

Annual Inspection Report 2022-2023

Care@Home

Domiciliary Care

19 October 2022



DHSC

We carried out this announced inspection on 19 October 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Care@Home 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

The service has systems in place to protect people from the risk of abuse and discrimination. People felt safe with staff who came into their home.

Records were clear and comprehensive. People's needs were being appropriately assessed prior to a service commencing. Care plans clearly set out the level of support people required.

Staff know and respect the people they care for. People were complimentary about the care and support they had received and felt they were listened to and treated as individuals in a caring and meaningful way.

The service was responsive to people's needs and reviewed their care packages on a regular basis. The service had a comprehensive complaints procedure and people knew how to make a complaint. Staff felt that they could raise a concern and the manager would respond positively to their suggestions.

The manager approached people for feedback on the services they had received and processed this information to identify any improvements. Staff felt supported by the manager and spoke positively about communications throughout the team.

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

About the service

Care@Home 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 17 October 2022. We visited the location's office on 19 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. 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 three people receiving a service, and the family members of two 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 requires two improvements in this area.

We found 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

Safeguarding systems were in place to ensure people were protected from abuse or harm. Staff received training in safeguarding every two years, with Care@Home provided their own training in this subject. The provider had policies and procedures relating to safeguarding and whistleblowing. Feedback confirmed that each staff member had access to these policies and had received an information pack, which included guidance on reporting any concerns to the manager.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being harmed or abused. Staff believed that the manager would respond to any concerns they raised.

The manager had a system in place for monitoring all incidents and safeguarding concerns. The service had not had any issues or concerns raised since the last inspection.

Feedback from people receiving a service from Care@Home concluded that they felt safe with staff who came to their home.

Assessing risk, safety monitoring and management

Prior to people receiving a service, the manager had completed appropriate assessments of their needs. The assessments also identified any potential risks of harm and included suitable risk assessments to protect people.

The person receiving a service had signed their initial assessments, care plans and risk assessments and there was evidence that family members had been involved in the developing of the documents, where necessary.

The manager had completed reviews of the person's care plans and risk assessments on a regular basis; however, the people receiving the service, or their family members, had not signed the review documents, signifying they had agreed to the outcomes of the review. We recommend that the service demonstrate that people receiving a service, or their family, have agreed to the outcomes of their review meeting.

Environmental risk assessments on the person's home, ensuring consideration of the safety of the service user and staff, were not present.

Records were stored electronically and paper copies were stored in a locked cabinet within a secure office.

Staffing and recruitment

The provider had recruited staff safely. Appropriate checks had been completed prior to staff commencing their employment. Not all of the pre-employment records for one new employee

were available on the day of the inspection; however, the manager had produced evidence of these checks afterwards. We recommend that all pre-employment checks are available for inspection at all times.

Photocopies of the driving licence and passport for one member of staff had been stored within their employment file. We recommend that information from an employee's driving licence and passport are noted and the service does not keep copies on file. This is to comply with Isle of Man Data Protection legislation.

Staff rotas were in place, which corroborated the scheduled visits to individual service users. The manager matched staff members with people by taking into consideration their experience and the persons' gender and age preferences.

Using medicines safely

A medication policy and procedure was in place. Initial assessments, completed prior to a person receiving a service, identified their medication needs, with specific care plans and risk assessments, as necessary.

Staff had completed training in the administration of medication; however, they had not received an annual assessment in medication administration competency. A discussion was had with the manager to include 'what if' scenarios within future competency assessment.

Preventing and controlling infection

The provider had an updated infection control policy and procedure. Staff had a supply of Personal Protective Equipment (PPE) for their health and safety, and the safety of the service users. Staff had a stock to carry with them and there was a supply stored within the person's home.

All staff had completed training in infection control and food hygiene during their induction programme.

Learning lessons when things go wrong

Each staff member had received an information pack, including a brief guide to all of the provider's policies and procedures. Information on reporting concerns was within the staff guidebook.

The provider had not encountered any incidents, accidents or safeguarding issues; however, there was a system in place for regularly reviewing these incidents on a regular basis. Following any incident, the manager would review the circumstances to establish any learning.

The provider had an up-to-date Business Continuity Plan to address any potential disruptions to their service.

Action we require the provider to take

Key areas for improvement

- Environmental risk assessments on people's homes must be completed and reviewed on a regular basis.
- All staff must have their competency in administering medication assessed annually.

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 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 and deputy manager had completed comprehensive assessments of people’s needs prior to them receiving a service. Information from the assessments then formed the basis of the care plans. If there was an identified risk of harm to any person, the manager or deputy manager then produced a risk assessment.

People and family members told us they had been involved with the initial assessments and in developing their care plans.

Staff support; induction, training, skills and experience

The inspector examined staff training records. All staff had received mandatory training specific to the services they provide. Staff spoke positively about the training they had received, with one staff member saying, “Our training is on-going. We also have the opportunity to pick up additional training to meet the specific needs of our service users”.

Feedback from people in receipt of a service said they felt confident that staff had received sufficient training to provide their care and meet their needs.

New staff confirmed that, when first introduced to service users, they had shadowed staff that are more experienced. One staff member told us, “I shadowed for as long as necessary, until I felt comfortable with working with the service user, and they were comfortable with me”.

No members of staff had received a minimum of four supervisions per annum or an annual 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. We also recommend that the manager formalizes regular spot-checks to observe staff performing their duties with the service users.

Team meetings had taken place. Staff reported that they felt confident they could express their views, make suggestions and talk, with the manager, about anything that was causing them concern.

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

Identifying a person’s dietary requirements was included in the initial assessments, completed 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 initial assessments identified working with other agencies and health care professionals. Care plans demonstrated how staff supported people to attend appointments and work alongside medical professionals, where necessary.

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

Discussions were had with the provider regarding current guidance on determining a person's capacity and how to deliver services in their best interests, in the absence of Manx legislation concerning mental health.

Staff always seek consent from the person prior to providing any personal care. One member of staff said, "I always seek [the service user] consent, whether it's preparing a meal or offering personal care. [The service user] needs to have their say, if they said no, I would respect that, and stop". Another staff member said, "I always seek client feedback, to make personal care as comfortable for them as possible".

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.

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

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

Feedback from service users, and their family, established that people were receiving a service from staff that were kind, respectful and compassionate. One family member told us, "The carers are really kind and definitely treat [my relative] with respect and compassion. I hear a lot of laughter whilst the carer is talking and interacting with [my relative]".

One staff member told us, "It's important we understand the person and their needs and always treat people the same".

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, and their family members, had been involved in developing their care plans and risk assessments.

Feedback from service user's, and their families, confirmed that they had attended regular reviews of the services they received. One service user said, "There has been a review of my care and my son was invited. [The manager] listened to my opinions and views".

Staff had attended all mandatory training; however, one member of staff had not attended refresher training for one course. The manager identified a time on the rota for the member of staff to attend the refresher training.

Staff felt that the training they received was appropriate to the services they delivered. One member of staff told us, "Training is on-going and there is also opportunity to pick up additional training to meet the specific needs of the service users".

Respecting and promoting people's privacy, dignity and independence

People felt that staff treated them with dignity and respect. The provider had policies on privacy and dignity, confidentiality, data protection, equal opportunities and non-discriminatory practice. Staff read these policies during their induction period.

The service users' handbook provided people with information regarding consent and confidentiality.

Staff were given with a copy of the Code of Conduct for Healthcare Support Workers and Adult Social Care during their induction period. Section two of the code of conduct informed staff on how to promote and uphold a client's privacy and dignity, rights, health and wellbeing.

Staff encouraged people to remain as independent as possible. One staff member said, "I don't take over and do a task, I encourage [the service user] to do as much as possible for themselves, like moving around the house".

The initial assessment identified areas where the person was self-supporting and care plans were written in such a way as to promote and maintain a person's independence, as much as possible.

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 requires one improvement 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 a person’s specific needs and provided staff with guidance on how to deliver the agreed support. One staff member said, “The care plans have enough information for us, they are continually updated and easy to follow”.

People confirmed that the support they received was in a way that met their needs and preferences. Feedback showed that people were very pleased with the level of services they received. One person told us “My carers are marvelous, I have no complaints. I get a great service from the carers”.

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.

Improving care quality in response to complaints and concerns

A complaints policy was in place, which the manager had reviewed on a regular basis. The service users’ handbook contained information on how to make a complaint, ensuring people had the relevant information to hand and knew the complaints process.

We received varied feedback from service users, and their family, about how they can make a complaint. Some service users knew how to make a complaint and had knowledge of the complaints policy. Other service users, and their family, were unsure of the complaints policy, but did say they would contact the manager if they were not happy with the services they were receiving. All service users said they were confident the manager would take any of their concerns seriously and act upon them.

The service had received one complaint. The manager had not fully recorded the complaint, in line with the complaints policy; however, the complaint had been addressed by inviting family members to support the service user to a successful conclusion.

Any concerns or complaints formed part of the annual plan. All information from these incidents was processed and used to support any learning and improving services.

End of life care and support

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

Action we require the provider to take

Key areas for improvement

- The manager must record all complaints fully and follow the complaints policy.

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 and reviewing them on a regular basis, to ensure they were current and up-to-date.

People spoke positively about the services they were receiving. One family member of a service user said, "I am very pleased with the care and support [my relative] is receiving. All of the carers are very good".

Staff told us they enjoyed working at the service and felt supported by the manager. One staff member told us, "We have team meetings as often as possible. [The manager] is definitely very approachable and always listens to our suggestions. We are the ones who are aware of people's everyday needs".

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 Care@Home. The manager and deputy manager also provided care to service users and their duties were identified on the staffing rota. This ensured that, between them, they met with each service user within a two-week period, enabling them to identify any potential problems to the services people receive and suggest improvements.

The service had not had any incidents that required reporting to the Registration and Inspection Team; however, the manager was aware of their regulatory obligations to report all notifiable events. The Registration and Inspection team had not received all of the Provider Information Return (PIR) prior to the announced inspection. We recommend that the manager submit all requested information to the Registration and Inspection team on time.

Appropriate insurance cover was in place.

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

Information about the service was provided to the service users, and their families, at the start of the service delivery. This information was in the statement of purpose, the client guidebook and the contract.

The manager completed an annual quality assurance review, giving out customer survey questionnaires to service users, and their families. The information gathered during this process was used to monitor the quality of service delivery and form part of the annual plan.

Staff felt confident about expressing their views and putting forward suggestions to the manager.

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

Staff received on-going refresher training in all mandatory subjects, including health and safety, first aid, moving and handling, safeguarding of adults, medication administration.

The manager had not carried out an annual assessment of staff administering medication; however, following the inspection, had developed the relevant paperwork to complete this task in future.

Systems were in place to monitor accidents and incidents to support continually learning and improving their services.

Working in partnership with others

Information contained within the service user's care plans demonstrated the staff worked in partnership with other medical professional agencies, as appropriate, to providing person-centred care.