

Annual Inspection Report 2022-2023

Premium Care

Domiciliary Care

26 July 2022



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

An announced inspection was carried out on 26 July 2022. The inspection was carried out by an inspector from the Registration and Inspection Team.

Service and service type

Premium Care is a domiciliary care agency that arranges for others to be provided with personal care or personal support, with or without practical assistance to those in their own private dwelling.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas of improvement were identified in regards to the recording of people's identified behaviours, as well as with staff pre-employment checks. Staff medication competency assessments must be regularly updated and when required, staff must receive training specific to a person's needs.

Systems and processes were in place to protect people from the risk of abuse. People's needs were being appropriately assessed prior to the provision of a service. People felt safe with the staff who came into their home. Staff knew people and their needs well.

Staff felt supported by the management of the agency. Regular supervisions were being carried out. People believed that the staff who came into their home were suitably trained and competent.

People were very complimentary about the care and support that they received. People felt included in decision making. Care plans were written in such a way as to promote people's independence.

People believed that the levels of communication with the agency were very good. This included regularly seeing the registered manager.

We found the following areas where the service needs to make improvements:

- Information on how any identified behaviours should be managed must be added to a person's care plan and risk assessment.
- New staff must only be confirmed in post following completion of all satisfactory pre-employment checks.

- Staff must undertake a medication competency assessment which is regularly refreshed.
- Where required, staff must undertake specific training.

SECTION B The Inspection

About the service

Premium Care is a domiciliary care agency.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 20 July 2022. We visited the service on 26 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR) and notifications, complaints / compliments and any safeguarding issues.

During the inspection

A range of records were reviewed. This included two people's care records. We looked at eleven staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and staff supervisions and appraisals were reviewed.

After the inspection

We received written feedback from two members of staff who provided their views about the service and their experience of the care provided.

We spoke to three people who received a service and asked them questions about the care that they received. Three family member / representatives were spoken to. Written feedback from also provided from three family members / representatives.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

We found that this service was not always safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

Systems and processes were in place to protect people from the risk of abuse. Staff received training in safeguarding. They knew the signs of potential abuse and the actions they must take if they felt someone was being harmed or abused. Staff were confident that the management team would respond to any concerns they had. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

People said that they felt safe with the staff who came into their home. Relatives also agreed.

No incidents and accidents had taken place.

Assessing risk, safety monitoring and management

People's needs were being appropriately assessed prior to the provision of a service. Care plans had been developed and written in such a way as to minimise any risk to people's health and wellbeing.

Risks people may face were identified and guidelines were in place to manage these risks.

Care plans and risk assessments were being reviewed on a regular basis. A new assessment of needs formed part of the review process.

A discussion was had with the provider regarding how they ensured safety of equipment, such as hoists, that were used in people's homes. Equipment, once serviced, had the date written on a sticker that was on the piece of equipment. One family member said that a hoist was serviced every six months and that staff were informed once it had been checked.

The provider operated an electronic care management system whereby staff could access people's care records via a hand held device. Staff could only access the care records of people whose care they were involved in.

One person had a comprehensive list of triggers that resulted in episodes of behaviour that challenged. Information on how these behaviours should be managed was missing some detail and further information on managing these behaviours must be added to the care plan and risk assessment.

Care records were written and stored electronically.

Staffing and recruitment

Staff files examined evidenced that identity checks were not always evidenced as part of the recruitment process. One person's reference was not relevant for their current role at the agency. One staff member had been started in lieu of their Disclosure and Barring Service (DBS) check and in lieu of a second reference being returned. The provider was informed that if an agreement was reached with the Registration and Inspection Team, new staff would be able to start, under supervision and with a risk assessment in place, prior to all checks being received.

People and their relatives confirmed that new staff shadowed experienced staff when visiting their home. This resulted in people feeling comfortable and confident with staff who were providing their care. One person's family member requested that the staff team providing care for her relative was younger in order to match the age of their relative. This request had been facilitated by the provider.

People said that staff were very responsive to their needs.

Using medicines safely

The provider's medication policy detailed the arrangements for obtaining, recording, storing, administering and the returning / disposal of medication. Medication requirements were detailed in people's initial assessments. Medication risk assessments documented responsibilities for ordering and collecting medication. Medication care plans were in place. Where medication must be stored was recorded.

Staff undertook medication training. Staff were having their competency to administer medication assessed. One staff was out of date with having their competency assessed annually and another staff had not had their competency assessed at all.

Preventing and controlling infection

Systems were in place to manage risk and to prevent the risk of infection. Staff had access to appropriate Personal Protective Equipment (PPE) and completed regular testing for COVID-19. An infection prevention policy and procedure guided staff. Infection control and food hygiene formed part of the provider's training programme. Risk assessments were carried out on a person's home environment.

Learning lessons when things go wrong

Staff were made aware of their responsibilities to raise concerns and report changes to a person's care needs and circumstances.

A system was in place to record incidents and accidents. The management had an oversight of any incidents / accidents.

The provider had written a business contingency and emergency plan to address any potential disruptions.

Action we require the provider to take

Key areas for improvement:

- Information on how any identified behaviours should be managed must be added to a person's care plan and risk assessment.
- New staff must only be confirmed in post following completion of all satisfactory pre-employment checks.
- Staff must undertake a medication competency assessment which is regularly refreshed.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

We found that this service was effective in accordance with the inspection framework.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

Initial assessments were undertaken and were used to develop care plans.

Staff support: induction, training, skills and experience

Staff had received mandatory training. One person required staff to undertake specific training to meet their needs. One staff had not completed any of the four extra training courses. Staff spoke positively about the training that they received, with one staff member also commenting, “if I ever feel like I need more training in a certain area, the company is more than willing to arrange whatever is needed”.

Staff members received an in-house three-day induction, which was supplemented by completion of the care certificate. One staff member said of the induction process, “informative and detailed, easy to follow and understand”.

Staff were receiving regular supervisions and appraisals from managers / supervisors who were trained in carrying these out.

The inspector was informed that staff meetings were taking place, although COVID-19 had affected the frequency. One person’s care team held regular meetings. Managers and team leaders held meetings together.

People felt that the staff who came into their home were suitably trained and competent. Comments included, “the staff are stunningly good” and “they are very well trained”.

Supporting people to eat and drink enough to maintain a balanced diet

Staff were aware of people’s nutritional needs and had information provided to them through assessments and care plans. Where required, food and fluid intake was monitored and recorded with specific care plans in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

Care plans contained a section on any involvement with healthcare professionals. People said that they were involved in the agency monitoring of their health through regular communication and reviews.

Ensuring consent to care and treatment in line with law and guidance

A discussion was had with the provider over the expectations for recording capacity and best interest decisions when the Isle of Man Capacity Act becomes law. One person had been assessed as not having capacity to self-medicate.

Action we require the provider to take

Key areas for improvement

- Where required, staff must undertake specific training.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We found that this service was caring in accordance with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

People and family members were very complimentary about the care and support received. Comments included, “the staff are just wonderful and I receive a bespoke service” and “the staff go above and beyond with their assistance”.

Religious and cultural needs formed part of the initial assessment.

Supporting people to express their views and be involved in making decisions about their care

People confirmed that they were aware of their care plans and were involved in decision making. One family member commented that even though their relative was unable to understand aspects of their care due to their illness, staff always involved them and asked for consent before providing them with support.

Staff were able to explain the importance of involving people in decisions. Comments made by staff included, “they should be encouraged to contribute as much as possible, this promotes person-centred care and it ensures you are working in a person-centred way” and “they are in the best position to know the person’s needs and requirements”.

People spoke positively about the levels of communication with the provider. People felt listened to and respected.

People commented that staff arrived on time and left at the end of the allocated time. Some people also commented that staff quite often stayed longer than the allocated time. Staff confirmed that they had enough time to spend quality time with people. One comment made was, “there’s always time for a cup of tea and a catch up”.

Respecting and promoting people's privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. Care plans were written in a way so as to promote independence. This was also confirmed through staff and people's feedback. One person commented, "staff are always encouraging me to do things for myself".

People confirmed that they were treated with dignity and respect by staff.

Personal information was kept secure and confidential. Staff were informed about the need for confidentiality on induction. A section in the staff handbook also covered confidentiality. People were informed about how information about them was handled. This information formed part of the agency's client guide.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people's needs.

We found that this service was responsive in accordance with the inspection framework.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Staff were familiar with people's needs and preferences. Care records identified people's needs and provided guidance for staff on how to meet these needs.

People confirmed that staff supported them in a way which met their needs and preferences.

Meeting people's communication needs

People's needs were identified in their initial assessments and care plans.

Information about the service was available in different formats and languages upon request.

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint formed part of the client guide. Records were maintained in the event of any complaint being made.

Relative feedback confirmed that they would raise any concerns they had with either the staff member on duty or to management. They were confident that any complaint would be listened to and dealt with appropriately.

People confirmed that the agency tried to allocate the same staff to them, and that if they were unhappy with a member of staff they were assured that the agency would arrange for another staff member to come in.

End of life care and support

The service was not currently providing end of life care and support.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

We found that this service was well led in accordance with the inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

People spoke positively about the service that they were receiving. They also said there was good communication with the agency.

People and staff were asked to complete twice-yearly surveys in order to gain feedback. One family member commented, "(management) often ask in conversation if everything is ok or any problems. They are like family so if there are any issues it's normally discussed and resolved whilst they are here".

People confirmed that they often saw individuals from the management team. The manager also carried out care competencies on staff in people's homes.

The manager was suitably qualified and other members of the staff team had appropriate qualifications.

Staff meetings were being held but there had been difficulties holding them regularly due to COVID-19 and staff absence. Management regularly kept in touch with staff via email and telephone.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Staff received feedback from management through spot checks and in regular one to one supervisions. People told us that the communication with the provider / management was very good. This included regular visits from management and regular phone and email contact.

The agency was clear on their obligations being a regulated service. Notifications were submitted when required.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were asked to complete an evaluation form, which formed part of the annual plan.

Staff had access to team meetings. One staff member said "if I had any concerns / issues I would contact management directly to discuss". People said that staff were responsive to suggestions / requests.

People were given information in the form of a client guide and statement of purpose at the beginning of a care package.

How does the service continuously learn, improve, innovate and ensure sustainability?

Feedback was sought from people and staff members every six months as part of a quality assurance process. An annual report was written which included aims and objectives for the coming year, successes of the past year and feedback.

The agency had transitioned to using a live digital care system which gave live information to the office as visits to people were taking place. Any updated information regarding a client and their visits, or any risk related issues, could be updated and viewed in real time by staff. Family members with access can view daily notes about care visits.

Working in partnership with others

Information contained within support plans demonstrated the staff worked in partnership with other agencies.