

Annual Inspection Report 2022-2023

Adorn Domiciliary Care Limited

Domiciliary Care

21 September 2022



DHSC

An announced inspection was carried out on 21 September 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

Adorn Domiciliary Care Limited 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 amending the challenging behaviour, violence and aggression policy.

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

People said that staff were suitably trained and competent.

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

The provider was responsive to people’s individual needs / preferences.

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

- A challenging behaviour, violence and aggression policy contained a section on restraint. This section must either be removed or amended.

About the service

Adorn Domiciliary Care Limited 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 5 September 2022. We visited the location's office/service on 21 September 2022.

What we did before the inspection

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

Feedback was sought from staff members, clients and family members. Two clients and three family members were spoken to. Written feedback was received from eight family members and two members of staff.

During the inspection

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

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 an improvement in this area.

This service was found to be safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems and processes were in place to protect people from the risk of abuse. Staff received training in safeguarding. One staff member was out of date with refresher training but was immediately booked onto the training. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had. The provider had submitted two notifications concerned with safeguarding. Evidence was on file to evidence the outcomes.

Incidents and accidents were recorded, including RIDDOR.

A discussion was had with the manager regarding what would necessitate a notification being submitted. An incident with a staff member had taken place but the Registration and Inspection Team had not been informed. Records evidenced that the provider had dealt with the incident appropriately.

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

A challenging behaviour, violence and aggression policy contained a section on restraint. Unless staff have received training on restraint, this section must either be removed or amended.

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

The management had oversight on any incidents and accidents.

The provider had written a business continuity, contingency planning policy and procedure to address any potential disruptions.

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 regularly. A new assessment of needs formed part of the review process.

Equipment used in a person's home, such as hoists and bath chairs, once serviced, had the date written on a sticker that was then affixed to the equipment. Equipment servicing was also recorded on the provider's computer system.

The provider operated an electronic care management system whereby staff could access people's care records via a hand held device.

Care records were written and stored electronically. Paper copies were kept in people's homes.

Staffing and recruitment

Staff files examined evidenced that all required pre-employment checks were in place.

On their initial assessment, people were asked about the type of person they wanted to provide care / assistance to them.

Using medicines safely

Several policies covered the obtaining, recording, storing, administering and disposal of medication. Medication requirements were detailed in people's initial assessments. Medication care plans were in place and documented responsibilities for ordering and collecting medication. Risk and control measures were recorded. On the computerised care plan system, where people's medication was listed a link took the reader to a pharmaceutical reference site.

Staff undertook medication training and were having their competency to administer medication assessed. Where medication errors had taken the place the provider had informed the regulator. Evidence was seen of how the provider dealt with the staff member responsible for an error. A discussion was had with the manager to include "what if" scenarios in the competency assessment.

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. Infection control guidance had been written. Infection control and food hygiene formed part of the provider's training programme. Risk assessments were carried out on a person's home environment.

Action we require the provider to take

Key areas for improvement:

- A challenging behaviour, violence and aggression policy contained a section on restraint. This section must either be removed or amended.

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. The service does not require any improvements in this area.

This service was found to be effective.

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 and risk assessments.

Staff support: induction, training, skills and experience

Staff members undertook mandatory training. Staff received training to meet people’s specific needs.

New staff completed a formal and recorded induction process which was carried out, as a minimum, over three – four days. Shadowing experienced colleagues formed part of the process. Staff were asked to sign off the induction process only if they felt confident and competent. Some staff had completed the care certificate.

The provider was supporting staff to attain relevant qualifications.

Staff were receiving supervisions and appraisals from management who were trained in carrying these out. Management observations of practice / spot checks formed part of the staff supervision schedule.

People said that the staff who came into their home were suitably trained and competent. Comments about the staff included, “they are very good”, “fantastic”, “very good support”.

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.

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

The provider worked with other health professionals, including physiotherapy, district nurses and speech and language team.

Feedback confirmed that people were regularly consulted over their care / support.

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. The provider was preparing to record any deprivation of liberty safeguards on the care management system.

The manager was ensuring that best interest decisions were recorded and kept on file.

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. The service does not require any improvements in this area.

This service was found to be caring.

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

People and family members were very complimentary about the care and support received. Feedback confirmed that staff treated them with kindness, respect and compassion. Comments included, "we could give hundreds of examples of kindness and respect and compassion that mum has received", "staff are considerate, respectful and patient".

Religious and cultural needs were identified.

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

Generally people confirmed that they were aware of their care plans and were involved in decision making.

People were assured that if they were unhappy with a staff member the provider would arrange for another person to come in. Feedback confirmed that staff generally arrived on time and left at the end of their allocated time, with some people saying that staff often stayed later if required.

Respecting and promoting people's privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves and were clear on how to treat people with dignity and respect. Care plans were written in such a way so as to promote independence. One relative said, "staff are very encouraging in helping mum to have as independent a life as possible. They are also flexible to her changing needs due to her dementia".

Personal information was kept secure and confidential. Staff were informed about the need for confidentiality on induction. People were informed about how information about them was handled.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

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. Social support was recorded where applicable. Evidence was seen on inspection of the provider being responsive to people’s individual requests.

Meeting people’s communication needs

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

The statement of purpose and service users guide was available in a different format 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 service user’s guide and contract. No formal complaints had been made in the last 12 months. 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 regular staff member on duty or contact the provider’s office. One relative said, “I am familiar with the complaints procedure as it was included in the information pack given to me by Adorn, and is shown on their written communications and website”.

End of life care and support

The provider had several people on end of life care. One supervisor had received training from the Hospice and had taken on the role of end of life co-ordinator.

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. The service does not require any improvements in this area.

This service was found to be well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People spoke positively about the service that they were receiving and said that communication with the provider was good.

A member of the senior leadership team had visited each person in their home in order to go through a feedback questionnaire with them. The results of which will form part of the provider's upcoming annual report and quality assurance document. The 2021 annual report did not contain any quality assurance feedback.

The manager and other members of the management team had appropriate qualifications.

Staff meetings were being held sporadically. Group supervisions were also taking place. The manager said that information sharing with the staff team was excellent via the computerised care management system.

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

Since the last inspection, four new senior health care assistant roles had been created.

Staff received feedback via supervisions and appraisals. Staff were clear on their roles and responsibilities.

The manager was clear on their responsibilities and obligations of being a regulated service.

Appropriate insurance cover was in place.

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

Regular care plan review meetings were taking place. The manager was undertaking annual client file audits.

Oversight of any incidents / accidents was taking place.

The provider had recently implemented a new local governance process consisting of themed forums and clinical care review meetings.

Working in partnership with others

Records showed that the provider worked with a range of professionals as required.