

Annual Inspection Report 2022-2023

1st Care at Home

Domiciliary Care

14 & 21 December
2022



DHSC

An announced inspection was carried out on 14 & 21 December 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

1st Care at Home 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 for improvement are required in relation to staff pre-employment checks, PRN medication protocols, staff induction format, staff meetings, the annual plan and amending the infection control 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 confirmed that they received training to provide the best possible care to people. People said that staff were suitably trained and competent.

People said that the agency was very receptive and responsive whenever they had to contact them. People were very complimentary about the care and support that they received from staff.

Care records identified people’s needs and preferences and provided guidance on how to meet these needs.

Staff felt supported by the management team and were comfortable about approaching them with any concerns.

At this inspection we found improvements had been made in response to the previous inspection.

About the service

1st Care at Home 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 23 November 2022. We visited the location's office/service on the 14 and 21 December 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.

During the inspection

A range of records were reviewed. This included four people's care records examined in detail. We looked at six 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 spoke to nine people who received a service and asked them questions about the care that they received.

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

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 in relation to pre-employment checks and medication protocols.

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 safeguarding training. Staff were clear on what they would raise as a safeguarding concern and felt confident that the management team would treat any concern seriously.

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

No safeguarding or whistleblowing concerns had been raised.

The provider was recording incidents / accidents in detail, including body maps, but some of these had not been reported to the Registration and Inspection Team. A discussion was had with the manager regarding what the regulator must be notified of. Evidence was seen of the management reviewing and learning from incidents / accidents.

The responsibility to report any changes to a person's needs and circumstances was a topic of discussion in staff supervisions.

Assessing risk, safety monitoring and management

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

Possible risks were identified and assessments were in place to manage these risks. Spot checks carried out by the provider in people's homes enabled any potential risks / hazards to be identified and addressed.

Care plans and risk assessments were being reviewed regularly and involvement of the client / representative in the review process was evidenced. A new assessment of needs formed part of the review process.

People's paper care records were stored securely in the provider's office with records also kept in people's homes.

A section in the assessment / care plan noted what equipment a person used, such as a hoist, standing aid. The manager described how the safety of equipment used in people's homes was monitored, such as a sticker placed on the equipment once maintained. A discussion was had with the manager to add further detail in the assessment regarding equipment maintenance.

Staffing and recruitment

The files of all staff who had started at the agency since the last inspection, were scrutinised. Not all required pre-employment checks had been received prior to the commencement of

employment for three of the new staff. The provider was still awaiting one of two references. The manager had previously contacted the Registration and Inspection Team to discuss starting new staff in lieu of all checks being in place. It was reiterated to the manager that new staff would be able to start, under supervision and with a risk assessment in place, prior to all checks being received, only by prior agreement with the Registration and Inspection Team.

Staff Disclosure and Barring Service (DBS) checks were being updated every three years, unless individuals had signed up the update service.

The manager said that they allocated staff to people, based on their personality and skill set.

Using medicines safely

A medication policy covered the obtaining, recording, storing, administering and disposal of medication. A discussion was had with the manager to detail – in the errors section of the medication policy - the steps to be taken following a staff medication error. Initial assessments identified people’s medication requirements. The support required to take medication was detailed in care records. Records detailed how a person’s medication was delivered and stored.

Risk and control measures were recorded.

Where people were receiving PRN medication (the administration of prescribed medication as the situation calls for it) PRN protocols were not in place. Protocols must detail how staff recognise signs / symptoms to prompt them to then administer the medication.

Staff received training on medication and were having their competency to administer medication assessed. A discussion was had with the manager to possibly include more “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). An infection control policy was in place. Staff received training on infection control and food hygiene. Cleaning requirements were identified in care plans where required. Infection control was assessed on management spot checks.

Action we require the provider to take

Key areas for improvement:

- New staff must only be confirmed in post following completion of all satisfactory pre-employment checks, unless by prior agreement with the regulator.
- PRN protocols to be written where required.

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 require improvements in this area in relation to amending the induction format and carrying out staff meetings.

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 used to develop care plans and risk assessments. Staff said that care plans were simple to follow and understand.

Staff support: induction, training, skills and experience

Staff undertook mandatory training and the training programme made provision for refresher training. When required, staff completed training specific to people’s needs. Several staff were out of date with refreshing some training courses. Systems were in place for training to be completed. Staff confirmed that they received enough of the right training to provide the best possible care to people. People said that the staff who came into their home were suitably trained and competent.

New staff completed a formal and recorded induction process. The induction format did not evidence that the process was carried out, as a minimum, over a three-day period. Shadowing experienced colleagues formed part of the induction process. Staff feedback confirmed that the induction process was thorough. One comment made was, “any questions I had (on induction) were answered as fully as possible. Prior to completing care visits solo I was given many opportunities to shadow staff members”.

Numerous staff had attained relevant qualifications.

The management team were trained in carrying out supervisions and appraisals. Supervisions and annual appraisals were taking place. Regular staff meetings were not taking place, although there was evidence of some group supervisions. Staff felt comfortable in expressing their views and suggestions in supervisions and in general to management.

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

Dietary requirements and preferences were identified on people’s initial assessments. Eating and drinking care plans were written where required.

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 to ensure that people received consistent, person centred care.

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

A discussion was had with the manager over the expectations for recording capacity and best interest decisions when the Isle of Man Capacity Act becomes law. On one person's care record it recorded the reason as to why they were unable to sign the document.

Action we require the provider to take

Key areas for improvement:

- The induction format must evidence that the process is carried out, as a minimum, over a three day period.
- Regular staff meetings to be held.

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's feedback confirmed that staff treated them with care and dignity. Staff were clear on how to ensure people were treated with dignity and respect

Religious and cultural needs were documented.

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

Feedback confirmed that staff generally arrived on time and left at the end of their allocated time, quite often staying later if required. People were assured that if they were unhappy with a staff member the provider would arrange for another person to come in. Comments made were "they (management) are always very receptive when I contact them", and "they will do everything they can for you". Records evidenced that people / relatives were involved in the reviewing of care plans and this was also confirmed through feedback.

Respecting and promoting people's privacy, dignity and independence

Care plans were written so as to promote independence. People commented that staff encouraged them to be as independent as possible. Staff members were clear on how to encourage independence. Comments made were, "I supervise but don't take over" and "I do things at the person's speed and encourage them to do what they can".

Personal information was kept secure and confidential. 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 improvement in this area.

This service was found to be responsive.

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

Care records identified people’s needs and preferences and provided guidance on how to meet these needs.

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

Meeting people’s communication needs

Where required, care plans on communication were written. Client contracts were available in larger print upon request.

Improving care quality in response to complaints or concerns

The client user guide detailed the provider’s complaints policy. No complaints / concerns had been made in the last twelve months.

Feedback confirmed that people would feel comfortable in raising any concerns they had with the provider’s office.

Information regarding complaints formed part of the provider’s annual report.

End of life care and support

The provider did provide care for people on end of life.

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 require improvements in this area in relation to the annual plan and reviewing policies and procedures.

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 were complimentary about the service that they were receiving.

Staff felt supported by the management team and felt comfortable about approaching them with any concerns. One staff member commented, "care can be quite emotionally and physically draining sometimes and it is important to me that I receive support in order to carry out my duties to the best of my ability. I feel management care for staff members and support / appreciate them".

The manager held an appropriate qualification and had appropriate skills and experience.

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

Staff received feedback via supervisions, appraisals and regular contact with the management team. The provider carried out spot checks / direct observations of staff in people's homes.

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 record review meetings were taking place. The management team were reviewing / monitoring any incidents / accidents.

The provider completed an annual quality assurance visit to clients. The outcomes from these visits did not form part of the agency's annual plan. People should also be made aware of the annual plan and how to be provided with a copy.

Policies and procedures were being reviewed, but the infection control policy required information adding regarding Covid-19.

Working in partnership with others

The provider worked with other care agencies and health professionals.

Action we require the provider to take

Key areas for improvement:

- The outcomes from annual quality assurance visits to clients must form part of the agency's annual plan.
- The infection control policy to include information on Covid-19.