

Inspection Report

2023-2024

Accessible Care Services

Domiciliary Care

9 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 9 January 2024. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Accessible Care is registered as a domiciliary care agency.

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

- Paperwork was clear, and we were able to easily track information through initial assessments to care plans and risk assessments with identified need.
- The service had adapted well to client preference and varying levels of independence.
- Staff told us how well they were supported in their roles from induction and beyond.
- Family, client and staff feedback were all very positive about the service and the care provided.

All improvements identified in the previous inspection had been met at this inspection.

The area of improvement identified at this inspection related to the notification of events to the Registration and Inspection team.

About the service

Accessible Care 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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 4 January 2024. We visited the service on 9 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

A selection of records were seen on inspection. These included service user documentation, together with staff recruitment records. A variety of records relating to the management and auditing of the service were also viewed. We spent time with the manager, together with the deputy manager and the administrator, discussing how the service was run.

After the inspection

We gained feedback from one family member, three service users and three staff about their experience of using the service.

Our findings:

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

The service was found to be safe in line with the inspection framework.

How do systems, processes and practices safeguard people from abuse

A safeguarding policy was in place which had been appropriately reviewed. A previous safeguarding concern had involved the agency, but this was not notified to the Registration and Inspections Team. We saw appropriate actions had been taken to address the risk, including additional staffing, ongoing risk assessment review and liaison with other professionals. All staff training in safeguarding was up to date and they told us they knew how to raise concerns. Staff confirmed to us they would follow reporting procedures with all management available for consultation and advice where necessary. They also told us they had discussed concerns with management, and we saw a risk assessment in place to address the issue. All other incidents had been satisfactorily notified to the Registration and Inspections team.

Assessing risk, safety monitoring and management

Documentation for a selection of service users was seen on inspection. Initial assessments were comprehensive and covered a wide variety of areas including mobility, environmental risk and medication. Information was detailed and we saw how assessments were reviewed according to changes in need. Initial assessment of identified need was carried through into care plans. Staff confirmed all information was shared and “care plans are very clear and understood.” We talked with the manager about how they identified a risk, and implemented measures to meet that risk. We saw this carried out in ongoing care records.

All care plans and risk assessments were held securely on the computer and were password protected.

Cleaning schedules were seen for equipment used by clients. Servicing of the equipment was done by central government services and the agency prompted this when necessary.

Action we require the provider to take

Key areas for improvement:

- All accidents and incidents must be satisfactorily notified to the Registration and Inspection Team.
This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 - Notifications

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.

This service was found to be effective in line with the inspection framework.

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

A selection of assessments, care plans and risk assessments were seen on inspection. We saw how needs were identified, for example with regard to communication needs, and these were carried through to the care plans. A service user told us about a request they had made for familiar staff which had been listened to by the service. This had been acknowledged and care logs evidenced regular familiar staff had visited to carry out care. Another family member told us, “Nice to have the same person on a regular basis.” Medical conditions had been documented, together with specific detail in place regarding management. The manager had extensive experience of identification and addressing need, together with specific end of life care.

How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support

Staff had received training in order to carry out their roles. They told us, “Staff are always available to support and advise.” In addition, we saw team meetings documented which discussed specific conditions. Staff confirmed they were confident to raise any concerns about changes in needs or circumstances. We heard about management plans to develop specific health “champions” within the service to become a resource in caring for clients with specific conditions. Several staff were undertaking training for recognised qualifications.

Staffing and recruitment

We looked at recruitment records of all new staff. All checks were in place. Staff induction records were also seen with comprehensive topics covered. Staff told us their induction was “comforting, supporting, friendly and extremely professional.” Staff also told us they shadowed more experienced colleagues on induction, “and it continues to be offered should I need it.” “I have asked for more shadowing on more complex clients and always received it.”

Spot checks on staff had been undertaken, with a full checklist in place. Staff meetings were regularly held with a standing agenda in place, together with updated information regarding the service. Staff medication competency assessments were seen to have all been carried out and appropriately updated.

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 in line with the inspection framework.

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

Service users confirmed to us they had been involved in creating the initial care plans and the ongoing review of their care needs. We were told by a service user, "I am involved in reviewing my care plan and I am asked for my views." Family member feedback was seen which stated, "Communication, organisation, compassion and care has been spectacular."

We also saw evidence that the service had made referrals to other professionals as appropriate, and visits had taken place to a service user after discussion with the agency. This was logged on an external communications sheet.

Staff told us they had enough time to care for clients appropriately. Service users told us that they were kept involved in all aspects of their ongoing care needs.

Privacy, dignity and independence respected and promoted

Staff told us that privacy and dignity had formed part of their induction, and we saw this documented in the induction programme for all new staff. Staff told us, "In my view we offer the best support so that they keep their independence and dignity."

Family members told us how family members had been helped to be more independent in daily life. Clients were informed about how their information was handled in the Statement of Purpose, together with options of whether to have care logs in their home.

We saw care plans written with aims stated as "to promote independence." In reviews of care plans, staff told us involving people in planning their care was important to "adjust and accommodate need changes." Also "to promote their ability to still do things." We saw for one client how dependency had lessened and they had been able to regain independence with assistance.

Records were stored securely, either in locked cupboards or password protected on the computer system.

Preference regarding gender of staff had been discussed at staff meetings and this had been acted upon. Staff had received training in anti-discriminatory practice and were able to tell us they treat "all with dignity and respect."

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 in line with the inspection framework.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

Reviews were undertaken regularly and whenever there was a change in care needs. We spoke with family members who told us how the care their relatives received had changed according to choice. We were told about the relationship between family and the care service. They told us they felt comfortable in making suggestions to the agency to enhance the care given to their family member. We saw feedback stating, “I could ask you anything. You genuinely care.” Professional advice had been sought as appropriate. Staff also told us it was important to “understand and respect individuals’ needs and beliefs.”

We also saw how clients had been assisted to be involved in the community through social events and attending places of worship.

Improving care quality in response to complaints and concerns

The complaints procedure contained full information on how to make a complaint. Feedback from clients and family members confirmed that they knew how to raise any concerns. We saw how one concern had been responded to, and spoke with the client concerned who confirmed it had been satisfactorily dealt with and they were pleased with the outcome.

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 in line with the inspection framework.

Does the governance framework ensure that responsibilities are clear and that quality performance and risks and regulatory requirements are understood and managed?

Staff told us they were able to discuss with management any concerns. Ongoing discussions regarding client care needs took place in supervision and team meetings. Staff confirmed regular supervisions were “very supportive...share information and experiences.”

The manager was registered with the Registration and Inspections Team and qualified to QCF level 5. Appropriate insurance cover was in place.

A variety of systems were in place for monitoring the care provided by the service. We saw feedback from family, clients and also staff. These demonstrated satisfaction with the service. We also saw completed client surveys and audits. Family feedback stated, “Words are inadequate to express our gratitude;” “You genuinely care.”

One incident had occurred in the service. Appropriate actions had been taken, but this was not notified to the Registration and Inspection Team. All other incidents had been notified appropriately. This has been dealt with previously in the report.

Working in partnership with other agencies

We saw evidence of the service working with a variety of agencies in promoting the welfare of clients and the provision of services. These included multi- disciplinary meetings, the Isle of Man Safeguarding team and medical staff as appropriate.

We also saw evidence of the service working alongside another care agency in providing care and the appropriate sharing of information.

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.