Inspection Report

Regulation of Care Act 2013

Domiciliary Care

DHSC Supported Living Service

Unannounced Inspection

7 February 2018

0850-1245

Registration and Inspection Ground Floor,
St George’s Court, Hill Street,
Douglas, Isle of Man, IM1 1EF
Contents

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 against Standards

Part 3: Inspection Information

Part 4: Inspection Outcomes and Evidence and Requirements

When making decisions the Registration and Inspection Unit have regard as to how well the service meets the Domiciliary Care and Child Care Agencies Standards (July 2013). Providers of services are required, as part of their conditions of registration, to fully comply with the minimum standards.

This report identifies strengths and areas of good practice as well as areas where, in order to meet the minimum standards, improvement is required. It also summarises the findings of an inspection of the service and any requirements and recommendations made. It will form the basis for decisions by the Registration and Inspection Unit regarding registration, any variation of registration conditions and any enforcement action.

Standard 3 – Contract
Standard 9 – Safeguarding
Standard 11 – Records kept in the home
Standard 12 – Recruitment and selection of staff
Standard 13 - Development and Training
Standard 14 - Qualifications  
Standard 20 - Quality assurance  

In addition the following areas will be considered in each inspection:  

Standard 19.4 Complaints  

**Part 5: Provider’s comments/response**
# Part 1 - Service Information

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Tel No: (01624) 686240</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHSC Supported Living</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Service Number</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Radcliffe Villas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Glencrutchery Road</td>
</tr>
<tr>
<td></td>
<td>Douglas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conditions of Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>The DHSC Supported Living scheme is a Department of Health and Social Care agency and therefore is not subject under current Isle of Man law to the registration process. However, this government resource is subject to inspection as a domiciliary care agency under the Regulation of Care Act 2013, Regulation of Care (Care Services) Regulations and the Isle of Man Minimum Standards 2013.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th><a href="mailto:Aleksandra.gronkowska@gov.im">Aleksandra.gronkowska@gov.im</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Responsible Person</th>
<th>Not applicable (Service not registered)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Manager</th>
<th>Aleksandra Gronkowska (not registered)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Manager’s Registration number ROCA/M/</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of latest registration certificate</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of latest manager certificate</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring).</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of previous inspection</th>
<th>14 September 2016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person in charge at the time of the inspection</th>
<th>Alexandra Gronkowska</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Inspector(s)</th>
<th>Sharon Kaighin</th>
</tr>
</thead>
</table>
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.

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
Assessment could not be carried out during the inspection due to certain factors not being available.
Part 3 – Inspection information

The purpose of this inspection is to check:

- Is the care safe?
- Is the care effective?
- Is the care compassionate?
- Is the service well led?

<table>
<thead>
<tr>
<th>No</th>
<th>Standard</th>
<th>Requirements/recommendations from previous inspection</th>
<th>Met/not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6.4</td>
<td>All records held in the home to be updated with an accurate reflection of the needs of service users. <strong>Timescale: 1 January 2017</strong></td>
<td>Met</td>
</tr>
<tr>
<td>2</td>
<td>11.1</td>
<td>Records kept in the home are required to be fully completed with all relevant areas including assistance with medication, financial transactions, changes in circumstances or any other information covered in line with this standard. <strong>Partially met Carried over Timescale: 1 December 2016</strong></td>
<td>Met</td>
</tr>
<tr>
<td>3</td>
<td>11.1</td>
<td>All written records are signed and dated and kept in a safe place in the home as agreed with the service user. <strong>Partially met Carried over Timescale: 1 December 2016</strong></td>
<td>Met</td>
</tr>
</tbody>
</table>

Feedback from relevant parties

A number of service user questionnaires were returned to the inspector. These all confirmed that individuals each had a copy of their contracts, and the staff were suitably qualified and experienced to meet service user needs.
### Part 4 Inspection Outcomes and Evidence and Requirements

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

**Standard 3 – Contract**

**OUTCOME**
Each service user must have a written individual service contract for the provision of care with the agency.

**Our decision:**
Compliant

**Reasons for our decision**
Service users who provided feedback all confirmed that they had been issued with a support agreement at the commencement of the service. A selection of service user files were seen on inspection. They all contained a support agreement which contained the following information:

- Name, address and telephone number of agency with answering machine out of hours;
- Areas of activity which support workers will and will not undertake;
- Circumstances in which the service may be cancelled or withdrawn;
- Rights and responsibilities of both parties;
- Arrangements for monitoring and review of needs and for updating the assessment;
- Process for assuring the quality of the service, monitoring and supervision of staff;
- Responsibilities of the service user and of the agency in relation to health and safety matters;
- Arrangements to cover holidays and sickness;
- Statement regarding key holding and accessing and leaving the property;
- Statement regarding charging policy for the service.

**Requirements and recommendations**
None

**Provider’s action plan**
Not applicable

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

**Standard 9 - Safeguarding**

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

**Our decision:**
Substantially compliant

**Reasons for our decision**
The Isle of Man multi-agency policies and procedures were available on the computer, and also available in hard copy for reference in the office. Supervision records were seen on inspection, confirming that safeguarding alert processes and appropriate actions were discussed. Correct procedures had been followed with safeguarding alerts; issues that had arisen throughout the inspection year had been dealt with in line with established policy and procedure. Notifications to the Registration and Inspection Unit were done appropriately, with full records kept.

The staff training matrix was provided to the inspector. Safeguarding training was done yearly and was
in date apart from one member of staff, who had had issues with registering for online training. Policies and procedures regarding safeguarding were in place and accessible by staff.

**Requirements and recommendations**  
**Standard 9.5**  
Safeguarding refresher training to be undertaken in line with the policy of the agency.  
**Timescale:** 1 May 2018

**Provider’s action plan**  
Re: Standard 9.5 - Person who had difficulties with online register for a training has successfully completed safeguarding training in February 2018. All staff safeguarding training is up to date.

<table>
<thead>
<tr>
<th>Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 11 – Records kept in the home</strong></td>
</tr>
</tbody>
</table>
| **OUTCOME**  
The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of support and care.  |
| **Our decision:**  
Compliant                                                                                                                        |
| **Reasons for our decision**                                                                                                 |
Written records are kept in the service user’s home as long as appropriate; this varies in accordance with the frequency of the visits and is on an individual basis. Service user feedback confirmed that they had received a copy of their agreement as appropriate. The Support Agreement contains a statement which is signed by service users who do not wish to have their records kept in the home. If it is deemed inappropriate for written records to be kept in the home, then this was recorded on service user files. A system is in place whereby staff would pass on any relevant information regarding the service user to the next care worker attending. Any request for access to records would be considered in line with current freedom of information legislation.

**Requirements and recommendations**  
None

**Provider’s action plan**  
None applicable

<table>
<thead>
<tr>
<th>Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 12 – Recruitment and selection of staff</strong></td>
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</tbody>
</table>
| **OUTCOME**  
The well-being, health and security of service users is protected by the agency’s policies and procedures on recruitment and selection of staff.  |
| **Our decision:**  
Partially compliant                                                                                                           |
| **Reasons for our decision**                                                                                                 |
The government recruitment and selection procedure is in place. There was no confirmation of the checks carried out prior to employment in place. No staff files, or checklists of confirmed
documentation received, were in place on inspection. No staff contracts were available for inspection. Employees must comply with the appropriate Code of Practice. No disciplinary incidents had been recorded at the time of inspection. Referral to the Disclosure and Barring Service (DBS) would take place as appropriate.

Requirements and recommendations
Standard 12.2
Confirmation of pre-employment checks carried out must be in place.
Timescale: Immediate

Standard 12.3
Confirmation that staff files contain all required documentation must be in place.
Timescale: Immediate

Standard 12.4
Staff contracts are required to be available for inspection.
Timescale: Immediate

Provider’s action plan
Re: Standards 12.2; 12.3; 12.4 - Manager in process of obtaining required documents from HR office. Issues to be addressed with service manager during standard visit booked in April 2018

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

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

Our decision:
Substantially compliant

Reasons for our decision
There is a staff training and development programme in place which includes all mandatory training. The staff training matrix was seen which evidenced that training was pending or had been completed. A formal induction process was in place for new staff; feedback confirmed that they had all undertaken induction, with newer staff completing a three day orientation programme prior to employment. Training and performance records were in place and seen on inspection. Satisfactory performance was required and documented prior to the appointment being confirmed.

Supervisions were recorded on individual staff files, and copies were given to individual staff members. This was confirmed by staff feedback, and signed agreements were seen on file during the inspection. Specialist training and information was sourced as necessary; examples were provided to the inspector of positive behaviour support training, together with self-neglect training which had been undertaken by some staff.

Staff feedback stated that there was not a specific evaluation check carried out following training, although evidence was seen on supervisions that this had been discussed between the manager and staff.

Requirements and recommendations
Standard 13.8
Following all staff training an evaluation check must be carried out and recorded.
Timescale: 1 June 2018
### Provider’s action plan

Re: Standard 13.8 - Each training is evaluated by participants on a day, by the end of each classroom session. These records are kept by Lead or any other training provider. Staff views on delivered training as well as any staff development needs are monitored and recorded during supervision process.

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

**Standard 14 Qualifications**

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>The personal care of service users is provided by qualified and competent staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our decision:</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

**Reasons for our decision**

The training matrix evidenced that staff had undergone training to enable them to undertake their role. Staff feedback generally stated that they felt sufficiently trained to provide a quality service. The requirement that fifty per cent of personal care must be delivered by workers QCF level 2/3 qualified was met. The manager was in the process of completing the QCF level 5. The manager had done various training to update their skills through safeguarding forums, supervision training and core care values training.

**Requirements and recommendations**

None

**Provider’s action plan**

Not applicable

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

**Standard 20 – Quality assurance**

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>The service is run in the best interests of its service users.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our decision:</td>
<td>Partially compliant</td>
</tr>
</tbody>
</table>

**Reasons for our decision**

Consultation with service users was carried out through regular review meetings which had been previously seen on inspection. Complaints and compliments book was in place for service users. Emails were seen from family members and service users regarding the service, and staff relationships with service users were such that concerns were able to be aired. Discussions with the manager regarding issues that had arisen evidenced that appropriate action had been taken to alleviate concerns. Checks on records and timesheets had been carried out by the manager; safeguarding concerns were all appropriately dealt with. An annual survey of service users is required to be carried out.

The Support Plan identified the service to be provided to service users. Staff were clear on how individuals should be supported to encourage independence. There was no outcome from the quality assurance process which was published annually. There was also no annual report in place.

**Requirements and recommendations**

Standard 20.2
An annual survey of service users is required to be carried out.

**Timescale:** 1 July 2018

**Standard 20.4**
The outcome from the quality assurance process must be published annually and available to users, their family or representatives.

**Timescale:** 1 July 2018

**Standard 20.5**
The quality assurance process must be reviewed and revised as necessary.

**Timescale:** 1 July 2018

**Standard 20.6**
An annual report is to be in place.

**Timescale:** 1 July 2018

**Provider’s action plan**
Re: Standards 20.2; 20.4; 20.5; 20.6 - Service manager is in a process of preparing relevant form of the survey tailored to service users preferred communication (verbal via phone or written via post). Supported Living staff gather these information at present and pass the outcome to the manager. Once data is obtained from majority of the service users, survey will be carried out. All information will be analysed and published in annual report which will be sent out to the service users.

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**ANY OTHER AREAS EXAMINED**

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

**Standard 19.4 Complaints**

*Criteria*

The registered person must ensure that when complaints are accepted they are recorded. The complainant receives a written acknowledgement, and following an investigation, a written outcome. The acknowledgement will be received by the complainant within the seven days of making the complaint. The outcome will be received by the complainant within twenty eight days. Where the outcome is delayed the complainant will be advised in writing of the delay.

*Our decision*

Compliant

*Reasons for our decision*

Complaints had been accepted by the service, recorded and seen during inspection. Appropriate actions had been taken in line with the service’s policy and procedure; acknowledgement of complaints and outcomes had been in line with timescales. Service user feedback confirmed that they were clear on how to make a complaint, and felt that it would be dealt with appropriately.

*Requirements and recommendations*

None

*Provider’s action plan*

Not applicable
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 cooperation 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: Sharon Kaighin
Date: 7 March 2018
To: The Registration and Inspection Unit, Ground Floor, St George's Court, Hill Street, Douglas, Isle of Man, IM1 1EF

From: DHSC Supported Living

I / we have read the inspection report for the unannounced inspection carried out on 7 February 2018 at the establishment known as DHSC Supported Living, 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).

☒

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

☒

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from receiving the report. Failure to do so will result in your report going on line without your comments.

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
Mr Dale Lowey – Service Manager
Date
27.03.2018

Signed
Registered Manager
Aleksandra Gronkowska
Date
27.03.2018

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

Date: 3 April 2018
Signature/initials Sharon Kaighin