

Inspection Report

2023-2024

Adorn Home Care Limited

Domiciliary Care

4 January 2024

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 4 January 2024. Two inspectors from the Registration and Inspection team carried out the inspection.

Service and service type

Adorn Home Care Limited is a domiciliary care agency that arranges for others to be provided with personal care or personal support, with or without practical assistance to those in their own private dwelling.

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

Areas for improvement are required in relation to risk assessments, supervisions and appraisals, pre-employment checks and Disclosure and Barring Service (DBS) checks.

Systems and processes were in place to protect people from the risk of abuse. People felt safe with the staff who came into their home.

People’s needs were being properly assessed. Staff received training to meet peoples’ needs.

People felt well treated and supported. Staff were familiar with peoples’ needs.

Care records were updated when required and there was evidence of service user / family involvement in the review process.

Staff felt supported by the management team. Staff were clear on their roles and responsibilities.

At this inspection, we found the one area for improvement from the previous inspection had been met.

About the service

Adorn Home Care Limited is a domiciliary care agency based in Onchan.

Registered manager status

The service has two registered managers. 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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 29 December 2023. We visited the location's office on 4 January 2024.

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

We spoke with both registered managers and two supervisors. We reviewed a range of records, including peoples' care records and staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints, staff training and staff supervisions and appraisals were reviewed.

After the inspection

Staff members were contacted for feedback via email and ten staff responded. Ten service users /family members were contacted by telephone.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

This service was found to be safe.

Assessing risk, safety monitoring and management

Systems and processes were in place to protect people from the risk of abuse. The service had several policies and procedures concerned with safeguarding. Staff had received training in safeguarding. Staff feedback confirmed that they were clear on the type of things that should be reported as a safeguarding concern. The provider had submitted several notifications concerned with safeguarding and evidence was on file to detail the outcomes.

People said that they felt safe with the staff who came into their home.

Incidents / accidents and near misses were being recorded and notifications submitted to the regulator. We were informed that management were able to identify any trends following any incident or missed call by analysing daily notes and notifications. The provider could evidence a change in practice following this analysis.

Staff were made aware of their responsibilities to raise concerns and report changes to a person's needs and circumstances.

Risk assessments were being completed on the person themselves and the environment. One person's risk assessment lacked detail on the actual risks and the mitigations to reduce any risk.

Equipment used in a person's home, such as hoists and bath chairs, once serviced, had the date written on a sticker that was then affixed to the equipment. Clinical equipment audits recorded servicing.

The provider operated an electronic care management system whereby staff could access people's care records via a hand held device. Care records were written and stored electronically. Paper copies were kept in peoples' homes.

Staffing and recruitment

The recruitment files of staff who had started at Adorn since the last inspection were examined. Verification of identity was being sought as part of the Disclosure and Barring Service (DBS) checks, but there was no detail of the documents seen as proof of the identity check. These must be available on inspection. All other pre-employment checks were in place, including work permits.

One staff member's three year refresher DBS certificate was out of date.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to ensure individual risk assessments are written in detail.
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.
- Action must be taken to record the details of proof of identity as part of the staff recruitment process.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.
- Action must be taken to ensure all staff are up to date with their DBS checks.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.

Inspection Findings

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 require an improvement in this area.

This service was found to be effective.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

Initial assessments had been completed on people and used to develop care plans and risk assessments. Where required, health professionals were involved in the individual’s care to manage their needs. We were informed that the provider subscribed to the National Institute for Health and Care Excellence (NICE) newsletters for updates on social and primary care.

Policies and procedures concerned with anti-discriminatory practice had been written.

The provider had an electronic system for staff to log in and out of a person’s home. This could be checked remotely by management to monitor if calls had taken place and on time.

Staff support; induction, training, skills and experience

Staff members undertook numerous mandatory training courses and confirmed that they had received relevant training to meet the needs of the people to whom they provided care / support.

New staff undertook a formal and recorded induction process, carried out, as a minimum, over three – four days. Shadowing experienced colleagues formed part of the process. Probation took place over a year. Service users / family members confirmed that staff were only placed with them following a shadowing process. Observations of staff practice – ‘spot checks’ – were being carried out by management. Staff were having their competency to administer medication assessed annually.

Staff were being supported to attain relevant qualifications.

Care staff were receiving supervisions and appraisals from management, but both registered managers were not receiving regular supervisions or annual appraisals. The responsible person said that there had been a delay in appraisals for the managers due to wanting them to settle into their roles as registered managers.

A discussion was had with management over the difficulty in carrying out regular staff meetings, though minutes were produced showing these had taken place sporadically.

Action we require the provider to take

Key areas for improvement:

- Action must be taken for both managers to receive regular supervisions and an annual appraisal.

[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

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.

This service was found to be caring.

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

Service users / family members confirmed that staff were familiar with their needs and preferences and were consistent with the care provided. One person commented, 'staff are very observant and will notice little things about me'.

Calls were arranged so that staff had time to give care and support to people. One person said, 'the staff take their time to both chat and to provide my care'. The provider had recently made a geographical split of the staff team so that there was less journey time between calls.

Records confirmed that the provider was making referrals to other services for wider help and advice.

Where people lacked capacity to make decisions, there was evidence that the provider was involving family members and other relevant health professionals in the decision making process. It is recommended that the provider records capacity and best interest decisions on dedicated paperwork.

Respecting and promoting people's privacy, dignity and independence

People confirmed that they were treated with care, dignity and respect. Having a person centred approach formed part of the staff induction programme. Policies and procedures had been written on equality, diversity and anti-discriminatory practice.

Care plans were written in such a way to promote independence. 'What I can do' was recorded as part of a person's care records. Staff were clear on how a person's privacy, dignity and independence was promoted. Comments included, 'respecting the client's choices, views and decisions is how we promote the individuals privacy, dignity and independence', and, 'care plans are written with the client. They are treated with respect and we promote their independence by giving them choices and getting them to do things that they can do, and not just doing everything for them if it's something they are capable of doing'.

Preferred gender preferences for personal care were identified on a person's initial assessment. This was factored into the providers computerised care record system so that it would highlight the preferred gender to be allocated to certain service users. Service users could also ask that certain staff were not sent to them, for example a clash of personalities, and the care record system would highlight this and bar allocation.

People were informed of how information about them was handled via their contract and information in the statement of purpose / service users guide.

Records were stored securely in the provider's office in either lockable cabinets or on the computerised care record system.

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.

This service was found to be responsive.

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 people’s needs and provided guidance for staff on how to meet those needs. Care records were updated when required and there was evidence of service user / family involvement in the review process. One staff commented, ‘care plans are regularly changed and modified to add something extra, e.g. a preference, like or dislike. They are individual to the client’. People confirmed that staff knew their individual needs and preferences.

We were informed that service users were taken out into the community for activities and social events.

Improving care quality in response to complaints and concerns

A concerns and complaints policy had been written. People were informed of how to complain through information in the contract and service users guide. An annual questionnaire gave people the opportunity to make comments about the service. Responses featured in the provider’s annual report.

Any complaint made was being recorded with one on-going complaint at the time of the inspection. The majority of the service user / family member feedback confirmed that they would phone up the provider’s office if they wanted to make a complaint. Most could name the person who they would speak to at the agency and all felt comfortable in making a complaint.

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.

This service was found to be well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

Systems were in place for the review of the quality of care and experience of the people using the service. This including management oversight of the computerised care records system, including missed calls, spot checks, reviewing of care records and an annual questionnaire given to service users and their families.

Care staff were receiving regular supervisions and appraisals. Staff were clear on their roles and responsibilities. Two supervisors were spoken to on inspection and they detailed their roles and responsibilities as part the management team. Effective delegation was being carried out in order to develop skills and expertise across the team.

Staff found the management team supportive. Comments included, 'I find management very supportive. They are approachable and always have their door open for any queries or questions', and, 'I feel comfortable approaching management for support'.

How does the service continuously learn, improve, innovate and ensure sustainability and work in partnership with other agencies

The provider had restructured the service, splitting teams into two geographical branches of the service. The leadership team had been expanded to include supervisors and senior healthcare assistants.

A decision had been made to change training provider that better suited the needs of the service.

There was evidence that the provider worked in partnership with other organisations, health professionals. This included attendance at forums / talks.

Management oversight of the service was being carried out. Following a medication error a process was followed that included meeting with the staff member who did the error, then a check of their competency to administer medication. This process was not documented in the provider's medication policy. A medication policy was amended post-inspection to include this information.

Both managers were aware of their responsibilities of being registered managers.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.