

Inspection Report

2023-2024

Premium Care

Domiciliary Care

16th 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 16th January 2024. The inspection was led by an inspector from the Registration and Inspections Team.

Service and service type

Premium Care is a privately owned domiciliary care agency providing personal care or personal support, with or without practical assistance to individuals who live 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

Systems and processes were in place to protect people from the risk of abuse.

People supported told us they were very satisfied with the overall service and described the support workers as well trained, caring and kind.

There was a high level of compliance with mandatory and refresher training and staff supervision.

Service recipients had received an annual review of their needs and were engaged in this process.

Areas of improvement from the previous inspection had been actioned.

We did find some areas of improvement. This included strengthening the provider's governance framework and the development or strengthening of existing policies in relation to the use of CCTV, managing allegations against staff members, mental capacity and safeguarding.

About the service

Premium Care is a privately owned domiciliary care agency set up to deliver care and support to people who live in their own homes across the Isle of Man. The service is operated from a premises located in Glen Vine.

Registered manager status

The service has a registered manager. This means that they are appropriately qualified in health and social care, are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager is supported in their role by an office manager who also holds a relevant health and social care qualification.

Notice of Inspection

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

We visited the location's office on the 16th 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), information we hold about the provider such as statutory notifications, and any safeguarding issues.

During the inspection

We viewed a range of records. This included peoples care records and staff files in relation to recruitment. In addition we looked at the provider's quality assurance information, staff supervisions, team meetings, satisfaction surveys and complaints.

After the inspection

We spoke to service recipients, sought feedback from staff members and spoke to a health care professional who had worked alongside the service in relation to a person being supported by both parties.

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 not always safe

**Systems and processes to safeguard people from the risk of abuse:
Learning lessons when things go wrong**

The provider does have systems in place to help safeguard people who receive a service from abuse.

We saw evidence all staff had received safeguarding training as part of their induction program and had subsequently completed refresher training.

We reviewed the providers "Safeguarding Adults" policy. Categories of abuse and the full range of contact details and agencies to whom safeguarding concerns are reported to could not be found within this. Whilst we could see some of this information was contained within the provider's statement of purpose we recommend the safeguarding policy is updated accordingly.

A combined children and adults "Managing Allegations Against a Staff Member" (MASM) policy was introduced by the Isle of Man Safeguarding Board in 2023. In relation to this, a Department of Health and Social Care, Registration and Inspections circular was sent to all providers in June 2023 stating, "to be procedurally compliant all service providers should have their own policy in relation to MASM". The provider does not have a policy in relation to this. In discussing this policy with the management team, and an incident which occurred last year, further learning was highlighted. It may be beneficial for the registered manager to monitor developments and training opportunities on the Isle of Man Safeguarding Board webpages, particularly in relation to the role of Safeguarding Lead.

The service does have a whistleblowing policy in place. We propose the whistleblowing policy is reviewed to ensure the legislation referenced in this is relevant to the Isle of Man jurisdiction.

The registered manager and office manager told us they worked hard to maintain an open door policy for both staff and people supported to come forward with any concerns.

Support workers help to maintain people's safety and wider safeguarding by raising any concerns. The provider has a mechanism for staff to record and log accidents, incidents and concerns via their electronic care management system using a secure app on a mobile phone. This log, in addition to direct

communication, raises an alert in the central office and is maintained on the persons file. We could see appropriate steps had been taken in response to any concerns brought forward by staff.

During inspection we discussed with the management team wider learning which had arisen from a local serious case review in relation to self-neglect. This conversation helped to demonstrate proof of learning and had how this may be applied in practice going forward should a similar situation occur within their service.

We saw a comprehensive assessment and care planning system is used by the service. This information is maintained and updated on a digital platform.

The service also has a Gifts and Loans policy to help protect staff and people using the service.

All regulated providers are obliged to notify Registration and Inspections of events which occur whilst services are being provided. Whilst there was evidence of submitted notifications we could not be assured we had received all notifications due to gaps in the provider's governance framework. This finding will be addressed later in the report under Well Led.

No safeguarding or whistleblowing concerns have been raised in relation to this provider since the last inspection.

Assessing risk, safety monitoring and management

It was evident from discussions with the registered manager and office manager, they knew people's needs, current risks and backgrounds very well. This also helps to keep people safe from harm.

We saw that people's needs were being assessed prior to a service commencing.

Following assessment, care plans and risk assessments were developed in a way which promoted independence but also helped to minimise the risks people faced. For example, we could see where there was an identified need in relation to meal and drinks support, eating and drinking consumption was electronically recorded by support staff to mitigate this. This helped to better manage the risk of malnutrition and hydration.

We reviewed the providers risk management policy. This policy acknowledges the balance of protecting people from harm with the principles of choice and control. We would however recommend this policy is further developed to take account of best practice in relation to Mental Capacity best practice principles. We will address the theme of mental capacity practices later in this report.

We saw evidence assessments were reviewed annually. We were told care plans and risk assessments were reviewed as needed, or at least on an annual basis during the annual review. The system however could not

provide assurances that a formal review of care plans and risk assessments had occurred.

In the sample files we viewed we also found one person's assessment, care plan and risk assessment were not aligned following a significant change to a mobility need.

There was evidence in training records that basic moving and handling training was given by the provider to all staff. We were told further training when required is obtained from a local training company or in conjunction with the Manx Care Community Therapy Team. The provider informed us there is a system in place to ensure all care related equipment used in the person's home is maintained and serviced.

Support workers are required to log in to the providers electronic system when they arrive and depart people's homes. In addition, tasks associated with care plans and daily records must be updated prior to the end of the call. This means the office coordinators have real time access to peoples planned care calls and can respond timely if issues arise which may help to maximise people's safety and wellbeing.

Using medications safely

A medication administration and risk assessment policy was found to be in place at this service.

Training records demonstrated staff involved with medicines support were provided with medication training and had their competency reviewed annually.

The provider also has an electronic record of medication administration embedded within the digital platform used by staff. This enables support workers to record any medications given to a service recipient.

We were not assured however the governance arrangements in relation to medication transcribing and administration support were sufficient.

In accordance with best practice, we recommend transcribing of information from a prescription into the digital medication administration sheet is evidenced as being double checked. This helps to avoid possible errors which may occur during the transcribing process.

We also recommend regular audits of medication administration sheets are undertaken. This can help to protect people from any misuse of medication or errors in medicines administration. These areas of improvement will be addressed in the Well Led section.

Staffing and recruitment

We examined recruitment files and found that identity checks were completed and new starter's suitability checks were actioned through the Disclosure Barring Service (DBS) appropriately.

The provider has also taken action to streamline their recruitment system through an application process on their website to help promote consistency in this area.

Previous employment and character references were seen to be requested and held on file.

Staff rota's were seen to be managed via a cloud based digital system and were found to be clear and legible.

Action we require the provider to take

Key areas for improvement:

- The provider to review and strengthen its Safeguarding and Risk Management Policies as recommended in the body of this inspection report.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)
- The provider to develop a Managing Allegations Against Staff Members (MASM) policy so it is procedurally complaint and to enhance its safeguarding arrangements.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)
- To learn from incidents which have happened in the last year and ensure staff follow safeguarding policy.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)
- The service to provide evidence on the system reviews and care plans have been reviewed. This will help to provide inspectors with the necessary assurances these documents are reviewed according to regulatory requirements and standards.
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)
- The provider to ensure information contained in assessments, care plans and risk assessments are aligned.
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)

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 improvements 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 were seen to be undertaken and information from these were used to develop care plans and risk assessments. Records and feedback from people supported demonstrated the involvement of service recipients and their significant others in this process.

Assessment and care planning formats were seen to be holistic and contained all significant domains.

Best practice tools such as body maps and medication administration records were observed to be in use.

During inspection, we found some records in which the assessment and associated care plan and risk assessment were not adequately detailed. I was informed some quality issues had recently been identified after assessment and care plan writing had been delegated to a former member of the staff team. Assessments are now only carried out by the provider’s senior management team as a result. This finding will be addressed later in the report under the well led section.

Records seen evidenced consent was being sought in relation to service engagement at the initial assessment stage.

In the files selected, contracts of engagement had been signed by the appropriate person.

In addition we could see consent was also being sought from people with regards to how their information would be handled in relation to General Data Protection Regulations (GDPR, Data Protection Act 2018).

In one file, we found an information sharing agreement signed by a relative. It is good practice to consult with carers and families, either where this is agreed with the person themselves or in the best interests of people who do not retain mental capacity for their care and treatment. On further enquiry we discovered the service recipient in this case retained mental capacity to sign and understand the information sharing document. It is not legally compliant for others to sign consent forms on behalf of individuals unless they have the legal authority to do so.

We do not have Mental Capacity Act legislation currently on the island, however, there is an expectation all health and social care providers operate to best practice principles. We noticed the service did not have mental capacity policy guidance for staff, or people using the service, in place. Developing a policy which sets out the application of mental capacity best principles and how they should be implemented in the context of service provision should be developed. This area of improvement will be reflected under the Well Led section of this report.

Service recipients or their representatives were able to gain appropriate access to their care records via an electronic device to reach the digital platform. This was confirmed to us in feedback we obtained from people using the service.

Staff support; induction, training, skills and experience

The registered manager and office manager have both attained a Level 5 in Leadership for Health and Social Care (Qualifications and Credit Framework).

Training records demonstrated all staff had received mandatory training according to Domiciliary Care Minimum Standards (Isle of Man Department of Health and Social Care).

Supplementary training records was also available and seen to be provided according to people's needs.

Staff received an in house induction, and for those staff who were not experienced in care they were encouraged to complete the care certificate. As part of induction a set of questions had also been developed by the management team to demonstrate staff had read and understood company policies. We also saw evidence of an induction period for new staff being extended where a person's needs were more complex.

New staff shadowed more experienced staff and this was confirmed in service records and feedback received from a service recipient.

Learning leaflets in relation to specific health conditions were seen to be uploaded on to staff files. The office manager told us information on health conditions is sourced from reliable sources such as the NHS. These along with the provider's policies can be accessed at any time by staff via the provider's electronic system.

The management team told us staff were actively encouraged in relation to their learning and development. We saw evidence of people attaining or working towards higher qualifications in health and social care. Service recipients and family members told us staff appeared to be well trained.

Staff supervisions were seen to have taken place regularly and according to an agreed format. Staff providing supervision had undertaken training in offering supervisions.

Staff supervisions and appraisals are tracked and traced through an in house system. All were seen to be complete with two exceptions due to annual leave.

Unannounced observations and competency checks on staff during care calls were found to have been undertaken.

Staff meetings had taken place. The office manager did express some difficulty in gathering staff together for team meetings but strategies such as communication bulletins and virtual access to meetings have been used to mitigate against this.

When locating and viewing staff meeting records it was highlighted a consistent format for team meeting records and a central storage area would be beneficial.

One established staff member told us this provider “really looked after their team and clients to a very high standard.”

Action we require the provider to take

Key areas for improvement

- The provider to ensure consent is obtained from the relevant person in accordance with mental capacity best practice.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)

Recommendation

- To develop a consistent format and central storage area for team meeting records.

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

The principles of care set out in the provider's Statement of Purpose include individuality, rights, choice, privacy, dignity and respect.

From discussions and viewing documents we could see staff were made aware of these values and expected behaviours through induction, training, policies and the staff hand book. Ongoing monitoring was seen to be undertaken through supervisions, observations and by obtaining feedback from people supported by the service.

People's electronic files demonstrated people's preferences and choices were being recognised.

Feedback in the providers most recent surveys were seen to describe staff as "kind", "reliable" and "friendly". One person said "I never feel rushed".

Aspects such as religious, cultural needs or gender preferences of care givers were embedded in to the assessment process.

Service recipients we spoke to used phrases such as "helpful in every respect", "kind", "very caring" and "excellent" to describe the staff team.

All feedback sought and received after inspection was extremely positive in relation to the attitude and approach of individual staff and the management team of this service.

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

Individuals and their significant others were involved in the assessment and care planning process. This was confirmed through feedback obtained and records viewed during the inspection process.

We were told by people supported they were able to access their care records through the electronic system or receive a paper record if they wished.

The managers of this service explained they preferred to maintain a relatively small client base so they can maintain regular contact with people receiving a service and general oversight.

People supported did receive at least one formal annual review. This was seen to provide an opportunity to discuss requirements and review service provision to ensure it continued to meet the person's needs. Feedback obtained confirmed annual reviews of people's needs had taken place. People supported spoke of receiving regular contact with the office team in addition to annual reviews of their care.

Involvement, service user feedback and consultation with others was illustrated throughout daily records and surveys undertaken by the provider.

We saw evidence on people's files in relation to their specific communication needs, what to look for, how to respond and the involvement of people who knew them best.

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

Aspects such as privacy, dignity, confidentiality, rights and expectations are set out in the providers service user guide alongside the company's ethos regarding principles of care.

People's records were seen to be written using strength based, dignified and respectful language. One person told us the support received "makes it possible for me to stay at home", another described the service as "a lifesaver for mum".

The introduction of a new support worker was evidenced as being sensitively arranged in feedback obtained from people supported.

The company is aiming to move away from paper records to maximise safe storage of its records. Most records were held on a digital platform. Any paper records were seen to be stored in a locked cupboard.

Action we require the provider to take

Key areas for improvement

- None

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 require improvements in this area.

This service was found to be not always responsive.

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

The service user guide provided clear information on the types of support the agency could provide.

We were told by the management team the service aims to ensure people are supported by a consistent and small team of support workers to maximise continuity of care and building of trust. This approach was reflected in staff rotas and in feedback we received from people supported.

We saw a wide range of appropriate information was contained in people’s records, for example in relation to their personal histories, people who were important to care recipients, their health needs and allergies. It was evident from discussions with the management team they were very familiar with peoples circumstances and specific requirements. Words used by people to describe the service they received included “tailored” and “bespoke”.

Assessments were seen to take into account the person’s level of independence in areas of daily life.

Packages of care provided by the service ranged from twenty four hour support to light touch assistance such as shopping. Most people involved with this service were also supported by close family members or had oversight from an appointed person.

We could see evidence in people’s records of changes in need having been responded to or concerns being highlighted appropriately to significant others or professionals. Feedback received from a healthcare professional demonstrated the provider was initiating contact when concerns or issues arose.

Responses we obtained from service recipients, significant others and a health care professional illustrated communication with the service was very good.

Examples of rotas being sent out ahead of time to people, and the service being adaptable and responsive to new issues or requests were also provided in feedback.

At the time of inspection, the digital system did not facilitate central office to log communication on people’s daily records outside of uploading emails. We were not assured all communication involving personnel in the central office and people using the service was being routinely recorded on to the persons file. This will need to be remedied by ensuring the digital system provides space for contacts made with or about

people supported so they may be logged directly on to the persons file to ensure a full picture of events is accessible.

Whilst mental capacity is acknowledged in the assessment form, based on the files we looked at, this information did not consistently translate in to people's care plans and risk assessments. This will help to provide clear guidance for staff on people's ability and support needs in relation to decision making.

Improving care quality in response to complaints and concerns

The service has a complaints policy. Information about this is included in the service user's guide.

We saw evidence in the complaint log of a concern raised a service recipient which had been addressed and resolved appropriately. The theme of this complaint was also seen to have been shared in a communication to all staff.

There were no other formal complaints according to the provider's log.

All of the people supported we spoke to said they were confident in raising concerns to the management office. One service recipient we spoke to had experience of contacting the management team with a concern and told us this was dealt with promptly by the management team.

Registration and inspections have not received any concerns in relation to this provider during this inspection period.

Action we require the provider to take

Key areas for improvement

- The provider to ensure there is a system for central office to record all communication about service recipients directly in to the persons file in a timely and chronological manner.
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records](#)
- The provider to demonstrate consideration of mental capacity principles and application of this in practice throughout care planning records.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

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 require improvements in this area.

This service was found to be not always well-led.

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

There is a clear organisational structure in place with designated roles and responsibilities. This structure includes a registered manager, office manager, team leaders and support workers. There are also back office staff to support the digital platform and employee related elements such as tracking supervisions, training and human resource matters.

We found the use of CCTV was an established feature in one of the households visited by support workers of the service. We recommend a policy is developed in relation to this by the provider. In addition we suggest that advice is sought from the Information Commissioner to ensure compliance with General Data Protection Regulations.

Quality assurance tasks include observation visits matched against the provider's competency framework, quality visits to people's homes and sending out bi-annual surveys to collate opinions from staff and people who use the service. All of these documents were reviewed as part of the inspection process. Actions resulting from findings were discussed with the management team and steps were in progress in response to these.

The management team were able to show us how peoples care calls were monitored daily in real time. This meant there was continual daily oversight of service delivery by the management team so that any issues of concern or anomalies noticed could be responded to in a timely manner.

Whilst the manager told us there had been no missed care calls there was no formal quality assurance system in place to assure the inspectors of this. It is good practice for domiciliary care providers to have systems in place to monitor this along with the punctuality of care calls and calls which the service may not have been able to fulfil unexpectedly.

We recommend governance arrangements are strengthened. This helps to identify risks, themes and promote learning in areas of service delivery. For example review and evaluation of accidents and incidents, auditing of medications administration sheets to ensure medication is not being missed or misused, specifically in the case of PRN. Regular auditing of assessments, daily records, risk assessments and care plans would also be beneficial to be assured of consistency, alignment and quality.

We acknowledge Mental Capacity legislation is not yet enacted on the Island however providers should be relying on general best practice principles and establish a bridging position to support people who use the service and staff. As highlighted earlier in this report, the application of mental capacity best practice in the context of domiciliary care provision requires strengthening. This should be supported by the development of provider guidance for staff and people supported to refer to in this area.

People who used the service told us they believed the service was very well managed, they also advised us any late or unfulfilled calls were rare and communicated beforehand.

How does the service work in partnership with other agencies?

There is space within people's digital records for support workers to update people's files in the event of contact or involvement from health or social care professionals.

There was evidence of the service working with other health and social care professionals for the best interest of service recipients for example in relation to hospital discharge arrangements, a complex health condition or equipment needs. We received positive feedback from one healthcare professional in this regard.

Action we require the provider to take

Key areas for improvement

- The provider to strengthen its governance and quality assurance framework in relation to accidents and incidents, medication administration, monitoring of care calls, and care records. These improvements are required to demonstrate systems are regularly reviewed for learning and the service provides good outcomes for people.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The provider to develop a policy in relation to the use of CCTV to be assured it is compliant with its GDPR responsibilities as an employer.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The provider to develop guidance for staff and service recipients in relation to the implementation of mental capacity best practice principles in the context of delivering domiciliary care.
[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.