

Regulation of Care Act 2013

Domiciliary Care Agencies

DHSC Homecare

Unannounced Inspection

19 October 2018

***Registration and Inspection Unit,
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, use the tab key to move to the next box.

1. Provider's action plan and response
 - a. Add details of your actions to complete the requirements/recommendations (if applicable)
 - b. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
 - c. Sign (type name when returning electronically) and date
2. Return your report to randi@gov.im within 4 weeks
3. Do not use any other method e.g. links to Cloud or other file sharing services

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4 : Inspection Outcomes and Evidence and Requirements

Part 5: Provider's action plan and response

Part 1 - Service Information for non-Registered Service

Name of Service:

DHSC Homecare

Tel No: (01624) 686188

Address:

Palatine House
Murrays Road
Douglas
IM2 3AT

Email Address:

Rosalind.Lane@gov.im

Name of Manager:

Rosalind Lane

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

None

Date of previous inspection:

25/1/18 & 21/2/18

Person in charge at the time of the inspection:

Rosalind Lane

Name of Inspector(s):

Sharon Kaighin

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 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.

Inspections are generally themed, concentrating 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, safe and compassionate.

No	Standard	Requirements/recommendations from previous inspection	Met/not met
1	3.2	The contract between the service user and the agency must specify all relevant information. Timescale: 1 June 2018	Met
2	9.5	Safeguarding refresher training must be undertaken a minimum of every three years. Timescale: January 2017 Not met Carried over Timescale: 1 June 2018	Met
3	13.1	Refresher/update training is required to be identified and incorporated into the staff training programme/matrix. Timescale: November 2016 Not met Carried over Timescale: 1 May 2018	Not met
4	14.2	Fifty per cent of all personal care must be delivered by workers QCF level 2/3.	Met
5	20.4	The outcome from the quality assurance process must be published annually, made available to users, their family or representatives and be available at inspection. Timescale: 1 July 2018	Not met
6	20.5	The quality assurance process must be reviewed and revised as necessary. Timescale: 1 July 2018	Not met

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: Substantially compliant

Reasons for our decision:

A selection of service user files were seen and these all contained comprehensive assessments. Staff undertaking assessments had undertaken assessment training, with the majority having completed trusted assessor training. Assessments contained the following areas; personal care and well-being; family involvement and other personal and social contacts; sight, hearing and communication; continence; mobility, dexterity and the need for disability equipment; mental health and cognition; medication; personal safety and risk; specific needs; dietary requirements; social interests etc. Communication needs were also covered, with evidence seen of both allowing time for service users to communicate and also specific instructions regarding texting on mobile phones.

Information from the care needs assessment was provided to care and support workers. It was confirmed by staff that they were aware of identified needs prior to providing the service. Full assessments were carried out before a service was provided.

Although staff were clear on the need to reassess service users when necessary, there was no evidence on file to confirm that care needs assessments had been reviewed.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement

**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: Substantially compliant

Reasons for our decision:

Care plans were in place on all service user files examined. Plans contained clear instructions as to care and support required. Service users were also encouraged to maintain their independence; plans varied in detail according to the level of service needed. Care plans were stated to be reviewed at least annually, but no evidence of this was in place. Care plans were all signed as appropriate, either by the service user or their representative. Recorded reasons as to why care plans were not signed were in place.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement

**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: Compliant

Reasons for our decision:

A medication policy and procedure was in place with clear directions on dealing with the administration of medication.

Care plans seen contained medication risk assessments and clear instructions as to the level of support required. The prompting of service users to administer their medication was provided by carers, following signed authorisation from the service user. Feedback from service users confirmed that staff were confident in dealing with prompting of medication.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 – Health and Safety**

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

Our Decision: Substantially compliant

Reasons for our decision:

Policies and procedures were in place and available for reference. However a number of these were out of date. Guidance in respect of working with service users was in place.

Risk assessments had been carried out with a view to assess positive risk taking. Individual circumstances had been addressed with specific measures in place to allow choice. These were recorded, but there was no evidence that assessments had been reviewed at least every six months.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

Two requirements

**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: Substantially compliant

Reasons for our decision:

Service user feedback confirmed that they felt safe with the carers. Incidents that had arisen in the service had been appropriately referred on. Discussion with the manager evidenced that action had been taken to maximise protection.

At present the agency does not provide care for any children. Safeguarding refresher training had not been completed by all staff.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement

**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:

A recruitment and selection procedure was in place. One member of staff had been recruited since the last inspection. A log sheet was in place confirming the appropriate checks had been carried out. This did not however contain evidence of the date that documentation was seen or who had verified the validity of the documents. Employment contracts were in place for new staff, and copies of offer letters were held by the manager. Staff were undertaking the care certificate, and the code of practice was in place for staff.

The manager confirmed that any disciplinary matters would be recorded and retained on file as appropriate. Appropriate action would be taken in matters relating to employee conduct and any safeguarding issues.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

One requirement

**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: Substantially compliant

Reasons for our decision:

The complaints procedure was included in the service user guide. The Statement of Purpose which was given to service users contained fuller information. A comments, compliments and complaints sheet was also included in service users' care folders. However, there was no statement of assurance that the complaint would be taken seriously and there would be no retribution for making a complaint. Stages and timescales for the process were also included. The complaints log was seen on inspection, and appropriate action within stated timescales was evidenced.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements and Recommendations

One requirement

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Previous requirements which have not been met.**

Standard 13.1

The staff training matrix did not identify refresher and updating training needed.

Standard 20.4

The quality assurance process was not published annually.

Standard 20.5

The quality assurance process was not reviewed and revised.

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 identify any inaccuracies, please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Sharon Kaighin

Date: 14 November 2018

Part 5 - Provider's action plan and response.

The provider must complete this page in respect of all the requirements made within the report.

Requirements and Recommendations

Standard 2.6

Care needs assessments must reflect current needs and be reviewed at the same time as care plans.

Timescale: 31 December 2018

Standard 6.4

The care/support plan must be reviewed as changes in circumstances require but at least annually with the service user, their relatives, friends and significant professionals.

Timescale: 31 December 2018

Standard 8.1

The registered person must ensure that the agency has systems, policies and procedures in place to comply with the requirements of the Health and Safety legislation.

Timescale: 1 January 2019

Standard 8.3

Risk assessments are recorded and reviewed when a person's needs change or at least every six months.

Timescale: Immediate

Standard 9.5

Safeguarding refresher training is undertaken a minimum of every three years.

Timescale: January 2017

Not met

Carried over

Timescale: 1 June 2018

Not met

Timescale: Immediate

This was met following the inspection.

Standard 12.2

Each staff file for new staff must contain evidence of all pre-employment checks seen, initialled and dated.

Timescale: 1 January 2019

Standard 13.1

Refresher/update training is required to be identified and incorporated into the staff training programme/matrix.

Timescale: November 2016

Not met

Carried over

Timescale: 1 May 2018

Not met

Timescale: Immediate

Section 19.1

The complaints policy and procedure must include assurance to service users that their complaint will be taken seriously and there will be no retribution for making a complaint.

Timescale: Immediate

Standard 20.4

The outcome from the quality assurance process must be published annually, made available to users, their family or representatives and be available at inspection.

Timescale: 1 July 2018

Not met

Timescale: Immediate

Standard 20.5

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

Timescale: 1 July 2018

Not met

Timescale: Immediate

Provider's Action Plan		
<p>Standard 2.6 Care needs assessments must reflect current needs and be reviewed at the same time as care plans. Timescale: 31 December 2018</p>	<p>Main Assessment template now includes "Quality Visits / Follow up Assessments carried out: Date: Signature:" on the front page so it is clear to see and record when these have taken place.</p> <p>Supervisors are now aware that they must always document a review of an Assessment even if there are no changes to it.</p>	<p>16/11/18</p> <p>November 2018</p>
<p>Standard 6.4 The care/support plan must be reviewed as changes in circumstances require but at least annually with the service user, their relatives, friends and significant professionals. Timescale: 31 December 2018</p>	<p>Care Plan template now contains: "My Care Plan will be reviewed regularly, and not longer than annually. I will be involved in each review and I or my Representative will sign below to confirm my agreement."</p> <div data-bbox="576 1189 1161 1552" style="border: 1px solid black; padding: 5px;"> <p>Reviewed on:</p> <p>Any changes made to the Plan:</p> <p><i>The Supervisor will issue an updated Care Plan if any changes are needed.</i></p> <p>Supervisor - name and signature:</p> <p>Service User signature:</p> </div> <p>The above is to make sure that it is documented when the Care Plan has been reviewed and discussed with the Service User and their family or representative. This is then uploaded to RiO.</p> <p>Supervisors are now aware that they must always document a quality visit or review of a Care Plan even if there are no changes to the plan.</p>	<p>16/11/18</p> <p>November 2018</p>
<p>Standard 8.1 The registered person must</p>	<p>The following Policies/Guidance have been reviewed since inspection:</p>	<p>November 2018</p>

<p>ensure that the agency has systems, policies and procedures in place to comply with the requirements of the Health and Safety legislation. Timescale: 1 January 2019</p>	<p>Care Plan Policy – last reviewed November 2018</p> <p>DHSC Health and Safety Policy – last reviewed Oct 2018</p> <p>DSC Control of Substances Hazardous to Health (COSHH) Guidance – last reviewed November 2018</p> <p>DHSC Community Health Services – Continence Care Policy – last reviewed November 2018</p> <p>Community Care Directorate - Complaints Policy and Guidance – last reviewed November 2018</p> <p>DHSC Adult Services Older Peoples Mandatory Training Policy – last reviewed November 2018</p>		
<p>Standard 8.3 Risk assessments are recorded and reviewed when a person’s needs change or at least every six months. Timescale: Immediate</p>	<p>Main Risk Assessment template now includes “Quality Visits / Follow up Assessments carried out: Date: Signature:” on the front page so it is clear to see and record when these have taken place.</p> <p>Supervisors are now aware that they must always document a review of a Risk Assessment even if there are no changes to it.</p>	<p>16/11/18</p> <p>November 2018</p>	
<p>Standard 9.5 Safeguarding refresher training is undertaken a minimum of every three years. Timescale: Immediate</p>	<p>This was met following the inspection, as documented in the inspection report.</p>		
<p>Standard 12.2 Each staff file for new staff must contain evidence of all pre-employment checks seen, initialled and dated. Timescale: 1 January 2019</p>	<p>1 – Check each new starter’s file for what is missing.</p> <p>2 – Liaise with OHR to either see their pre-employment checks, or ask OHR to complete a checklist to meet the Standard.</p> <p>3 – Implement a checklist going forward for all future new starter files, and follow up with OHR any which have not been initialled and dated.</p>		
<p>Standard 13.1 Refresher/update training is required to be identified and incorporated into the staff training programme/matrix. Timescale: Immediate</p>	<p>Updated Mandatory Training Policy is not available. The training matrix has been redone to reflect the requirements. This includes, who the training is mandatory for, the title of the training course and the refresher period.</p> <p>The new spreadsheet will be populated with previous training date information by 31st January 2019.</p>	<p>17/12/18</p>	
<p>Standard 19.1 The complaints policy and</p>	<p>“All complaints will be taken seriously and there will be no retribution for making a complaint.”</p>	<p>19/12/18</p>	

<p>procedure must include assurance to service users that their complaint will be taken seriously and there will be no retribution for making a complaint. Timescale: Immediate</p>	<p>Is now added to the Service User Handbook in the Complaints contacts section.</p> <p>Complaints Policy and Guidance which was reviewed in November 2018 states: 3.4. Process for ensuring that complainants are not treated differently as a result of raising a complaint</p> <p>Complainants must have the assurance that they will not be treated differently as a result of raising their concerns (this information is provided in the complaints information booklet which should be issued along with the standard acknowledgement letter sent to complainants).</p>	<p>November 2018</p>	
<p>Standard 20.4 The outcome from the quality assurance process must be published annually, made available to users, their family or representatives and be available at inspection. Timescale: Immediate</p>	<p>Develop an Annual Quality Report based on one of the Resource Centre's templates. (complete by 31st January 2019)</p>		
<p>Standard 20.5 The quality assurance process must be reviewed and revised as necessary. Timescale: Immediate</p>	<p>Read the Care, Quality and Safety Framework – Quality Assurance Framework (December 2018)</p> <p>Meet with CQ&S if appropriate to review, and discuss developing audit processes in Homecare (January 2019)</p> <p>Calendar in a structure to reviewing quality assurance going forward. (January 2019)</p>		

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

From: DHSC Homecare

I / we have read the inspection report for the unannounced inspection carried out on 19 October 2018 at the establishment known as DHSC Homecare, 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.

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)

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.

Signed Responsible Person Rosalind Lane
Date 20/12/18

Signed Registered Manager [Click here to enter text.](#)
Date [Click here to enter text.](#)

Action plan/provider's response noted and approved by Inspector: Date: 7/1/19 Signature/initials: Sharon Kaighin
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