

Annual Inspection Report 2022-2023

Western Home Care

Domiciliary Care

9 November 2022



Isle of Man
Government
Kyllys Eilan Vannin

DHSC

An announced inspection was carried out on 9 November 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

Western Home Care is a domiciliary care agency that arranges for others to be provided with personal care or personal support, with or without practical assistance to those in their own private dwelling.

People’s experience of using this service and what we found

To get to the heart of people’s experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas for improvement are required in relation to care records, staff pre-employment checks, staff induction format and policies and procedures.

Systems and processes were in place to protect people from the risk of abuse. People’s needs were being appropriately assessed. People felt safe with the staff who came into their home.

Staff confirmed that they received training that enabled them to meet people’s needs. People said that staff were suitably trained and competent.

Care plans were written in such a way to promote independence. People were very complimentary about the care and support that they received from staff.

People confirmed that staff supported them in a way which met their needs and preferences.

The manager was able to keep in regular contact with people and to observe staff practice.

At this inspection we found improvements had been made in response to the previous inspection.

About the service

Western Home Care is a domiciliary care agency.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 1 November 2022. We visited the location's office/service on 9 November 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A range of records were reviewed. This included four people's care records examined in detail. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and staff supervisions and appraisals were reviewed.

After the inspection

We spoke to eight people who received a service and asked them questions about the care that they received.

We received written feedback from two members of staff who provided their views about the service and their experience of the care provided. One staff member was spoken to.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

This service was found to be safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems and processes were in place to protect people from the risk of abuse. Staff received training in safeguarding. Staff were clear on what to raise as an allegation of abuse and felt confident that any concerns would be treated seriously by the manager. Staff were made aware of the providers safeguarding process on induction. Staff were given copies of the safeguarding and whistleblowing policy.

People said that they felt safe with the staff who came into their home.

The manager had raised an alert with the Safeguarding Team, but did not inform the Registration and Inspection Team. A discussion was had with the manager regarding what the regulator must be notified of, including any safeguarding concerns.

Staff were aware of their responsibilities if an accident / incident occurred and to report any changes to a person's needs and circumstances.

Assessing risk, safety monitoring and management

People's needs were being appropriately assessed prior to the provision of a service. Care plans had been developed and written in such a way as to minimise any risk to people's health and wellbeing.

Risks people may face were identified and assessments were in place to manage these risks. Spot checks by the manager enabled any potential environmental hazards in people's homes to be highlighted and managed.

Care plans and risk assessments were being reviewed regularly, but it was not always evident that the client / representative had been involved in the review process. A new assessment of needs must form part of the review process. This was not evidenced.

Paper care records were stored securely in the provider's office with records also kept in people's homes.

The manager described how the safety of equipment used in people's homes, such as hoists, was monitored. Equipment, once serviced, had the date written on a sticker that was then placed on the equipment. A risk assessment examined on inspection instructed the reader to check the sticker and date on a person's transfer aid prior to use.

Staffing and recruitment

The files of all staff who had started since the last inspection were scrutinised. One person had been started in lieu of the return of a second reference. The manager was informed that if an

agreement was reached with the Registration and Inspection Team, new staff would be able to start, under supervision and with a risk assessment in place, prior to all checks being received. All other required pre-employment checks were in place.

The manager said that on a person's initial assessment they would be thinking about what staff would be best to provide care to the person, based on their personality and skill set.

Using medicines safely

A medication policy covered the obtaining, recording, storing, administering and disposal of medication. Initial assessments identified a person's medication requirements. Medication was listed, including details of the use for each medication. The level of support required to take medication was detailed in care records. Care records must detail how a person's medication is delivered and stored, e.g. medidos box. If a person is unable to take responsibility for his or her own medication, the reason must be documented.

Risk and control measures were documented.

Staff received training on medication. Staff were having their competency to administer medication assessed. A discussion was had with the manager to possibly include more "what if" scenarios in the competency assessment.

Preventing and controlling infection

Systems were in place to manage risk and to prevent the risk of infection. Staff had access to appropriate Personal Protective Equipment (PPE) and were advised to complete regular testing for COVID-19. An infection control policy was in place. Infection control and food hygiene formed part of the provider's training programme. Cleaning requirements were identified in care plans where required. Infection control was assessed on management spot checks.

Action we require the provider to take

Key areas for improvement:

- When care plans and risk assessments are reviewed, client / representative involvement must be evidenced.
- A new assessment of needs must form part of the care plan review process – this must be evidenced.
- New staff must only be confirmed in post following completion of all satisfactory pre-employment checks, unless by agreement with the regulator.
- Care records must detail how a person's medication is delivered and stored.
- If a person is unable to take responsibility for his or her own medication, the reason must be documented.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does require an improvement in this area in relation to amending the induction format.

This service was found to be effective.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

Initial assessments were undertaken and used to develop care plans and risk assessments.

Staff support: induction, training, skills and experience

Staff undertook mandatory training and the training programme made provision for refresher training. Staff were up to date with training. Staff confirmed that they received training to meet people’s specific needs. People said that the staff who came into their home were suitably trained and competent.

The provider was supporting staff to attain relevant qualifications.

New staff completed a formal and recorded induction process. The induction format did not evidence that the process was carried out, as a minimum, over a three day period. New staff completed the care certificate. Shadowing experienced colleagues formed part of the induction process. Staff feedback confirmed that the induction process was thorough. One staff member commented, “the training was very thorough and the support excellent”.

The manager was trained in carrying out supervisions and appraisals. Staff supervisions were taking place, as a minimum, every three months, with regular meetings for staff on induction / probation. Regular staff meetings were taking place.

Supporting people to eat and drink enough to maintain a balanced diet

People’s dietary requirements and preferences were identified on their initial assessment. Eating and drinking care plans were written where required.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

The provider worked with other health professionals to ensure that people received consistent, person centred care.

Ensuring consent to care and treatment in line with law and guidance

A discussion was had with the manager over the expectations for recording capacity and best interest decisions when the Isle of Man Capacity Act becomes law. One person had been assessed as not having capacity to self-medicate.

Action we require the provider to take

Key areas for improvement:

- The induction format must evidence that the process is carried out, as a minimum, over a three day period.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

This service was found to be caring.

Ensuring people are well treated and supported; respecting equality and diversity

People were positive about both the care that they received and the staff who provided that care. Comments made were, "(staff) are absolutely marvellous", "they are brilliant and will do anything for you", "they are exceptional", and "staff are understanding, adaptable and caring and use their initiative".

Religious and cultural needs were recorded.

Supporting people to express their views and be involved in making decisions about their care

Feedback confirmed that staff generally arrived on time and left at the end of their allocated time. One person said that if staff were to be late they phoned them to let them know. Staff believed that they had enough time on a visit to spend quality time with a person.

People were assured that if they were unhappy with a staff member the provider would arrange for another person to come in. One person confirmed that the manager had arranged for another staff member to provide care for them when they had requested this to happen.

People said that generally they had the same staff coming into their homes.

People were asked to complete an annual questionnaire as part of the provider's quality assurance process.

Respecting and promoting people's privacy, dignity and independence

Care plans were written in such a way to promote independence. Client feedback confirmed that staff encouraged them to be as independent as possible. Staff were clear on how to treat people with dignity and respect and gave examples of how to encourage people to be as independent as possible.

Personal information was kept secure and confidential. Staff were given information on data protection on induction. People were given a copy of the provider's service user guide. This contained information on confidentiality, data protection and how to access their personal information.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does require an improvement in this area in relation to care plans.

This service was found to be responsive.

Planning personalized care to ensure people have choice and control and to meet their needs and preferences

Care records generally identified people’s needs and provided guidance on how to meet these needs. One person did not have any detail written in their care plan about an issue which caused them to become anxious.

People confirmed that staff supported them in a way which met their needs and preferences. They also said that the manager was very responsive and flexible to individual requests.

Meeting people’s communication needs

Where required, care plans on communication were written. The statement of purpose and service user guide was available in large print upon request.

Improving care quality in response to complaints or concerns

The service user guide detailed the provider’s complaints policy. Complaints / compliments forms were sent to people as part of the provider’s annual quality assurance process. No official complaints had been made. The provider kept a book of gripes / grumbles and a discussion was had with the manager to record any resolution.

Feedback confirmed that people would raise any concerns they had with either the staff member on duty or contact the manager. They also believed that if they did have to complain then it would be taken seriously and dealt with properly.

End of life care and support

The manager said that they currently did not have any people on end of life care.

Action we require the provider to take

Key areas for improvement:

- One person did not have any detail written in their care plan about an issue which caused them to become anxious.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service does require an improvement in this area in relation to reviewing policies and procedures.

This service was found to be well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Due to the agency having a small client group and staff team, the manager was able to keep in regular contact with people and to regularly observe staff practice.

People were complimentary about the service that they were receiving. Staff felt supported by the manager. One staff comment made was, "I always feel supported by (the manager). She is helpful, approachable and listens. (The manager) checks in every day to make sure everything is ok – this is very reassuring".

As part of the provider's quality assurance process, questionnaires were sent out to clients and staff once a year. The results of which formed part of the annual report. Feedback from family members was also included.

The manager had an appropriate qualification and was soon to complete a QCF level 5 award.

Regular staff meetings were taking place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Staff received feedback via supervisions and appraisals and regular interactions. The manager carried out spot checks / direct observations of staff in people's homes.

The manager was clear on their responsibilities and obligations of being a regulated service.

Appropriate insurance cover was in place.

How does the service continuously learn, improve, innovate and ensure sustainability?

Regular care record review meetings were taking place. The manager examined people's record keeping on spot checks and when returned to the provider's office.

The manager had reviewed policies and procedures, but several needed to be amended. These included the safeguarding policy, challenging behaviour policy, medication errors policy and the infection control policy.

An annual report described feedback, the past years achievements and future plans. This report was not made available to clients. A discussion was had with the manager to either provide a copy to all clients or to make them aware that a copy would be provided on request.

Working in partnership with others

The provider worked with other care agencies and health professionals.

Action we require the provider to take

Key areas for improvement:

- The following policies needed amending-
 - Safeguarding policy – to include the contact number for the Isle of Man Safeguarding Team.
 - Challenging behaviour policy – to reword “remove” client.
 - Administration of medication errors policy – to state that following a medication error, the responsible staff member to have their competency to administer medication reassessed.
 - The infection control policy to include what extra infection control measures are in place in relation to COVID 19.