the inspection report for the unannounced inspection carried out on 17th of January 2017 at the establishment known as Western Home Helps, and 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). yes

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

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from the receiving the 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) ☐

I was unable to access the above box regarding provider comments, I would like to say how professional and thorough the inspector was. She also appeared to listen to my concerns regarding some of the expectations that are placed on clients and relatives regarding signing paperwork. I felt she was helpful in trying to help me resolve these issues.

Signed
Manager  F K Griffiths

Print name  Frances Karen Griffiths

Date  12/02/2017

Signed  Click here to enter text.

Print name  Click here to enter text.

Date  Click here to enter text.

Action plan/provider’s response noted and approved by Inspector:

Date:  13/02/17  Signature/initials EL