



Department of Health and Social Care

Rheyynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Domiciliary Care Agencies

DHSC Supported Living

Announced Inspection

28 October 2019

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

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Part 1 - Service Information for non-Registered Service

Name of Service:

DHSC Supported Living Services

Tel No:

(01624) 686240

Address:

Radcliffe Villas
Glencrutchery Road,
Douglas,
Isle of Man.
IM2 6BG

Name of Manager:

Aleksandra Gronkowska

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

None

Date of previous inspection:

2 & 6 November 2018

Number of individuals using or attending the service at the time of the inspection:

35

Person in charge at the time of the inspection:

Aleksandra Gronkowska

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 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:

Six

Number met:

Four

Number not met:

Two

All requirements not met will be addressed within this inspection report

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

Our Decision:
Substantially Compliant

Reasons for our decision:
The inspector had the opportunity to review the most recent Statement of Purpose which did not include all of the information set out in Schedule 3 of the registration regulations.

The service also had an easy-read of the Statement of Purpose available to service users.

The manager informed the inspector that the service was supporting a service user still living with their parents, preparing for living independently. This criterion for receiving a service from Supported Living was not included in the present Statement of Purpose.

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 5 – Service
OUTCOME
Service users receive a consistent and reliable service that can respond flexibly to meet changing needs.

Our Decision:
Substantially Compliant

Reasons for our decision:
Records confirmed that Supported Living Services provided a flexible approach to delivering their services; attending additional hours to meet the individual needs of their service users; however, there were no records identifying when the staff members arrived and departed from the service user’s home.

Staff caseloads were planned and organised four weeks in advance, allowing for alternative arrangements to be made when covering for staff members being unavailable because of annual leave and sickness absence. This allowed for service users to be informed if their regular carer was unavailable.

Rotas demonstrated that new members of staff and relief staff accompanied and shadowed a regular member of the team for approximately 4 weeks, to allow them to meet and familiarise themselves to the service users and their support plans.

Progress notes and diary entries evidenced that the service users were kept informed of any issues relating to their care and support.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

<p>Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 10 – Security of the Service User’s home OUTCOME Service users are protected and are safe and secure in their home.</p>

Our Decision:

Substantially Compliant

Reasons for our decision:

Records and discussions with the manager confirmed that carers do not hold keys to the service user’s homes. The service users have always opened the door to their carers and have maintained responsibility for their own safety.

There was no policy or procedure presented, during the inspection, for staff members entering and leaving the service user’s home.

At the time of the inspection, one staff member did not have an identity card, reportedly, since the beginning of their employment in March 2018; all other identity cards presented to the inspector were not to the criteria of the standard.

All new members of staff, including relief staff, had ‘shadowed’ a full-time member of staff, to be introduced to the service users and become familiar with their support 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 12 – Recruitment and selection of staff
 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:
 Substantially Compliant

Reasons for our decision:
 The inspector had the opportunity to review a number of staff files. Each file had a document stating that recruitment checks had been made; however, there was no details identifying when the specific documentation had been seen, or by whom.

All staff had contracts of employment and a copy of their job description within their file.

The manager provided a copy of their Codes of Conduct and assured the inspector that no staff members had been subject to disciplinary proceedings. In discussions, the manager demonstrated an awareness of their responsibilities to the Disclosure and Barring Service (DBS).

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 16 – Management, quality and improvement
 16.6 Public liability, employers and any other necessary insurance must be in place.

Our Decision:
 Compliant

Reasons for our decision:
 There was a current Public Liability Insurance certificate prominently displayed in the office.

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 17 – Record keeping**

OUTCOME

The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.

Our Decision:

Compliant

Reasons for our decision:

The inspector had the opportunity to review several service user files. Service user records were kept in electronic form and some documents held on file, stored securely in a lockable cabinet within an office, which was locked when not in use. Electronic records could only be accessed by staff with a user name and password. All records were found to be well organised and in good order.

Service users were informed in their Support Agreement that they could have access to, and copies of, their records if they wished to.

The manager accessed the Retention of Records Policy during the inspection and assured the inspector that all records were retained in accordance with the policy.

Visits to the service users were planned and organised four weeks in advance and recorded in the team diary. Any updates and adjustments were recorded within the diary and staff referred to the diary on a daily basis. Information regarding the visits was also recorded in the service user progress notes.

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 18 – Policies and procedures**

OUTCOME

The service users' rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.

Our Decision:

Substantially Compliant

Reasons for our decision:

The service had in place a number of Policies and Procedures; however, not all of the policies listed within the criteria of the standard were available at the time of the inspection.

Policies were found to be updated regularly and made available to all staff members. The manager utilised team meetings and supervision sessions to discuss any issues around applying the policies and procedures.

The Complaints procedure was available to the service users in the easy-read Statement of Purpose and an easy-read leaflet; however, there was no information on how service users, or their representatives, could access all of the policies and procedures, if they so wished.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Two

Recommendations:

None

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

Standard 6.2

One service user was being supported with 'travel training', as identified in their review meeting; however, there was no accompanying assessment of needs or a support plan identifying the actions that will be taken by the care staff to support the service user.

Standard 6.5

Service user support plans were found not to be routinely signed by the service user, or their representative.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Two

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 Unit.

Inspector: William Kelly

Date: 8 November 2019

Provider's Response

From: DHSC Supported Living Services

I / we have read the inspection report for the inspection carried out on **28 October 2019** at the establishment known as **DHSC Supported Living**, 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 Service Manager
Date Dale Lowey 10.12.2019

Signed Registered Manager SENIOR RESIDENTIAL SUPPORT WORKER
Date Aleksandra Gronkowska 10.12.2019

