



Department of Health and Social Care

Rheyyn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Domiciliary Care Agency

Care@Home

Announced Inspection

17 August 2021

***Registration and Inspection Team,
Ground Floor, St George's Court,
Hill Street, Douglas, Isle of Man, IM1 1EF.***

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Part 1 - Service Information for Registered Service

Name of Service:

Care@Home

Telephone No:

(01624) 205701

Care Service Number:

ROCA/P/0293A

Conditions of Registration:

None

Registered company name:

ARC Learning Ltd. (IOM)

Name of Responsible Person:

Mandy Chadwick

Name of Registered Manager:

Mandy Chadwick

Manager Registration number:

ROCA/M/0261

Date of latest registration certificate:

1/09/2020

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

None

Person in charge at the time of the inspection:

Mandy Chadwick

Name of Inspector:

William Kelly

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:

None

Number met:

Not applicable

Number not met:

Not applicable

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 an announced annual inspection, covering a number of standards within the Domiciliary Care Agencies Minimum Standards 2017.

During the inspection, service user's care plans and records were reviewed and measured against the standards.

Areas looked at during this inspection included assessing the care needs of the service users, care planning and risk assessment, administering medication, the recruitment and selection of staff members and quality assurance.

The inspector also had an opportunity to gather feedback from a number of service users and staff members. The manager provided feedback throughout the inspection.

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.

1.1

Our Decision:

Substantially Compliant

Reasons for our decision:

The most recent Statement of Purpose, dated April 2020, included all of the criteria set out in Schedule 3 of the Regulation of Care (Registration) Regulations 2013; however, the contact details of the Adult Safeguarding Team were missing from the document.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

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:

Substantially Compliant

Reasons for our decision:

The inspector had an opportunity to review a number of service user records. These records, and feedback from the service user's, demonstrated that all service users had received a care needs assessment prior to getting a service from the agency. This also included service user's that had provided the agency with little advanced notice. All care needs assessments had been carried out by the manager, who had been suitably qualified and experienced to complete this task.

The care needs assessments were found to be comprehensive; however, there was information required within the assessments to ensure meeting the criteria of the standard.

The care needs assessments asked for information in relation to the service user's sexuality. This is required to be removed to comply with current Data Protection legislation and General Data Protection Regulations (GDPR). This is covered in Standard 17.1.

Service user' records and feedback from carers confirmed that information from the care needs assessment had been made available to the carers in the service user's home, together with some information regarding the activities required to be undertaken to support the service user.

The agency's staff handbook had information for the carers, instructing them on how to report any concerns in relation to the service user and to report changes to their needs, so that a reassessment of their needs could be undertaken.

The inspector had an opportunity to review daily care logs, which had been completed by the care staff during their visit. The care logs had been dated and signed, however, some signatures were illegible and there was no staff signing sheet, identifying the staff member to their signature (covered under Standard 11.1).

Discussions with the manager confirmed that none of the service users had received a service from the agency for 12 months, or more; however, review dates had been entered on the service user's files, identifying when the manager planned to update the care needs assessments and support plans, in conjunction with the service user.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

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:

Partially Compliant

Reasons for our decision:

Feedback from the service users established that they had copies of their support plans within their home; however, support plans seen by the inspector had not been signed by the service user, or their representative, evidencing their agreement to the level of support being offered by the agency.

The service user's support plans were found not to contain sufficient details identifying what actions were required by the care staff to support the service user with their assessed needs.

The support plans did not include the communication requirements of the service user, or identify any areas of flexibility to enable the service user to maintain their independence as much as possible.

Information and details within the support plans had not identified the complexity of the services to be provided.

For one service user, their service provision had increased to include an additional visit per day; however, there was no support plan for this additional service, or one that had been updated and amended. There was also no evidence that the service user had agreed to these changes.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Four

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:

Substantially Compliant

Reasons for our decision:

The agency had a medication policy, which had been reviewed in May 2021. The policy identified the procedures for carers to assist the service users with administering their medication.

The policy contained all of the criteria in the standard, identifying the procedures for obtaining, recording, storing, administering and the returning and disposal of medication belonging to the service user.

Staff training records and certificates held within the staff files verified that all staff had attended medication administration training. Staff competencies had been assessed by the manager within the last 12 months.

Service user's support plans for administering medication had not identified the level of support required, to meet the assessed needs of the service user.

There were no medication risk assessments for service users receiving support with their medication.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

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.

8.3

Our Decision:

Partially Compliant

Reasons for our decision:

The service user's initial care needs assessments identified areas of potential harm to the service users and there was a section for identifying 'Risk Management Strategies'; however, there were no individual risk assessments within the service user's files.

The service user's support plans also identified grades of risk, as either 'VH' (very high), 'H' (high), 'M' (medium), or 'L' (low); however, there were no individual risk assessments developed for any activities that were identified with a medium, or above, risk of harm to the service user or staff.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

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.

9.5

Our Decision:

Compliant

Reasons for our decision:

Staff training records and certificates held within the staff files verified that all staff had attended adult safeguarding training, which had been undertaken within six months of commencing employment with the agency. Refresher training dates had also been identified within the training records.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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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.

10.3

Our Decision:

Compliant

Reasons for our decision:

The inspector had an opportunity to review agency staff identity cards, which were found to comply with all of the criteria within the standard. Feedback from service user’s confirmed that the carers had their badges on display when they visited.

Evidence Source:

Observation	✓	Records		Feedback	✓	Discussion	✓
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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.

12.2, 12.3

Our Decision:

Substantially Compliant

Reasons for our decision:

The agency had carried out a number of pre-employment checks prior to recruiting and selecting new staff; however, there were a number of criteria of the standards not present in the staff members’ files.

There was no declaration of health recorded for any member of staff.

One member of staff had only received one reference. The references for two staff members had been received after they had started employment. Three members of staff had received verbal references; however, the records of these references had not been dated.

One member of staff had started employment prior to receiving their Disclosure and Barring Service (D.B.S.) checks and there was no risk assessment in their file, identifying how their contact with the service users would have been managed.

One member of staff had received a reference from one of the Directors of the agency. The manager is required to seek another external reference for this member of staff.

Staff files contained photocopies of staff driving licences and passports. These are required to be removed to conform to Data Protection legislation (covered in Standard 17.1).

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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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.
13.1, 13.2

Our Decision:

Substantially Compliant

Reasons for our decision:

Staff training records determined that the agency had an on-going training programme and staff had completed all mandatory training. The Directors of the agency were health-care trainers, which ensured that carers were sufficiently trained to meet the changing needs of the service users.

Training records and feedback from service users determined that the staff were well trained and competent at meeting the service user's individual needs.

There was insufficient evidence to demonstrate that the agency had a formal induction programme, which including a minimum 3-days orientation.

Staffing rotas and feedback from carers demonstrated that new staff members had opportunities to shadow long-standing carers on their visits to service users, prior to working on their own.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

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.
19.4

Our Decision:

Compliant

Reasons for our decision:

The agency had not received any complaints; however, feedback from the manager confirmed that the complaint policy would have been followed if they had received a complaint.

Evidence Source:

Observation		Records		Feedback	✓	Discussion	✓
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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.

20.2

Our Decision:

Compliant

Reasons for our decision:

There was sufficient evidence to support that the agency had consulted with their service users, and the carers, about the quality of care provided by the agency.

Service users had received a quality assurance questionnaire in August 2021 and feedback from the service users established that the manager had visited on a regular basis. Discussions with the manager determined that, during the visit, the daily log entries made by the carers had been checked and the time of the visits had been cross-referenced with staff timesheets.

Records demonstrated that the manager had checked on any compliments, accidents and incidents. The agency had not received any safeguarding concerns at the time of the inspection.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

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

Standard 11.1

The service user's daily logs had been completed, dated and signed by the carers during their visit, however, some signatures had been illegible and the identity of the staff member was indeterminate. There is a requirement for the manager to provide a staff signing sheet, so staff can leave a sample of their signature next to their printed name, for reference purposes.

Standard 17.1

Staff files had contained photocopies of staff driving licences and passports. The details of these documents must be recorded within the staff member's files and then removed, to comply with current Data Protection legislation.

The care needs assessments asked for information in relation to the service user's sexuality. This is required to be removed to comply with current Data Protection legislation and General Data Protection Regulations (GDPR).

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Two

Recommendations:

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: William Kelly

Date: 8 September 2021

Provider's Response

From: ARC Learning Ltd. (IOM)

I / we have read the inspection report for the inspection carried out on **17 August 2021** at the establishment known as **Care@Home**, 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	Mandy Chadwick
Date	21/09/21.

Signed	Mandy Chadwick
Registered Manager	
Date	21/09/21