

Annual Inspection Report 2022-2023

Forget Me Not Home Care IOM Limited

Domiciliary Care

7 September 2022



DHSC

We carried out this announced inspection on 7 September 2022. An inspector from the Registration and Inspection team led the inspection.

Service and service type

Forget Me Not Home Care IOM Limited is a domiciliary care agency based in Onchan. 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

Two areas of improvement regarding quality assurance and staff support were identified in relation to the service.

People were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice.

Staff members knew people and their needs well. People were very happy with the support they received from Forget Me Not Home Care. People's support plans and associated risk assessments were detailed and developed in conjunction with the client and their family members.

Risks were assessed and guidelines were in place to manage the risk of harm. People's nutritional needs were being met.

Staff were recruited safely and had received the necessary induction and training they needed for their roles. Staff felt they were being well supported by the manager.

People were protected from the risk of abuse. Incidents and accidents were recorded and reviewed to reduce the risk of occurrence.

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

About the service

Forget Me Not Home Care IOM Limited is registered as a domiciliary care agency.

Registered manager status

The service has a registered manager. This means that they 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 1 September 2022. We visited the service on 7 September 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. We used all of this information to plan our inspection.

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 one person receiving a service, and one family member of a person receiving a service, about their experiences of the service provider.

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

SECTION C Inspection Findings

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 that this service was 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 was updated on a regular basis. The provider had policies and procedures regarding safeguarding, whistleblowing and information on raising concerns, which gave guidance to staff and people receiving a service. These documents had been regularly reviewed.

The manager monitored and reviewed accidents, incidents and safeguarding concerns regularly. The inspector viewed electronic records of incidents, which had been appropriately completed and reported to relevant parties.

Staff knew the signs of potential abuse and the actions they must take if they felt someone was being harmed or abused. One staff member said, "I am confident that [the manager] will respond to any concerns I had".

Feedback from people concluded that they felt safe with the staff who came into their home.

Assessing risk, safety monitoring and management

People's needs were appropriately assessed prior to them receiving a service. The assessments also identified any potential risks of harm and appropriate risk assessments were included. There was provision on the risk assessment documentation for staff to sign, demonstrating they understood methods of working with the person to keep them as safe as possible.

Some people receiving a service had not signed their initial assessments, care plans and risk assessments, indicating that they had agreed to the level of services provided; however, a member of the person's family had signed the documents on their behalf.

It is recommended that the service must demonstrate that people receiving a service have agreed to the level of services provided. To meet this recommendation, at the time of the inspection the manager had developed a new form, to be used in future, to clarify reasons why the person receiving the service does not sign the relevant documents and requests their family member to sign on their behalf.

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.

Environmental risk assessments on the person's home had been completed to ensure people's safety. The service had a policy and procedure for checking any equipment used to support the person.

The manager reviewed person-centred plans and risk assessments on a regular basis.

Records were stored electronically or in locked cabinets within a secure office.

Staffing and recruitment

Staff had been safely recruited. Appropriate checks had been completed before staff had commenced their employment. Training records were seen. Feedback from people receiving a service said they felt confident that staff were sufficiently trained to provide their care. One staff member said they felt that the training they received was very good and made them feel confident delivering the care they provided.

Staff confirmed that new staff members shadowed staff that are more experienced, when they were introduced to service users.

Staff rotas were in place, which corroborated the scheduled visits to individual service users.

Using medicines safely

The provider had a medication policy and procedure, which covered obtaining, recording, storing, administering and returning/disposing of medicines. Initial assessments identified medication needs, with corresponding care plans and appropriate risk assessments.

Training records demonstrated that staff had completed medication administration training, with annual medication competency assessments in place. A discussion was had with the manager to include "what if" scenarios within the competency assessment.

Preventing and controlling infection

Systems were in place to manage and prevent the risk of infection. Initial assessments of the person receiving the service included a section on infection control. Staff had access to appropriate Personal Protective Equipment (PPE) in each of the people's homes.

Staff had received training in infection control. Two staff had not completed this training; however, this was booked for the near future, with time identified on the rota.

The manager completed an environmental risk assessment during the initial assessment of the person, prior to them receiving the service.

Learning lessons when things go wrong

Staff received guidance in the staff handbook regarding how to raise any concerns about the person, or report any changes to their care needs. There was also guidance within the person's care plans.

People were provided with a form to use, for reporting any complaints, concerns or issues to the manager.

The manager had a system in place to monitor accidents, incidents and safeguarding concerns. Documents demonstrated that incidents had been reviewed and a process of learning was followed.

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 requires one improvement in this area.

We found that this service was 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 completed thorough assessments of people’s needs prior to a service commencing. Information from the initial assessments then formed the basis of the care plans. Risk assessments had also been produced, if a risk of harm to any person was identified.

Staff support; induction, training, skills and experience

Staff received appropriate training to carry out their roles and responsibilities. Some staff were not up-to-date with refresher training courses. The manager had started to allocate time on the rota for staff to complete on-line training.

Staff spoke positively about the training they had received. One member of staff felt “the training was excellent, with lots of support and encouragement from [the manager]”. Another member of staff told us “services were client-led. If the needs of the client changed then [the manager] would provide the relevant training to meet those needs”.

New staff completed a detailed induction process during their probation period. Staff members had to complete the ‘Care Certificate’ as part of their induction. One member of staff commented that their induction was “very good, I received very good feedback from [the manager]”. Staff confirmed that they had the opportunity to shadow colleagues that were more experienced, during their induction period.

Staff reported that they had not received a minimum of four supervision sessions per annum, or their annual performance appraisal. It was discussed with the manager that the four supervisions could include a minimum of two, one-to-one meetings, a group supervision and the staff members’ annual performance appraisal, completed throughout the year.

The last team meeting was in October 2021. We recommend that the provider conduct team meetings more regularly.

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

Dietary requirements was included in the initial assessments, prior to a service commencing. Preparation of meals was included in care plans, as required. Staff rotas showed that the service supported people with preparing meals and the care plans covered any dietary requirements.

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

The service supported joint working with other agencies. The manager attended multi-disciplinary meetings, with other professionals, prior to a service being offered. Client files

showed that the service supported people to attend medical and professional appointments, where necessary.

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

Discussions were had with the provider regarding current guidance on capacity, in the absence of Manx legislation concerning mental health. The manager confirmed that all of the people receiving a service had capacity to make their own informed decisions and had agreed to the level of services they were receiving.

Action we require the provider to take

Key areas for improvement

- The service must provide staff with a minimum of four supervision sessions per annum, to include an annual performance appraisal.

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.

We found that this service was caring in accordance with the inspection framework.

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

Staff knew people and their individual needs well. One family member said staff were “always helpful and took the time to talk to [name] to get to know them well”. One service user also commented that staff members “always treat me with kindness and respect. They always have a good attitude”.

Religious and cultural needs formed part of the initial assessment process.

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

People had been involved in developing their care plans. One family member said, “[name] is always treated with respect. The carers always ask for consent before they provide their support”. One person receiving a service said, “whatever we can’t do for ourselves, [carer] would do it for us”.

One member of staff gave the inspector examples of when they had sought consent before providing support.

Respecting and promoting people’s privacy, dignity and independence

People’s privacy and dignity was respected. The provider had a privacy and dignity policy and procedure, which had been reviewed regularly. Staff members ensured they respected people’s dignity by talking to them and asking for permission before carrying out personal care. Staff were also conscious of the environment, to ensure privacy. One member of staff said “we would always make sure the door was closed and the curtains drawn before we offer personal care”.

People confirmed that they were always treated with dignity and respect by staff.

Staff encouraged people to remain as independent as possible and person-centred plans were written in a way as to promote independence, as much as possible. One member of staff said, “I always allow the client to speak for themselves and support them to do as much as possible for them self”.

Staff were informed about the need for confidentiality during their induction period. The provider had a confidentiality policy and procedure. There was also information regarding confidentiality in the provider’s Statement of Purpose and the ‘Client’s Guide to Care’ document, informing people of their rights.

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 that this service was 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 guidance for staff on how to deliver the agreed support.

People confirmed that staff supported them in a way that met their needs and preferences. One member of staff told us “the care plans are very good and very clear”.

Staff confirmed that training was provided to help support people with their needs.

Meeting people’s communication needs

People’s communication needs were identified during the initial assessment and care plans were developed accordingly.

Improving care quality in response to complaints and concerns

A complaints policy was in place. Information on how to complain was also found in the client guidebook and the statement of purpose. People also had access to complaints forms.

Feedback from service users confirmed that, if they had a concern or a complaint, they would discuss this with the staff member or the manager. They felt confident in approaching the manager and believed that any complaint would be listened to and dealt with appropriately.

End of life care and support

The service was not currently providing any end of life care and support.

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 requires one improvement in this area.

We found that this service was 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

People spoke positively about the care and support they had received. The manager completed a number of 'spot checks', to ensure the ethos of the service provision was maintained. One family member said that "[the manager] always keeps in touch"

Care plans were person-centred and regularly reviewed to ensure changes were made when needed. One staff member felt that the "care plans were very good and developed in conjunction with the client". When asked why they thought that was important, we were told, "the care plan is [the client's], they know if the care is working and will tell us if not, so we can get it right".

Staff told us they enjoyed working at the service and felt well supported by the manager.

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 Forget Me Not Home Care. The manager completed regular spot checks, which, together with bi-annual quality assurance checks, ensured that any improvements to the service could be identified.

The service had regulatory obligations for informing the Registration and Inspection team of notifiable events; however, records showed that two events in the last year had not been reported.

Appropriate insurance cover was in place.

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

Regular spot-checks were used to gain feedback from people receiving a service, and their families.

Staff did not have access to regular team meetings. We recommend that the provider conduct team meetings more regularly.

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

Staff received on-going refresher training in safeguarding adults and children, health and safety, moving and handling, first aid and medication administration. Staff also have their medication administration competency assessed annually.

Care plans had been monitored regularly, by the manager, to ensure the level of care met the individual needs of the clients.

The manager had a system in place to monitor accidents, incidents and safeguarding concerns, which had been reviewed and a process of learning was evident.

Working in partnership with others

People’s initial assessments, and their care plans, demonstrated that the service worked in partnership with other agencies to provide person-centred care.

Action we require the provider to take

Key areas for improvement

- The service must ensure that the Registration and Inspection team are informed of Notifiable events within the identified timeframe.