

# Inspection Report

## 2023-2024

## Western Home Care

Domiciliary Care

15 February 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 15 February 2024. The inspection was led by an inspector from the Registration and Inspection team.

**Service and service type**

Western Home Care 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 staff training, medication competency, Disclosure and Barring Service (DBS) checks and risk assessments.

Systems were in place to protect people from the risk of abuse. People said that they felt very safe with the staff who came into their home.

Detailed initial needs assessments were completed on people and used to develop care plans and risk assessments. Care plans were well written and clear to follow.

People confirmed that they were fully involved in their care and in the care record reviewing process.

Staff were familiar with people’s needs and preferences. The provider was involving people in accessing the wider community.

Systems were in place for the review of the quality of care and experience of the people using and working in the service. Staff felt supported by the manager.

Improvements had been made in relation to all areas of improvement made on the last inspection.

**About the service**

Western Home Care is a domiciliary care agency based in Peel.

**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 9 February 2024. We visited the location's office on 15 February 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 the registered manager and one staff member. 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 one staff member responded. Five 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. Policies and procedures concerned with safeguarding had been written. We were informed that the safeguarding policy was given to all new staff on induction. The majority of staff had received training on safeguarding, but for one bank staff member this could not be evidenced. Staff were clear on what should be reported as a safeguarding concern. Notifications concerned with safeguarding had been submitted to the regulator.

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

Incidents / accidents and near misses were being recorded and notifications submitted. The manager was able to identify any trends following any incident or accident by analysing daily notes and incident forms.

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 on a specific health condition lacked detail and additional information must be added.

We were informed that no current service user required equipment, such as a hoist, to be used.

Paper care records were being stored securely in the provider's office with paper records also kept in peoples' homes.

**Staffing and recruitment**

One bank staff member had started at the agency since the last inspection. All required pre-employment checks had been completed. DBS checks were in place for all staff but one staff member's DBS had lapsed.

**Learning lessons when things go wrong**

The manager had oversight of all incidents, accidents and missed calls and could evidence that they acted accordingly following a review of an incident etc.

## 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 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 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**

Detailed initial needs assessments were completed on people and used to develop care plans and risk assessments. Care plans were well written and clear to follow. Care plans and risk assessments were regularly reviewed and evidence seen of service user / family member involvement in the review process.

Where required, health professionals were involved in an individual’s care to manage their needs. We were informed that the manager intended to access information provided by National Institute for Health and Care Excellence (NICE) in the coming year.

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

The manager had knowledge and understanding of the needs of the people using the service.

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

There was no evidence that the manager had undertaken refresher training and there was no evidence that one bank staff member had completed all of their mandatory training. All other staff members had undertaken numerous mandatory training courses which were regularly refreshed. Staff confirmed that they had received relevant training to meet the needs of the people to whom they provided care and support. Where required, specialist training was provided.

New staff undertook a formal and recorded induction process, as well as the care certificate online. Shadowing experienced colleagues also formed part of the induction.

Observations of staff practice – ‘spot checks’ – were being carried out by the manager. The majority of the staff had their competency to administer medication assessed annually. There was no evidence that one bank staff member had had their competency assessed.

Staff were being supported to attain relevant qualifications.

Staff supervisions were taking place as well as annual appraisals. Regular staff meetings were occurring.

## Action we require the provider to take

Key areas for improvement:

- Action must be taken to ensure all staff are up to date with mandatory and refresher training.  
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.
- Action must be taken to ensure all staff have their competency to administer medication assessed.  
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.

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

Service users / family members confirmed that staff were familiar with their needs and preferences and were consistent with the care they provided. Feedback also confirmed that staff had enough time to provide care and support in a compassionate and personal way to individuals. Feedback confirmed that staff took their time with people and always had time to 'chat'. One person commented, 'staff are professional and kind and nothing is too much trouble'.

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

People confirmed that they were fully involved in their care and in the care record reviewing process.

Annually people were given a questionnaire to complete as part of the provider's quality assurance process.

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

People confirmed that they were treated with care, dignity and respect. Staff were clear on how people's privacy, dignity and independence was respected and promoted. One staff member commented, 'knocking before entering a room, calling the person by their desired name / title. Also by listening to them, their wants and needs and helping them emotionally not just physically'.

On induction staff were given a policy on privacy and dignity and diversity, equality and inclusion was also covered on induction.

Care plans were written in such a way as to promote independence.

The initial assessment included a section on if a person had preferences as to their ideal person providing their care.

Personal information was kept secure and confidential. Staff were informed of information handling on induction. The service user guide contained information on data protection.



## 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 those needs were to be met. Care records were updated when required / regularly and there was evidence of service user / family involvement in the planning of their care and review process. People spoke about how pleased they were with the continuity of the staff who came into their home.

The provider was involving people in the wider community, such as the men in sheds scheme and live at home schemes.

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

The provider had a complaints policy and procedure. Information on complaints formed part of a person’s contract. No formal complaints had been made or recorded. The manager kept a record of informal ‘grumbles’. It is recommended that any resolution to a grumble is also recorded.

As part of the annual feedback questionnaire, people were asked if they had any compliments or complaints to make. Compliment / complaint forms were included in a person’s care records pack kept in their home. Feedback confirmed that people would feel 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.

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

Systems were in place for the review of the quality of care and experience of the people using and working in the service. These included spot checks of staff at a person's home, annual questionnaires given to both staff and service users and the manager's oversight of daily records, service user care records and any incident / accident.

Staff were receiving regular supervisions and appraisals.

Staff were clear on their roles and responsibilities.

Staff feedback confirmed that the management were supportive and approachable. One comment made was, 'they are always very supportive and I would have no issue raising any concerns. Management also regularly check in with each of us to make sure everything is ok'.

Appropriate insurance cover was in place.

#### **How does the service work in partnership with other agencies?**

There was evidence that the provider worked in partnership with other organisations and health professionals, including local wellbeing partnerships.

The manager was aware of their responsibilities of being a manager of a registered service. This included regular contact with the regulator, submission of notifications and referrals to the safeguarding team.

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.