

# Inspection Report

## 2023-2024

## Manx Care Community Support

Domiciliary Care

25 January 2024

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



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

**Service and service type**

Manx Care Community Support is in the process of registration as a domiciliary care service.

**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**

- Documentation was clear. We were easily able to see how care needs were identified, and specific needs met where necessary.
- Staff felt well supported and were confident that any concerns they raised to management would be acted upon.
- Service users felt safe with their carers and their care needs were met.

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

The area of improvement identified at this inspection related to the specific audit required to evidence correct information regarding medication errors and incidents concerning the service.

**About the service**

Manx Care Community Support is a domiciliary care service.

**Registered manager status**

The manager and the service is in the process of registration. This means that the provider is 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 18 January 2024. We visited the service on 25 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 documents 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 discussing how the service was run.

**After the inspection**

We gained feedback from three service users and five staff members 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 does not require any improvements in this area.

This 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. We discussed the operation of the service and how staff were aware of reporting incidents. We saw how measures had been put in place with clients to keep people safe. All staff safeguarding training was up to date and they told us, "Any form of abuse would be raised with our Team Leader;" and they were confident "this would be dealt with appropriately." We saw evidence that staff had escalated concerns to management with actions taken. All incidents had been satisfactorily notified to the Registration and Inspection Team.

**Assessing risk, safety monitoring and management**

Documentation for a selection of service users was seen on inspection. Initial assessments contained all relevant information and contained specific information in, for example, communication and medical need. We saw separate risk assessments, together with comprehensive evidence, which resulted in additional staff undertaking visits.

Servicing of equipment used by clients was done by central government services and the agency prompted this.

**Staffing and recruitment**

We looked at recruitment records of all new staff. All checks were in place. Staff induction records were also seen, and staff told us; "My induction was very good." They also told us they had shadowed experienced colleagues; "I wasn't rushed and was able to work at my speed," and "I think this is especially important."

Spot checks and medication competency observations had been undertaken and were seen. Staff meetings were regularly held with minutes seen. Staff told us, "Meetings happen monthly and I feel I can express my views and make suggestions."

## 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 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. Staff told us, “We are emailed the care plan to read before our first visit...they are clear to follow.” Care needs assessments had been updated at least annually, and more often as the needs of the client had changed. Identified need had been carried through to care plans, with risk assessments in place as appropriate. We saw how personal choice had been accommodated; staff said, “We talk to the person so they feel valued and listened to and they have choice;” “It is important to know if there are some things that the service user would and would not like.” “It is important to put the service user feelings first at all times.” Significant changes to care plans were seen to have been signed by all staff. Staff also confirmed they were made aware of their responsibilities to raise changes to a person’s care needs. This was through staff meetings or emails to the team.

#### **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 they had received the training and support they required to support people well. They also told us they were easily able to contact team leaders or management if they needed to clarify any matter. We heard about development of a diabetes “champion” role. Staff meetings were regularly held with minutes seen. Staff told us, “Meetings happen monthly and I feel I can express my views and make suggestions.”

Spot checks, together with medication administration observations and competency assessments had taken place.

## 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 told us they had been involved in creating the initial care plans, and ongoing reviews including reassessment of need. One client told us, "They have adapted well to my changing needs." Another said, "Yes, I have been fully involved in all discussions." We saw evidence of clients' communication needs being identified, and catered for. Staff told us, "If someone has dementia we would give them time to understand what we have said;" "Try and keep words and actions simple and explain clearly;" "I like to speak clearly...using affirmative sentences...allow time for a response.. be confident to interpret any body language." We also heard about the creation of a key worker scheme which is to be rolled out and is hoped to provide further in depth knowledge of clients. Clients had been referred to other services as appropriate.

#### **How are people's privacy, dignity and independence respected and promoted?**

Staff told us, "I treat people how you would want to be treated yourself; "I listen to what they would like." "It is essential that we provide person centred care that is to consider any service user preferences, their chosen needs and values." "It is important to remember that this is their home. "Clients confirmed, "I am treated with care and dignity all the time."

We saw care plans which encouraged people to be as independent as possible in daily tasks. Staff told us, "I constantly encourage independence, whether it's encouraging a person to wash, dress, making a meal." "Promoting independence by encouraging decision making. "Staff also gave us examples in relation to bathing and showering of encouraging clients to be involved with their care if possible. Clients confirmed they did tasks for themselves with guidance from staff and felt well supported.

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

Clients also confirmed to us they were happy with both male and female carers provided by the service.

## 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 need. We saw interim care plan documents when there was a change in need. Service users confirmed to us staff had adapted well to their changing care needs. We saw partnership working to meet people’s needs, for example through Well Being Partnerships “to help build support networks.” Staff also told us they “learn, listen and act appropriately” with each client.

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

The complaints procedure contained full information on how to make a complaint. No formal complaints had been received by the service. We spoke to service users about their satisfaction with the service. They all told us they would feel comfortable making a complaint if necessary and would contact the manager. They had confidence any concerns would be dealt with appropriately.

## 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 improvement 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 would be able to discuss any concerns they had with management. They said, "Yes, it would be dealt with appropriately;" "I feel confident reporting to my team leader or manager." We saw ongoing discussions regarding client needs had taken place in supervisions and team meetings.

The manager was qualified to QCF level 5. The manager along with the service were in the process of registration. Appropriate insurance cover was in place.

A variety of systems were in place for monitoring the care provided by the service. We saw the auditing tool which is now in place. A variety of checks, including observation of staff practice, medication competency observation and quality visit checks were all carried out. We saw actions identified and team leader involvement in following up required actions overseen by management.

All notifications had been appropriately notified to the Registration and Inspection Team.

We discussed with management the numbers of notifications received regarding medication errors. On further examination, it became clear that a number of these had occurred whilst the service staff were not present. It was agreed an audit form with specific format is to be put in place to evidence the individual incidents. This will ensure an accurate picture is in place regarding service practice.

#### **How does the service work 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 the Well Being Partnership, the Isle of Man Safeguarding Team and medical professionals and social workers as appropriate.



## Action we require the provider to take

Key areas for improvement

- An audit form with specific format is to be put in place to evidence medication errors and incidents to provide an accurate picture of service practice.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

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.