



Department of Health and Social Care

Rheyyn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Domiciliary Care Agency

DHSC Supported Living

Announced Inspection

27 August 2020

*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

Tel No:

686240

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:

28/10/19

Person in charge at the time of the inspection:

Aleksandra Gronkowska

Name of Inspector(s):

Aleksandra Gronkowska

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:

Ten

Number met:

Eight

Number not met:

Two – Work is in progress to address these but not yet completed

All requirements not met will be addressed within this inspection report

Overview of this inspection

Due to COVID 19 the inspection process for this year 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.

The inspector undertook this inspection on 27 August 2020. This was the annual inspection. A visit to the service was undertaken to verify the evidence and paperwork provided. Feedback from the staff, service users and family representatives was also provided.

Part 4 - Inspection Outcomes, Evidence and Requirements

**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:

Compliant

Reasons for our decision:

Care needs assessments for service users had been undertaken by the senior worker. Emergency assessments were carried out as necessary and incorporated into the main assessment document. Assessments examined on inspection contained all required information. Care and support worker feedback confirmed that information was shared regarding service user needs. Procedures were in place to pass on urgent information; this was confirmed by staff, and discussed in supervision notes. Assessments and care plans were reviewed at least annually or more often as necessary.

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 3 – Contract**

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:

Each service user had a support agreement in place. This agreement contained all information required under this standard. Feedback confirmed that service users all had a copy of the support agreement.

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 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

Our Decision:

Compliant

Reasons for our decision:

Care plans had been developed with service users, and needs were clearly specified. Clear information was in place to encourage independence. Detail in care plans was appropriately detailed according to the level of support provided. Reviews had taken place annually, with easy read paperwork in place as appropriate. Updated changes to care plans were seen. All care plans were signed. Copies of the plan were available to service users.

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 9 – Safeguarding**

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

Our Decision:

Compliant

Reasons for our decision:

Policies and procedures were in place to safeguard service users. Staff were aware of the correct processes to follow, and evidence was seen of appropriate referral to the safeguarding team. All outcomes were fully recorded. Safeguarding and refresher training were in date.

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 11 – Records kept in the home
 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:
 Feedback confirmed that records were kept in the home with the service user’s agreement. Service users who declined this signed a statement seen on the service agreement. Support sessions were electronically recorded. Procedures were in place if records were unable to be kept in the home. Access to records was available as requested.

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:

Not assessed

Reasons for our decision:

A process for department services to evidence staff recruitment information is in progress therefore this area was not assessed at the time of this inspection.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Not assessed

Recommendations:

Not assessed

**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.

Our Decision:

Compliant

Reasons for our decision:

There was a staff training programme in place. A formal induction process was undertaken by new staff. Supervision took place four times yearly, confirmed by staff feedback. Annual appraisals were in place, with staff confirming they had received a copy. Evidence was seen of specialist advice being sought for medical conditions of service users. Staff within the agency had a variety of skills and training to deal with service user needs. Training was evaluated through discussions, supervisions and checks seen recorded on file.

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 16 – Management, quality and improvement**

Service users receive a consistent, well managed, planned and audited service.

16.6**Our Decision:**

Compliant

Reasons for our decision:

Appropriate insurances were in place.

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**

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.

18.4

Our Decision:

Compliant

Reasons for our decision:

Records seen confirmed policy and procedures were discussed in supervision. A mobile phone policy was in place, and staff were aware of the appropriate use of mobile phones whilst supporting service users.

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 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.

Our Decision:
Compliant

Reasons for our decision:

A complaints procedure was in place. This included all required information. The Statement of Purpose, available in easy read form, contained information on how to make a complaint. The complaints log was seen which included amended support planning following issues raised.

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.

An annual report was not in place which contained the development plan based on quality assurance outcomes.

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 Unit.

Inspector: Sharon Kaighin

Date: 28 September 2020

Provider's Response

From: DHSC Supported Living

I / we have read the inspection report for the inspection carried out on 27 August 2020 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

Aleksandra Gronkowska

Date

21/10/2020.

Signed

Registered Manager

Aleksnadra Gronkowska – Supported Living Manager

Date

21/10/2020