

# Annual Inspection Report 2022-2023

## Caros Care Limited

Domiciliary Care

2 November 2022



Isle of Man  
Government  
*Kelleys Eilan Vannin*

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**DHSC**

We carried out this announced inspection on 2 November 2022. The inspection was led by an inspector from the Registration and Inspection team.

### **Service and service type**

Caros Care Limited is a domiciliary care agency based in Ballasalla. 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 had systems in place to protect people from the risk of abuse and harm. The provider had completed environmental and person-centred risk assessments prior to a service commencing. People felt safe with staff who came into their home.

People had their needs assessed prior to a service commencing. Staff had the relevant qualifications and training to provide people with the level of support they required. The manager provided staff with formal supervision on a regular basis.

Staff ensure that the care they provide protects people's privacy and dignity and respected their choices and rights.

The service was responsive to people's needs and the manager conducted regular reviews of their care, to ensure the services they received met their individual needs. The service had a comprehensive complaints and whistleblowing policy and procedure. Staff felt they could raise any concerns and the manager would respond positively to their suggestions and ideas.

The manager completed a quality assurance process on an annual basis, to identify any improvements to the services provided. Staff spoke positively about the manager and felt supported. There were effective communications throughout the management and team.

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

**About the service**

Caros Care Limited 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 31 October 2022. We visited the location's office on 2 November 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.

**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 two people receiving a service and two family members of other 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 does not require any improvements in this area.

We found this service to be 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 and had received refresher training every three years.

The provider had policies and procedures regarding whistleblowing and safeguarding. Staff informed us they had been introduced to the policies and procedures during their induction period.

The manager had systems in place to monitor all accidents, incidents and safeguarding concerns. Following all incidents, the records had been appropriately completed, filed, and reported to the relevant parties.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Feedback from people receiving a service established that they felt safe with the staff that came into their home. One service user said, "I feel absolutely safe with my carers. I would recommend them to anyone".

**Assessing risk, safety monitoring and management**

The manager carried out initial assessments of needs prior to a service commencing. Following this, the care plans were developed and, if there was an identified risk of harm to people, appropriate risk assessments were established.

To ensure that service users received the most up-to-date care, the manager reviewed the care plans and risk assessments regularly. Feedback from people confirmed that review meetings had included service users, and their family members, where appropriate.

The manager completed an audit of any lifting equipment and mobility aids used in the person's home, to determine they were safe to use.

Care records were kept in a locked cabinet within a secure office.

**Staffing and recruitment**

The provider had recruited staff safely. The provider completed appropriate checks prior to any staff member commencing employment.

Staff members had completed mandatory training in safeguarding adults, health and safety, moving and handling, first aid and administering medication.

The manager had considered people's needs and matched staff members to them by taking into consideration their personality, experience and the service user's gender preference. The service allocated a small team of staff members to each service user, ensuring that, if any member of staff takes annual leave or sickness absence, this did not affect the continuity of service provision.

### **Using medicines safely**

A medication policy and procedures was in place. Initial assessments, completed by the manager prior to a person receiving a service, had identified their medication needs. This information was used to develop a medication risk assessment, informing the staff of their responsibilities in supporting the service user with their medication regime, as necessary. We recommend that the medication risk assessment is identified as the 'medication care plan and risk assessment', to avoid confusion when staff are looking for the care plan.

Staff had received training in the administration of medication and had their competency assessed on an annual basis. One member of staff had not received medication training; however, this staff member was scheduled to complete this training shortly after the inspection. The manager's diary had identified when all staff members would have their competency assessed in administering medication. A discussion was had with the manager to include 'what if' scenarios within future competency assessments.

### **Preventing and controlling infection**

The provider had updated the infection control policy and procedure in 2019.

The manager completed a Personal Protective Equipment (PPE) audit during the initial assessment, prior to the person being offered a service. The audit tool identified a risk rating, which ascertained what would be included in the care plan, as necessary.

The manager had supplied all staff with PPE for their health and safety, and for the safety of the service users.

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

### **Learning lessons when things go wrong**

Staff members were informed of their responsibilities, to report any concerns or changes to a service user's care needs, during their induction period. There was also guidance in the staff handbook, a copy of which was stored in the provider's office.

The manager had a system in place for regularly reviewing accidents, incidents and safeguarding concerns. Following any incident, the manager would review the circumstances to establish any learning and create changes to protect all parties from harm.

Staff felt that, if they raised any concerns, the manager would take them seriously.

The provider had a Business Continuity Plan, reviewed in December 2021, to address any potential disruptions to the business.

### 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 does not require any improvements 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 responsible person 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 responsible person then produced a risk assessment.

The person receiving the service, or their family member, had signed their initial assessments, care plans and risk assessments.

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

#### **Staff support; induction, training, skills and experience**

The inspector examined staff training records. Some staff required training in medication administration, dementia and challenging behaviour; however, for each of these subjects, the relevant staff member had been booked onto training and time had been identified within the staffing rota to allow for attendance. We recommend that the manager maintain this training schedule and all staff receive this training, as soon as possible.

The provider had five staff that had completed the ‘care certificate’ and nine other staff had attained the National Vocational Qualification (NVQ) level 2, or equivalent, in Health and Social Care.

People receiving a service, and their families, felt that staff were suitably trained and competent in carrying out their duties. One family member told us, “The staff are very competent. They provide all of [my relative’s] care needs and they do it well”.

New staff confirmed that they had the opportunity to work with more experienced staff during their induction, when first introduced to new clients. One staff member told us, “I was allowed to shadow another member of staff until [the client] and I were comfortable with each other and I felt confident to carry out my duties”.

Staff felt that the training they received was appropriate to the services they delivered. When we discussed training with staff, one member told us, “We are offered additional courses, such as dementia and diabetes training. Our training is targeted to meet the specific needs of the clients”.

Staff reported that they had received formal supervision, with the manager, every three months, including completing their annual appraisal. Team meeting had taken place on a

regular basis. Staff told us 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**

Initial assessments were completed prior to a service commencing and had included nutrition and hydration assessments. A person's dietary requirements and the preparation of meals were identified as part of the initial assessment and care plans were developed, as required. Staff rotas also showed that the service had supported people with preparing meals.

**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**

The manager had completed capacity assessments and carried out best interest decision meetings for people who lacked the capacity to make informed decisions for themselves. Family members and significant others to the person were instrumental in the setting up of their care package.

Feedback from staff members confirmed that they always seek consent from the person prior to providing any personal care. One member of staff said, "I always ask [the service user] before I do anything. I would not do anything without their consent. It's their home and I don't want to invade their space". Another member of staff told us, "I always talk to [the service user] and tell them what I'm doing. If they're not happy and don't want to receive their care, I would stop and report my concerns to the manager".

#### **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 to their needs. One person receiving a service told us, "The staff always respect my privacy and are always respectful to me".

One staff member told us, "I always speak to, and treat, [the clients] how I would like to be treated myself". Another member of staff told us, "I like to find out what is important to [the client] and not impose my own values on them and respect their individuality".

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. The service user's guide included guidance on 'freedom from discrimination'.

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

People, and their family members, had been involved in the initial assessments and 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 family member told us, "Yes, I was invited to a meeting with [my relative] and the manager and we discussed [my relative's] care package".

Staff informed us that they felt they had opportunities to get to know the people they looked after and spend time with them. One staff member told us, "I try to sit and listen to [the client] and get to know them and do as much as possible for them". Another said, "I always try to spend some time to chat and make sure everything is ok".

#### **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.

The service users' handbook provided people with information regarding what they can expect from the service to promote their privacy and dignity. People confirmed that staff had always treated them with dignity and respect.

Staff encouraged people to remain as independent as possible. The initial assessment identified areas where the person was self-supporting. Care plans identified what tasks the service users could accomplish and how staff could support them to maintain their independence.



### 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 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. Support plans also included how to support a person with a disability or sensory loss. One staff member said, “The care plans are well set out, easy to understand and very detailed”.

People confirmed that the support they received was in a way that met their needs and personal choices. Feedback showed that people were very pleased with the level of services they received. The family member of a person receiving a service said, “[The carers] are very good and very practical and sensible. They can sort out any problems as they go and will call me if there is a bigger problem”.

#### **Meeting people’s communication needs**

The initial assessments had identified the person’s communication needs and choices, which led to the manager developing person-centred care plans in communication, as necessary.

#### **Improving care quality in response to complaints and concerns**

The provider had a complaints policy in place. The service users’ handbook also contained information on how to make a complaint, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

Some people, and family members of people receiving a service, knew the provider had a complaint’s policy; others were not so sure. Feedback confirmed that people would contact the manager with any concerns or complaints. All service users said they felt confident the manager would take any of their concerns seriously and act upon them.

The service had not received any complaints since the last inspection. Any concerns or complaints formed part of the annual plan. The manager informed us that information from any accidents, incidents and safeguarding concerns would be 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; however, they have had previous experience with supporting people, and their families, during that difficult time.

### 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 the reviewing of them, on a regular basis. This ensured that information was current and up-to-date.

People spoke very positively about the services they were receiving. One person told us “I receive an excellent service, I’m very lucky. They all look after me very well”.

Staff also told us they enjoyed working at the service and felt much supported by the manager and responsible person. One staff member said, “The manager is always available and offers us support all the time”. Another said, “The manager is always at the end of the phone”.

#### **Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements**

The manager had in place a system for monitoring and reviewing the quality of care provided by Caros Care. The manager and responsible person also provided care to service users and the staffing rota identified their duties.

The manager has completed the Regulated Qualification Framework (RQF) level 5 in Leadership for Health and Social Care.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

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

The manager provided information about the service to the client, and their family, at the start of the service delivery. This information was in the client guide document, the statement of purpose and the service user’ contract. The service users also received the contact details of the manager and responsible person on a separate card.

The provider had given out quality assurance questionnaires to service users, and their families, on an annual basis. The manager used the information gathered during this process to monitor the quality of the services they delivered. This information also formed part of the annual plan.

Staff received regular formal supervision with the manager. Feedback confirmed that they felt confident about expressing their views and putting forward suggestions and ideas to the manager and responsible person.

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

Staff received on-going refresher training in all mandatory subjects, including Safeguarding, medication administration, health and safety, first aid and moving and handling. Staff also had their medication administration competency assessed annually. Staff members told us they received training in subjects specific to the individual needs of the service users, which was updated regularly.

Systems were in place for the manager to monitor accidents, incidents and safeguarding concerns. Information from these was used to support learning and improving the services they deliver.

**Working in partnership with others**

Information within the person's initial assessments, care plans and risk assessments showed that the service worked in partnership with other health care professionals and agencies, to provide person-centred care.