

# **Annual Inspection Report 2022-2023**

## **LV Homecare (IOM) Limited**

Domiciliary Care

5 October 2022



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**DHSC**

We carried out this announced inspection on 5 October 2022. An inspector from the Registration and Inspection team led the inspection.

### **Service and service type**

LV Homecare (IOM) Limited is a domiciliary care agency based in Douglas. The service arranges for others to be provided with personal care and support, with or without practical assistance, to those in their own private dwelling across the Isle of Man.

### **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**

One area of improvement was identified in relation to this service.

Documentation seen on inspection was clear and comprehensive. People's needs were being appropriately assessed prior to a service being offered. Care plans clearly set out the level of care required.

Systems and processes were in place to protect people from the risk of abuse. People felt safe with the staff who came into their home.

People were very complimentary about the care and support they were receiving and said that carers were kind and they were treated with respect. People felt that the staff were suitably trained and competent.

Staff felt supported by the manager. Regular supervisions and team meetings were being carried out.

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

**About the service**

LV Homecare IOM Limited is registered as 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 3 October 2022. We visited the location's office on 5 October 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 was reviewed. These included people's records, staff recruitment records and a number of documents relating to the management of the service. The registered manager was available throughout and was able to discuss the service.

**After the inspection**

We spoke to three people receiving a service and two family members of other people receiving a service, about their experiences of the service provider.

We spoke to three members of staff, who told us about their experiences of providing care and working with the manager.

**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 not require any improvements in this area.

We found this service to be safe in accordance with the inspection framework.

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

Systems were in place to safeguard people from abuse and harm. Staff had received training in safeguarding, which had been updated every three years. The provider had policies and procedures regarding whistleblowing and safeguarding. Staff had read all policies during their induction period.

The manager had systems and processes in place to monitor all accidents, incidents and safeguarding concerns. Records of incidents had been appropriately completed and reported to the relevant parties.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being harmed or abused.

Feedback from people established that they felt safe with the staff who came into their home. One family member of a person receiving a service said they, "absolutely trust the staff with [their relative]. I feel [my relative] is safe and I am confident with the carers".

**Assessing risk, safety monitoring and management**

The manager had carried out initial assessments of needs prior to a service being offered. Care plans had been developed following the initial assessments and, where there was an identified risk of harm to people, appropriate risk assessments were introduced.

The manager regularly reviewed care plans, to ensure the most up-to-date care was provided. Feedback from people confirmed that review meetings had included service users and their family members.

People's risk assessments were completed and reviewed regularly; however, they did not identify the next review date on the document. It is recommended that risk assessments display the next review date.

Care records were stored electronically. Paper copies of records were kept in a locked cabinet within a secure office.

**Staffing and recruitment**

The provider had recruited staff safely. The provider completed appropriate checks prior to any staff member commencing employment.

The inspector reviewed the training records. All staff had received training specific to the services they provided. One staff member said, "We receive lots of training and refresher training. It's really good".

The manager matched staff members with people by taking into consideration their experience, training and the persons' gender preferences.

### **Using medicines safely**

A medication policy and procedure was in place, which contained information on obtaining, recording, storing, administration and returning/disposing of medicines. Initial assessments, carried out prior to a service being offered, identified a person's medication needs, with corresponding care plans and associated risk assessments being developed, as necessary.

Staff had completed training in the administration of medication and had an annual medication administration competency assessment, completed by the manager. A discussion was had with the manager to include 'what if' scenarios within the competency assessment.

### **Preventing and controlling infection**

The provider had a 'hygiene, cross-infection and infection control' policy and procedure in place, last reviewed in July 2022. Personal Protective Equipment (PPE) was provided to the staff for their health and safety, and for the safety of the service users.

All staff had completed infection control training and had their competency assessed annually. Staff had also completed food hygiene training.

During the initial assessment, the manager had completed an audit of the person's home and completed an environmental risk assessment, identifying any hazards or risks of harm.

### **Learning lessons when things go wrong**

Staff received guidance on how to raise concerns, regarding any changes to a client's care needs, within a document entitled 'A-Z Home Care Policy on Client Care'.

The manager had a system in place for regularly reviewing accidents, incidents and safeguarding concerns. Following any review, a process of learning was undertaken.

Staff felt that, if they raised any concerns, the manager would take them seriously.

The provider had a Business Continuity Plan to address any potential disruptions.

## 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.

We found this service to be effective in accordance with the inspection framework.

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

The manager had completed comprehensive assessments of people’s needs prior to a service commencing. Information from the assessments then formed the basis of the care plans. If a risk of harm to any person had been identified, the manager also produced risk assessments.

#### **Staff support; induction, training, skills and experience**

Staff had received mandatory training, to carry out their duties effectively and had attended additional training to deliver care that is more specific. One member of staff said, “I’ve received lots of training that covers all of my duties”.

New staff shadowed staff that are more experienced during their induction period. Staff reported that they had the opportunity to shadow other carers for a number of days, until they knew the clients and were confident in delivering the agreed level of care and support.

Ongoing supervisions, annual appraisals, and team meetings had taken place. Staff reported that they felt confident they could express their views with the manager and talk about anything that was causing concern.

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

Dietary requirements and preferences were included in the initial assessments. Care plans and appropriate risk assessments had been developed following the initial assessments, as necessary.

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

Joint working with other agencies was evident. When a person had moved their care package to another provider, the agency shared the care records and the new service provider had shadowed staff, to ensure a smooth transition.

Initial assessments, care plans and on-going assessments of needs demonstrated working with other health care professionals collaboratively.

#### **Ensuring consent to care and treat in line with law and guidance**

A discussion was had with the provider regarding the expectations for recording capacity and best interest decisions when the Isle of Man Capacity Act becomes law.

Staff always seek consent from the person prior to providing any personal care. One member of staff said, “I always seek consent from the client, if they’re able. Sometimes it can be a bit tricky if they cannot verbally give their consent. If the client shows any signs of distress, I

would stop and report it to the family and the manager.” Another staff member said, “I would always get consent because I treat others how I would like to be treated”.

## 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 requires one improvement in this area.

We found this service to be caring in accordance with the inspection framework.

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

Feedback from the service users established they had been treated with respect, kindness and compassion. One family member said, "I've witnessed the carers with [my relative]. They are always very kind and considerate".

People with a visual impairment had not been fully supported with their disability. Documents relating to their care, including the initial assessments, care plans and risk assessments had not been adapted and provided in a format they could access.

The initial assessments had identified a person's religious and cultural needs and the manager had developed appropriate care plans to support the person, as necessary.

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

People, or their family members, had been involved in developing their care plans.

Staff had been trained in 'communication', 'Awareness of mental health, dementia and learning disabilities' and 'dementia, level 1' to support people to express their views and make decisions about their care, where possible.

#### **Respecting and promoting people's privacy, dignity and independence**

People's dignity and respect was respected. The provider had a privacy and dignity policy, which the manager had reviewed regularly.

Staff attended privacy and dignity training. Staff ensured they respected people's privacy and dignity by always seeking consent before offering any personal care. One staff member said, "I will always take [the person] somewhere private to support them with their personal care. I make sure the curtains and door are closed and always offer to cover [the client] up, for respect". Other carers offering feedback repeated this.

People confirmed that staff had always treated them dignity and respect.

Staff encouraged people to remain as independent as possible. One staff member said, "I encourage the client to do as much as possible for them self and be as mobile as possible". Another member of staff said, "working with people with dementia, I involve them with decisions but with a limited number of choices, to avoid confusion. I always show an interest with things they can do for themselves".

One person said, "the carers will support me to do whatever I can do for myself".



## Action we require the provider to take

### Key areas for improvement

- People with a visual impairment must be offered all documents relating to their care, in a format they can access.

## 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.

We found this service to be responsive in accordance with the inspection framework.

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

Staff were familiar with people’s needs and preferences. Care records identified specific needs and provided staff with guidance on how to deliver the agreed support. One staff member said, “the care plans have good information in them and they are always up-to-date”.

People confirmed that staff supported them in a way that met their needs and preferences. Feedback showed that people were very pleased with the level of services they were receiving.

#### **Meeting people’s communication needs**

The initial assessments had identified the person’s communication needs, which led to the manager developing person-centred care plans in communication, as necessary.

Staff had attended training in communication.

#### **Improving care quality in response to complaints and concerns**

A complaints policy was in place, which the manager had reviewed on a regular basis. Information on how to make a complaint was found in the service user’s guide, ensuring people knew how to make a complaint. People also had access to a complaint’s form.

Feedback from service users confirmed they knew how to make a complaint and felt confident that the manager would take any concerns seriously.

The manager kept all records of complaints and reviewed them regularly, as a process of learning and improving services. Any concerns or complaints formed part of the annual plan.

#### **End of life care and support**

The service was not currently providing any end of life care and support; however, the manager had experience with supporting clients with end of life care.

## 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.

We found this service to be 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**

Care plans were found to be person-centred. The service users, and their family members, were involved with developing the care plans, which were reviewed on a regular basis to ensure they were current and up-to-date.

People spoke positively about the services they received. One person told us, "I receive very good care and support. [The staff] do whatever you need. All of the staff are very good".

Staff reported that they enjoyed their work and felt valued by the manager. One staff member told us, "We provide good care and make [the client] feel that they are important and listened to".

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

There were systems in place to monitor and review the quality of care provided by LV Homecare. The manager worked with clients, providing care, and also completed 'spot-checks', which entailed monitoring staff performing their duties with clients and auditing all records.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

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

The manager provided information about the service to the client, and their family, at the start of the service delivery. This information was in the statement of purpose and client guide document.

The manager had given out customer survey questionnaires to service users, and their families, on an annual basis. The information gathered during this process was used to monitor the quality of service delivery and formed part of the annual plan.

Staff received regular supervision with the manager and felt confident about expressing their views and putting forward suggestions. One staff member said, "[The manager] encourages us to raise any concerns and report anything we're worried about. We can talk to [the manager] anytime".

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

Staff received on-going refresher training in all mandatory subjects, including Safeguarding, health and safety, first aid, moving and handling and first aid. Staff also had their moving and handling and medication administration competency assessed annually.

Systems were in place to monitor accidents and incidents to continually learn and improve their services.

**Working in partnership with others**

Information within the person's initial assessments, care plans and risk assessments showed that the service worked in partnership with other health care professionals and agencies to provide person-centred care.