



Department of Health and Social Care

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*Rheyinn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **Regulation of Care Act 2013**

### **Domiciliary Care Agencies**

Department of Health and Social Care  
Home Care Service

### **Unannounced Inspection**

29 July 2019

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

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**Name of Service:**

Department of Health and Social Care Homecare

**Tel No:**

01624 686188

**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:**

19 October 2018

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

Rosalind Lane

**Name of Inspector:**

Stephen Buttery

## **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:**

10

**Number met:**

10

**Number not met:**

None

**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 service had a comprehensive statement of purpose which was reviewed in October 2018. However, the document referred to out of date information regarding staff names and roles. It was comprehensive and explained the services available, the roles and responsibilities of staff members as well as the structure of the service. It included all the required information. There was also a service user guide which had been reviewed in March 2019.

**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:**  
Compliant

**Reasons for our decision:**  
The observation notes written by staff members included the time of their arrival and the time of departure. The service operates geographical teams around the island, with a Supervisor/Team Leader being responsible for the day to day management of their team and area. Reviews of care plans were carried out at least six monthly or when needs changed. Home Care Assistants were only changed when necessary. There was evidence on the electronic record system that service users were involved in issues relating to their care.

**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 10 – Security of the Service User’s home**  
OUTCOME  
Service users are protected and are safe and secure in their home.

**Our Decision:**

Compliant

**Reasons for our decision:**

There was a policy and protocol in place in relation to this. Details of arrangements are included in the service user contracts.

All of the staff members seen wore an identification badge with their photograph and name.

All staff wore a uniform.

**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**  
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:**

Compliant

**Reasons for our decision:**

There was a rigorous recruitment and selection process in place. Interviews were carried out by the service manager and one of the Team leaders/Supervisors. Equal opportunities formed part of the process.

Two staff files were perused. These were found to contain all the relevant information to evidence that the recruitment requirements had been met and employment law adhered to. All staff members have an employment contract.

There had been no disciplinary actions required since the last inspection. The manager was aware of her responsibilities in respect of disciplinary outcomes.

**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**  
 16.6 Public liability, employers and any other necessary insurance must be in place.

**Our Decision:**

Compliant

**Reasons for our decision:**

Isle of Man Government 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 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:**

Partially compliant

**Reasons for our decision:**

Four service user records were perused on the electronic record system (RiO). None of the records were complete or up to date with some important components missing or filed elsewhere in a generic electronic file and not in the service user’s own electronic (RiO) record.

**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 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:**

Policies and procedures were up to date and available to all staff members electronically. While the practice regarding maintaining records in service users' homes or procedures in respect of removing these records was explained, there was no specific written policy or procedure in respect of this.

**Evidence Source:**

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

One

**Recommendations:**

None

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

The client record system (RiO) was perused. As mentioned above some information was not stored on RiO. Two service users had no evidence of an assessment, another had no valid contract/service agreement in place, observation sheets were incomplete and one document referred to the Department of Social Security and not the Department of Health and Social Care.

One service user who had used the service for more than one year, had only one 3 day period of observation records scanned onto RiO. In general service user RiO files did not contain the information expected to be present in order to establish if the level of service being provided met the service user's needs.

**Evidence Source:**

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

Four

**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:** Stephen Buttery

**Date:** 2 August 2019

**Provider's Response**

**From:** Department of Health and Social Care, Home Care Service

I / we have read the inspection report for the inspection carried out on **29 July 2019** at the establishment known as **Home Care**, 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** Rosalind Lane  
**Date** 01/10/19

**Signed Registered Manager** Click here to enter text.  
**Date** Click here to enter text.