

# **Regulation of Care Act 2013**

## **Domiciliary Care Agency**

Forget Me Not

## **Announced Inspection**

28 September 2021

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## Part 1 - Service Information for Registered Service

**Name of Service:**

Forget Me Not Home Care (IOM) Limited

**Telephone No:**

07624 336694

**Care Service Number:**

ROCA/P/0281A

**Conditions of Registration:**

None

**Registered company name:**

Forget Me Not Home Care (IOM) Limited

**Name of Responsible Person:**

Clare Gerrard

**Name of Registered Manager:**

Clare Gerrard

**Manager Registration number:**

ROCA/M/0242

**Date of latest registration certificate:**

19<sup>th</sup> December 2019

**Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):**

None

**Date of previous inspection:**

4 August 2020

**Person in charge at the time of the inspection:**

Clare Gerrard

**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:**

Three

**Number met:**

Three

**Number not met:**

None

### 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:

Compliant

#### Reasons for our decision:

The most recent Statement of Purpose, dated November 2020, included all of the criteria set out in Schedule 3 of the Regulation of Care (Registration) Regulations 2013.

#### 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 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:

The inspector had an opportunity to review the care needs assessments for a number of service users, which were found to have been completed prior to a service being provided by the agency. The assessments had been completed by the manager, who was sufficiently qualified and competent to do so.

The care needs assessments were found to be comprehensive, containing sufficient information to meet all of the criteria of the standard.

Information from the care needs assessments had clearly been used to develop the service user's individual care plans. Feedback from staff and service user's established that they had access to copies of the service user's assessments and care plans, which were stored in a file within service user's home.

Procedures informing staff on how to report any changes to the service user's circumstances and/or care needs, were written in the staff handbook. Discussions with the manager determined that any concerns for the service users, raised by the staff, had been followed up with arrangements to carry out a reassessment of their care needs, where appropriate.

The care needs assessments had determined the service user's current needs. The manager reported to the inspector that the assessments would be reviewed annually, or at the same time as the care plans.

#### 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 6 – Care / Support Plan**

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

**Our Decision:**

Substantially Compliant

**Reasons for our decision:**

The care plans had been developed following the completion of the care needs assessments. The plans had been signed by the service users, or their representatives, signifying that they had been developed with their agreement.

The care plans did not contain sufficient information and details to inform staff of the full range of tasks required, to meet the individual needs of the service users. For one service user, the care plans did not reflect the complexity of the care required to meet their health needs.

Records demonstrated that care plans had been reviewed and updated when changes in the service user's needs had been identified. The revised care plans had been signed by the service user, establishing that the changes to their care and support had been in agreement.

Feedback from staff members, and the service users, confirmed that copies of the care plans were provided to the service user and stored in a file within their home. Staff had access to all of the service user's records.

**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 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 Guidance and Administration policy and procedure, which had been reviewed in August 2021.

The policy was found not to contain all of the criteria within the standard, which must include procedures for staff to follow in relation to the obtaining, recording, storing and returning or disposal of service user's medication.

The policy defined three levels of staff support, in relation to the administration and management of medication. The service user's medication administration care plans identified which level of support staff were providing, in line with the policy; however, the care plans did not have sufficient details, identifying what tasks the staff had to perform to meet the individual needs of the service users.

Medication risk assessments did not identify the potential risks regarding missed doses or over medication, or what actions staff members had to perform following a medication error, to keep the service user safe. The medication risk assessments were not signed by the service user, or their representative, demonstrating that the risk assessments had been developed in consultation and agreement with the service user.

Staff training records, and certificates, evidenced that all staff had completed medication administration training. The manager had relevant documentation for assessing and recording the competency of staff administering medication.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

Two

**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 care needs assessments had an initial risk assessment, which identified areas of potential harm to the service users, demonstrating that the agency had a risk management strategy.

The care plans stored on file also incorporated the associated risk assessments, which had been signed by the service user, or their representative, to demonstrate they had been consulted and agreed to the risk management strategy that advised the reader how best to manage the risk.

The risk assessments showed that the service user's daily activities had not been unduly restricted by the agencies methods of managing risk, however, there were some activities, identified within the care needs assessment, which had a potential risk of harm to the service user, that did not have a risk assessment identifying how the service user would be kept safe.

**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 verified that all staff had attended child and adult safeguarding training, which had been undertaken within six months of commencing employment with the agency. Records also identified a future date when this training had to be refreshed.

**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 the service users established that the carers had their badges on display during each visit.

**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:**

Compliant

**Reasons for our decision:**

The agency had carried out a number of pre-employment checks prior to recruiting and selecting new staff, which fulfilled the criteria of the standard.

Records demonstrated that the agency had verified the identity of the new employees, obtained two references and the appropriate enhanced Disclosure Barring Service (D.B.S.) checks prior to offering employment.

**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 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:**

Compliant

**Reasons for our decision:**

Staff training records determined that the agency had an on-going training programme. All staff members had completed the mandatory training identified within appendix B of the Standards.

Feedback from the service user's indicated that they felt that staff were adequately trained and competent to deliver the services they had received.

Records evidenced that new staff members had completed a formal induction programme, which also included a 3-day orientation programme within the first week.

**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 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, discussions with the manager confirmed that the complaint policy would have been followed if they had received a complaint.

Feedback from service user's indicated that they knew how to make a complaint and felt comfortable in approaching the manager with any concerns.

**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:**

The agency had suspended their services during the recent pandemic 'lockdown' and have only recently re-introduced services to their clients.

Discussions with the manager evidenced that quality assurance questionnaires will be going to each service user, asking for feedback on the care and support they had received from the agency.

Feedback questionnaires were also planned to go to each member of staff within the agency.

Records demonstrated that the manager had developed paperwork used to collate information regarding complaints and compliments, incidents, accidents and safeguarding concerns.

The agency used an electronic, time-management system for staff to log in and out, allowing the manger to check that service user's had receiving their allocated contractual hours.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

None

**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:** 15 October 2021

## Provider's Response

**From:** Forget Me Not Home Care (IOM) Limited,

I / we have read the inspection report for the inspection carried out on **28 September 2021** at the establishment known as **Forget Me Not Home 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** Clare Gerrard  
**Date** 17/11/2021.

**Signed Registered Manager** Clare Gerrard  
**Date** 17/11/2021