



Department of Health and Social Care

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*Rheygn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Domiciliary Care Agency**

Brookfield Home Care Services

### **Announced Inspection**

26 & 31 August 2021

***Registration and Inspection Team,  
Ground Floor, St George's Court,  
Hill Street, Douglas, Isle of Man, IM1 1EF.***

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

**Name of Service:**

Brookfield Home Care Services

**Telephone No:**

(01624) 818063

**Care Service Number:**

ROCA/P/0131B

**Conditions of Registration:**

None

**Registered company name:**

Hadron Limited

**Name of Responsible Person:**

Neil Maclean

**Name of Registered Manager:**

Irene Goodall

**Manager Registration number:**

ROCA/M/0040

**Date of latest registration certificate:**

10 September 2014

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

None

**Date of previous inspection:**

19 March 2021

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

Irene Goodall

**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:

Two

#### Number met:

Two

#### 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 and staff members. The manager provided 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:

Substantially Compliant

#### Reasons for our decision:

The most recent Statement of Purpose, amended in August 2021, did not include all of the criteria set out in Schedule 3 of the Regulation of Care (Registration) Regulations 2013. The Statement of Purpose must include the age range of the service recipients and the arrangements for setting out the plan of care and how the plan is reviewed.

#### 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 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:

Substantially Compliant

#### Reasons for our decision:

The inspector had an opportunity to review a number of service user's files. Records and feedback from service users confirmed that care needs assessments had been carried out by the manager or deputy manager, for all service users, prior to them receiving a service from the agency.

The care needs assessments appeared comprehensive, identifying the needs of the service user and included all of the criteria within the standard.

Information from the care needs assessments had been used to develop individual care plans, informing the carers what support the service user required to meet their needs and personal outcomes. Feedback from staff and service users established that copies of the service user's assessments and care plans were stored in a file within service user's home. Staff had access to the information held within this file.

The manager and deputy manager had the relevant qualifications and/or experience to complete the care needs assessments. There was sufficient evidence to establish that they had been personally responsible for setting up the service provision for each of the service users.

Feedback from staff members confirmed that they would report any changes to the service user's circumstances or care needs; however, there had been no formal procedure within the staff handbook, or the staff induction programme, informing staff members of their responsibilities in what they were required to report, and how.

Service users' records did not evidence that their care needs assessments had been reviewed at least annually or that they had been reviewed at the same time as the care plans.

**Evidence Source:**

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

Two

**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:**

Partially Compliant

**Reasons for our decision:**

A review of the service user's files determined that their care plans had not been signed and dated by the service users, or their representatives, demonstrating that the service users had been included in the development of their care plans, or had agreed to the level of care and support they had received.

Care plans had identified the tasks for the carers to undertake, to meet the individual needs of the service users. The care plans also acknowledged the communication and specialist needs of the service users. Feedback from service users evidenced that the services provided by the agency promoted and supported their independence, as much as possible.

The care plans were found to have clear links to the care needs assessments and the services provided by the agency appeared to meet the complex needs of the service users.

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, new care plans had not been dated to evidence that they had been reviewed at least annually.

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

**Evidence Source:**

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

Two

**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:**

Partially Compliant

**Reasons for our decision:**

The agency had a medication policy, which had been reviewed in January 2021; however, the policy did not fulfil all of the criteria within the standard.

The policy did not have procedures to cover obtaining or returning and disposing of medication, on behalf of the service user; appropriate storing of medication, and procedures for the recording of medication belonging to the service user.

The policy also made reference to the 'mental capacity act', which must be removed.

Staff training records confirmed that all staff members had attended medication administration training; however, for some staff, refresher training had lapsed and this training was no longer in date.

For one service user, their care plans did not identify the level of support provided by the care staff in administering their medication. There was also no medication risk assessment within their file (covered in Standard 8.3).

**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 8 – Health & Safety**

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

8.3

**Our Decision:**

Partially Compliant



**Reasons for our decision:**

Service user's files contained a number of risk assessments, determining that the agency had a risk management strategy; however, the risk assessments had not been signed and dated by the service user, or their representative, evidencing that the service user had been included in the development of their risk assessments and had agreed to the level of support they had received.

The risk assessments on file demonstrated that they did not unduly restrict the service user's activities or movements; however, risk assessments on daily activities that constituted or suggested a risk of harm were not present, including medication administration.

Some risk assessments had not been reviewed when a person'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:**

Substantially Compliant

**Reasons for our decision:**

Staff training records showed that all staff had completed adult safeguarding training, with the exception of newly recruited staff. The manager confirmed that safeguarding training had moved to on-line learning and new staff had been expected to complete this training as soon as possible.

**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 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 agency staff identity cards, which were found to comply with all of the criteria within the standard. Feedback from service user's confirmed that the carers had their badges on display when they visited.

**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:**

Substantially Compliant

**Reasons for our decision:**

The agency had carried out a number of pre-employment checks prior to selecting and recruiting new staff; however, there were a number of criteria of the standards not present in the staff members' files.

A number of employees had only received one reference prior to being employed.

One staff file did not include confirmation that the agency had carried out a Disclosure and Barring Service (D.B.S.) check. This evidence could not be located at the time of the inspection. A risk assessment, ensuring the new employee had not worked unsupervised with any service users, was also not present within their file, in the absence of confirmation of a current D.B.S. certificate.

The staff file for one new member of staff had been misplaced and could not be located at the time of the inspection.

Staff files also contained photocopies of staff member's driving licences and passports. These are required to be removed to conform to Data Protection legislation (covered in Standard 17.1).

**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 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:**

Partially Compliant

**Reasons for our decision:**

Staff training records determined that the agency had an on-going training programme, which covered all mandatory training identified within Appendix B of the minimum standards; however, refresher training had lapsed for some staff members, covering a number of mandatory training subjects.

Feedback from service users determined that they felt that staff had been well trained and competent at meeting their individual needs.

Records substantiated that the agency had a comprehensive induction programme for new members of staff, including an 'orientation' period of more than 3 days; however, for one new member of staff, there were no induction records within their file.

**Evidence Source:**

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

Two

**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, feedback from the manager confirmed that the complaint policy would have been followed if they had received a complaint.

**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:**

There was sufficient evidence to support that the agency had consulted with the service users, their carers and family members, by sending out questionnaires annually, to determine their views about the quality of care the agency had provided. The returned questionnaires were stored within the service user's file and were available for inspection.

The manager had also sought feedback from all members of staff in the format of a questionnaire. These responses were also available for inspection.

Discussions with the manager, and feedback from the service users, established that the manager, or deputy manager visited each service user regularly. During these visits, the daily log entries made by the carers had been checked and the manager had cross-referenced the times of the visits with staff timesheets.

Service users' records demonstrated that the manager had checked on any accidents, incidents and safeguarding concerns and offered staff member's a de-briefing meeting following any incident.

**Evidence Source:**

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

None

**Recommendations:**

None

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

**Standard 17.1**

Staff files had contained photocopies of staff driving licences and passports. The details of these documents must be recorded within the staff member's files and then removed, to comply with current Data Protection legislation.

**Evidence Source:**

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

One

**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:** 28 September 2021

<b>Provider's Response</b>
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**From:** Hadron Limited

I / we have read the inspection report for the inspection carried out on **26 & 31 August 2021** at the establishment known as **Brookfield Home Care Services**, 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**                      Neil MacLean  
**Date**    25.10.2021

**Signed Registered Manager**                      Carole Westcott (acting Manager/registration Pending)  
**Date**    25.10.2021