

Regulation of Care Act 2013

Domiciliary Care Agency

Sapphire Care

Announced Inspection

20 August 2021

Contents

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4: Inspection Outcomes and Evidence and Requirements

Part 1 - Service Information for Registered Service

Name of Service:

Sapphire Care Limited

Telephone No:

612622

Care Service Number:

ROCA/P/0289A

Conditions of Registration:

The manager to complete RQF level five within two years of registration.

Registered company name:

Sapphire Care Limited

Name of Responsible Person:

Ann Sharvin

Name of Registered Manager:

Hannah Doyle

Manager Registration number:

ROCA/M/0280

Date of latest registration certificate:

5/3/21

Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring):

None

Date of previous inspection:

This is the first inspection

Person in charge at the time of the inspection:

Ann Sharvin/Hannah Doyle

Name of Inspector(s):

Sharon Kaighin

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 Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

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:

This is the first inspection

Number met:

Number not met:

All requirements not met will be addressed within this inspection report

Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.

Overview of this inspection

Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.

This was the first announced statutory inspection of Sapphire Care which took place on 20 August 2021.

As part of the inspection process, the following were scrutinised:

- Statement of Purpose
- Four service user files

- Staff files
- Various documentation relating to the service

Staff and service user feedback was also gained. The service users and staff spoken with all expressed satisfaction with the service.

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

Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.

Our Decision:

Compliant

Reasons for our decision:

A Statement of Purpose was in place together with a Service Users' Guide. This contained all necessary information.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
-------------	--	---------	---	----------	--	------------	--

Requirements:

None

Recommendations:

None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 – Assessment

The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

Our Decision:

Compliant

Reasons for our decision:

A care needs assessment was in place for all service user files examined. The assessments were carried out by either the Responsible Person or the registered manager. Service user feedback confirmed that an assessment had taken place prior to care being provided. The assessments contained all required information. The manager confirmed that information from the care needs assessment was provided to support workers through a care planner system. No service was provided in an emergency.

Procedures were in place for support workers to report changes through electronic means; evidence was seen of visit notes which were in paper form and also able to be used if required. Care needs assessments were reviewed at the same time as care plans.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 3 – Contract**

Each service user must have a written individual service contract for the provision of care with the agency.

Our Decision:

Compliant

Reasons for our decision:

A contract was in place for all service user files examined. This contained all required information. Service user and family feedback confirmed that they had copies of the contract.

Evidence source:

Observation		Records	✓	Feedback	✓	Discussion	
-------------	--	---------	---	----------	---	------------	--

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 - Personal information**

Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected.

Our Decision:

Compliant

Reasons for our decision:

A confidentiality policy was in place. Staff were made aware of keeping information confidential during the interview process. The service user contracts contained information relating to the circumstances in which confidentiality could be breached. Confidentiality was also emphasised in the staff handbook and generally in demonstrating good practice.

Records were seen to be kept in locked filing cabinets in a locked office with access only by consent. Client feedback confirmed that records were in place in service users' homes, with information necessary to provide care.

Evidence source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
-------------	---	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 5 – Service**

Service users receive a consistent and reliable service that can respond flexibly to meet changing needs.

Our Decision:

Compliant

Reasons for our decision:

Feedback from the service's quality assurance process confirmed that the staff were reliable in providing continuity of care. Instruction given to staff included the prompt to include the service user in making choices with regard to their preferences, for example, in the provision of meals. The allocated times and duration of calls was able to be electronically logged and was seen on inspection. Continuity of care was provided through the same carers for service users wherever possible. Feedback from families confirmed that they were kept fully informed of all relevant issues relating to care.

Evidence source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

Our Decision:

Compliant

Reasons for our decision:

Signed care plans seen on inspection, together with service user feedback, evidenced that the service user or their representative had been involved in the creation of their care plan. Plans were clear and set out detailed information. Staff confirmed that they were clear on the care they were required to provide. Flexibility in care plans to support service user need was clearly evidenced in changed hours. Care plans were seen to be appropriate according to the complexity of need. Care plans examined were reviewed appropriately, with changes identified.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
 Standard 7 – Medication**

The agency's policy and procedures on medication protect service users.

Our Decision:

Compliant

Reasons for our decision:

A medication policy was in place which contained all required information detailing procedures. The policy stated that all competencies must be carried out on annual basis. Care plans and risk assessments contained detailed information on assistance required.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
 Standard 8 – Health & Safety**

The health, safety and welfare of service users and care and support staff is promoted and protected.

Our Decision:

Compliant

Reasons for our decision:

A variety of policies and procedures were in place including health and safety, security of documentation and safeguarding policies. Records in the form of risk assessments, contingency plans and completed training records were all in place. A risk taking policy was in place, with flexibility recognised to allow service users to take risks as appropriate. Risk assessments were in place in service user files which were signed and appropriately reviewed. Changes in need were appropriately included and reflected in documentation.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 9 – Safeguarding**

Service users are protected from abuse, exploitation, neglect and self-harm.

Our Decision:

Compliant

Reasons for our decision:

A safeguarding policy was in place, which referenced the Isle of Man Safeguarding Adults policy and procedures.

Two safeguarding incidents had been recorded at the service, and notified appropriately to the Registration and Inspection Team. Actions had been identified following the incidents, and evidence was seen on inspection that actions had been completed. Safeguarding training had been carried out by all staff.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

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**

Service users are protected and are safe and secure in their home.

Our Decision:

Compliant

Reasons for our decision:

An access and egress of service user homes policy was in place which was in date. Identity cards for staff were seen on inspection which contained all required information. In the case of special communication requirements, the manager confirmed that these would be addressed as the situation arose.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
-------------	---	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 11 – Records kept in the home**

The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of support and care.

Our Decision:

Compliant

Reasons for our decision:

Service user feedback confirmed that records were kept in the home as appropriate. Records were kept in the home and removed by the agency after a minimum of one month. In cases where the service user refused to have records in their home, then this would be fully logged. Electronic devices allowed all care records to be completed. The manager confirmed that these records would be available to service users and their representatives on request.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

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**

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:

Substantially compliant

Reasons for our decision:

Staff files were scrutinised on inspection and contained all required information. Records provided showed that staff had commenced shadowing shifts prior to the DBS (Disclosure Barring Check) being received. A requirement has been made concerning this. Staff contracts were seen containing terms and conditions of employment. The staff were also employed in accordance with the company's code of conduct for home carers.

No disciplinary incidents had been recorded on staff files. The manager was aware of the need to refer someone to the Disclosure and Barring (DBS) Service in prescribed circumstances.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
-------------	--	---------	---	----------	--	------------	--

Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 13 – Development and training**

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

Our Decision:

Compliant

Reasons for our decision:

There was a training programme within the agency which included all mandatory and refresher training. A formal induction process was in place which included a three month probation period and a shadowing period for new staff of one week. The manager confirmed that staff must complete their induction during the specified time period.

Specialist advice had been sought with regard to specific service user need. Evaluation checks had been undertaken following staff training in the form of staff feedback forms.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 14 – Qualifications**

The personal care of service users is provided by qualified and competent staff.

Our Decision:

Compliant

Reasons for our decision:

Staff were undergoing a training programme in the agency, with the majority qualified to at least QCF level 2. The registered manager was undertaking their RQF level 5.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
-------------	--	---------	---	----------	--	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 15 – Supervision**

Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

Our Decision: Substantially compliant**Reasons for our decision:**

The manager informed the inspector that supervision had not taken place since January. Staff feedback was mixed, with some staff stating that supervision had taken place. The inspector was informed that any omissions were due to the pressures of the effects of the coronavirus, and the management providing direct care to service users due to staff sickness. A requirement has been made concerning this.

Team meetings had been held regularly with minutes seen. The manager was undertaking management skills training as part of their RQF qualification.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 16 – Management, quality and improvement**

Service users receive a consistent, well managed, planned and audited service.

Our Decision:

Compliant

Reasons for our decision:

The agency operates from a permanent office with a clear management structure in place. There was plenty of room for confidential discussion as necessary. The premises were located centrally and were accessible for clients. Clear lines of accountability within the team were in place, with people deputising for the manager suitable qualified. Staff cover for the agency had been assessed, with the manager and responsible person providing care to service users as necessary. Current public liability insurance was in place. Contingency planning was in place in case of any disruption to the operation of the agency.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
-------------	---	---------	---	----------	--	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 17 – Record keeping**

The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.

Our Decision:

Compliant

Reasons for our decision:

Records seen at the agency were in good order, and securely stored. Care logs were seen in electronic format, available to service users as required.

A retention policy was in place covering both staff and service user records.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
-------------	---	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 18 – Policies and procedures**

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:

Compliant

Reasons for our decision:

All required policies and procedures were in place. These were dated, together with review dates present. A policy and procedure file was available to all staff. Team meeting minutes evidenced that policies and procedures had been discussed in team meetings. The policies and procedures were available to service users on request.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
-------------	--	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 19 – Complaints and compliments**

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

Our Decision:

Compliant

Reasons for our decision:

The agency's complaints procedure was in place and contained all required information, including relevant timescales. No complaints had been received by the service, and service user feedback confirmed they would feel confident to make a complaint if necessary.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
-------------	---	---------	---	----------	---	------------	---

Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 20 – Quality Assurance**

The service is run in the best interests of its service users.

Our Decision:

Compliant

Reasons for our decision:

An effective quality assurance process was in place. All service users were visited at least annually by a supervisor or manager, confirmed by service users. An annual survey had been sent to service users which had evidenced satisfaction with the service. Records relating to staff visits and timesheets were all electronically stored.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	
-------------	--	---------	---	----------	---	------------	--

Requirements:

None

Recommendations:

None

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

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 Team.

Inspector: Sharon Kaighin

Date: 13 September 2021

Provider's Response

From: Sapphire Care

I / we have read the inspection report for the inspection carried out on 20 August 2021 at the establishment known as Sapphire 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

Ann Sharvin

Date

16/09/21

Signed

Registered Manager

Hannah Doyle

Date

16/09/21