

Inspection Report

2023-2024

LV Home Care (IOM)

Domiciliary Care

14th March 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 14th March 2024. The inspection was led by an inspector from the Registration and Inspections Team.

Service and service type

LV Home Care (IOM) is a registered 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 gave very positive feedback in relation to the overall service provided and said there were good levels of communication
- There was a high level of compliance with mandatory and refresher training
- All staff supervisions and appraisals were up to date.
- Service recipients had received an annual review of their needs.
- An area of improvement from the previous inspection had been actioned.
- We did find some areas of improvement. This included the development or strengthening of existing policies in relation to the use of surveillance cameras, managing allegations against staff members and mental capacity.

About the service

LV Home Care (IOM) is a registered domiciliary care agency set up to deliver care and support to people who live in their own homes across the Isle of Man. This service is located in Tromode, Douglas and is part of the LV Care Group who provide domiciliary and care home provision in the Isle of Man and Jersey.

Registered manager status

The service has a registered manager. This means 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.

A deputy manager who also holds a relevant health and social care qualification supports the registered manager in their role.

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 14th March 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) and information we hold about the provider such as statutory notifications.

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, an external agency and reviewed the provider's policies.

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

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

The provider has systems in place to help safeguard people from abuse.

We saw evidence all staff had received safeguarding training as part of their induction program and had subsequently completed refresher training. Staff we spoke to knew how to respond to safeguarding concerns.

The providers "Safeguarding Adults" policy was aligned to local policies and procedures. The service also has a whistleblowing policy.

The Isle of Man Safeguarding Board introduced a combined children and adults "Managing Allegations Against a Staff Member" (MASM) policy in 2023. A Department of Health and Social Care, Registration and Inspections circular sent to all providers in June 2023 stated, "to be procedurally compliant all service providers should have their own policy in relation to MASM". We could not see LV Home Care (IOM) had developed a policy in relation to this.

There was a comprehensive assessment, daily recording and care planning system maintained on a digital platform.

Support workers help to maintain people's safety and contribute to wider safeguarding by raising concerns to managers. The provider has a mechanism for staff to raise and record accidents, incidents and concerns via their electronic care management system using a secure app on a mobile phone. This communication is recorded on the persons file.

The registered manager told us it was important to maintain an open door for both staff and people supported to come forward with any concerns. We saw evidence of concerns in relation to people's safety and wellbeing raised with the management were acted up on.

We discussed incidents and events that had happened since the last inspection with the registered manager. This conversation helped to demonstrate proof of learning and an understanding of wider safeguarding responsibilities.

The service has an "Acceptance of Gifts and Gratuities" policy. This helps to guide and protect staff and people using the service.

All regulated providers are obliged to notify Registration and Inspections of events that occur during the provision of services. We reviewed the provider's accidents and incidents log and were assured we had been notified of all events appropriately.

No safeguarding or whistleblowing concerns had been raised regarding this provider since the last inspection.

Assessing risk, safety monitoring and management

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

Prior to a service commencing people's needs were assessed.

Following pre-assessment, care plans and risk assessments were developed in a manner which promoted independence but also helped to minimise and anticipate the risks people faced.

There were a range of risk assessments in place. For example, where there was an identified need in relation to meal and drinks support, oral intake was electronically recorded by support staff to mitigate the risk of malnutrition and dehydration. We also saw clear guidance for staff in relation to minimising the risk of falls, environmental risk assessments and recognised tools to assess the risk of people developing pressure sores.

We reviewed the services "Management of Risk" policy. This policy acknowledges the balance of protecting people from harm with the principles of choice and control. We recommend strengthening of this policy to take account of mental capacity best practice principles.

We saw evidence a new assessment of need was part of a person's annual review. Care plans and risk assessments were updated as needed.

Training records demonstrated moving and handling training had been provided to all staff. Further training can be obtained from a local training company when needed. There is a system in place to ensure all care related equipment used in people's homes is maintained and serviced to ensure the safety of staff and people supported.

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. The management team have real time access to peoples planned care calls and can respond timely if issues arise.

There was good communication evidenced between people supported, staff, significant others and the registered manager as demonstrated in communication logs and feedback received. This helped to monitor people, situations and act on concerns.

Staffing and recruitment

The groups head office in Jersey oversee recruitment in conjunction with the Registered Manager in the Isle of Man office.

We examined locally held recruitment files and found identity checks, employment and character references were obtained.

New starter's suitability checks were actioned through the Disclosure Barring Service (DBS) appropriately. DBS checks for existing staff held on an update service were recorded as completed by the head office but local records had not been updated with required details.

Staff rota's were managed on a digital system and were clear and legible.

There are arrangements to deal with unexpected staffing absence through the management team or bank staff.

Action we require the provider to take

Key areas for improvement:

- The provider to strengthen its Risk Management Policy 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.](#)
- The Registered Manager to ensure DBS suitability checks for existing staff on the update service are recorded in locally held DBS information record.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)

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

Information from initial assessments is used to develop care plans and risk assessments. Records and feedback received demonstrated the involvement of service recipients and significant others in this process.

Assessment and care planning formats used were holistic, detailed and contained most significant domains.

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

In the files selected, the appropriate person had signed contracts of engagement and information sharing agreements.

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.

Evidence in training records demonstrated mental capacity assessment training had been provided to staff.

An individual’s mental capacity in respect of significant and day to day decisions had been considered during initial assessment.

We recommend the service strengthen its assessment and care planning format to ensure clear guidance is available to support workers regarding people’s abilities to make decision’s. This will help to aid recording in daily logs of best interest decisions should they need to be made. We will address the theme of mental capacity practices later in this report.

Service recipients or their representatives had the option of paper records or access to digital records via an electronic device.

Staff support; induction, training, skills and experience

The registered manager has attained a Level 5 in Leadership for Health and Social Care (Qualifications and Credit Framework). The deputy manager is currently pending receipt of their Level 5 certificate following successful completion of this qualification.

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

All staff had access to LV Care Groups' digital training platform, group trainers, online training and courses provided by external local providers when required.

Supplementary training according to people's needs such as Parkinson's Disease, dementia care and pressure care had been provided.

Staff received a structured in house induction. New staff shadowed more experienced staff, this was confirmed in service records. A staff member told us the induction was "very helpful and thorough".

For those employees who were not experienced in care they were supported to complete the care certificate. The registered manager told us learning and development was actively encouraged. 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 and appraisals were all up to date.

Unannounced observations and annual competency checks on staff during care calls had been completed. There was also a range of additional annual competency checks including medication administration, moving and handling and food safety.

Staff meetings had taken place. The registered manager expressed some difficulty in gathering staff together for team meetings however meeting notes were circulated to all staff.

The manager told us sources such as Social Care Institute of Excellence, NICE guidance, and updates from Social Care TV were used to inform best practice.

Action we require the provider to take

Key areas for improvement

- The provider to strengthen 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](#)

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

Objectives and values set out in the provider's Statement of Purpose include compassion, care, privacy and dignity.

The service also has an "Equality and Inclusion" policy. All staff had completed training in equality, diversity and human rights.

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

Electronic records in people's files illustrated their preferences and choices were recognised.

We read recent compliments received by the service from service recipients. Phrases to describe support workers included "very kind and helpful", and "go the extra mile". We reviewed recent survey results collated from people supported by the service. They were overwhelmingly positive.

Staff told us they did not feel rushed when asked about the rota and managing care calls.

Aspects such as religious and cultural needs were included in to the assessment process. Responding to gender preferences was evidenced in a recent case example, however, this was not an embedded feature of assessment documentation. When pointed out, this was immediately rectified by the registered manager during inspection.

People we spoke to used phrases such as "kind", "very caring", "amazing" 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, care planning and review process. Records and feedback obtained confirmed annual reviews of people's needs had taken place.

People's specific communication needs were taken in to account in assessment and support plans to guide staff.

Care planning records and feedback obtained demonstrated the involvement of people who knew them best in care planning and delivery.

Communication books were kept in people's homes and one family member told us this was very helpful.

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

The providers service user guide states "Our belief is that everyone has the right to choose the way in which they want to be cared for and supported. We respect individual privacy and offer dignity and independence".

People's records were seen to be written using strength based, dignified and respectful language. The words autonomy, dignity and privacy were referenced in people's support plans.

Feedback confirmed people's independence was promoted. One person told us "I am quite independent they are just there in the background if I need them".

Records were held on a secure digital platform. Any paper records were stored in a locked cabinet within the registered office.

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 not require 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

The service user guide and statement of purpose provides clear information on the types of support the agency could and could not provide.

Training, service policies, assessment and care planning approaches were underpinned by person-centered approaches.

The registered manager told us the service aims to ensure a familiar and small team of carers support people to maximise continuity. This approach was reflected in staff rotas and in feedback we received from people supported.

A wide range of appropriate information was contained in people’s records. For example, in relation to health and care support, personal histories, important people, pets, communication needs and allergies. It was evident from discussions with the registered manager they were very familiar with peoples circumstances and specific requirements.

Assessments took in to account the person’s level of independence in areas of daily life.

Documentation was available in a large print format.

Packages of care currently provided by the service ranged from waking nights to regular daily calls. Currently people involved with this service were also supported by close family members, friends or had oversight from an appointed person.

We saw evidence in people’s records of changes in need responded to or concerns highlighted appropriately to professionals or significant others. This was further cooberated in feedback received.

Responses obtained from service recipients and significant others reflected communication with the service was very good.

Examples provided in feedback demonstrated the service was responsive to people’s needs. A staff member told us the company “support clients and go extra to do this”.

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.

Complaints and concerns were recorded with clear detail and outcomes.

The manager told us they believed in “nipping concerns in the bud” and there seemed to be good communication between support staff and the management team when low level concerns cropped up.

There were two formal complaints according to the provider’s log which resulted in appropriate resolution and learning.

The people we spoke to said they were confident in raising concerns to the management office should this be required.

Registration and Inspections have not received any concerns in relation to this provider over this inspection period.

The service provides “how are we doing” compliment forms which are held in people’s files at home. Returned forms were viewed by the inspector.

Action we require the provider to take

Key areas for improvement

- None

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 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. The structure includes a responsible person within the care group, registered manager and deputy manager. The wider group provides access to specialists in relation to human resources, data compliance, safeguarding, training, and education.

The service undertakes a range of quality assurance checks and evaluations. This helps to identify risks, themes and promote learning in areas of service delivery.

Governance arrangements include unannounced observation visits during care calls matched against the provider's competency framework.

Formal anonymous surveys are sent out to collate opinions from service recipients or their representatives. Questions asked included matters such as punctuality of support workers and quality of care.

We viewed feedback from employees in relation to induction and supervision.

There were further quality assurance tools in relation to medication, accidents and incidents.

It is good practice for domiciliary care providers to have systems in place to monitor missed calls. There had been two missed care calls at this service since the last inspection. Proof of learning and actions in response to this included the development of a monthly missed call log and quality assurance audit.

People who used the service told us the management team were very approachable and accessible including out of hours. Staff told us they would approach the management team with issues and they were caring and supportive to them.

The service has produced an annual report providing an overview of the services performance including complaints, incidents, safeguarding and compliments.

Plans for the future include the service moving on to a new care group digital platform. Training and development for this is currently underway.

We acknowledge Mental Capacity legislation is not enacted on the Island but providers should be relying on general best practice principles to establish a bridging position to support people who use the service and their staff. As highlighted earlier in this report, the application of mental capacity best practice at this service requires strengthening. Guidance in relation to this should be developed to aid staff and service recipients.

Camera surveillance is an established feature in the home of at least one service recipient. The service should develop a policy regarding this and we recommend contact with the Isle of Man Information Commissioner for additional guidance.

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 to record involvement from health or social care professionals.

There was evidence of the service working alongside external professionals for example hospital discharge arrangements or equipment needs.

The manager said it was important to keep up to date with developments in the local community through positive working relationships with external professionals, monitoring the media and attending forums held by the registration and inspection team.

The management team were open and transparent with the registration and inspection team during inspection and throughout the inspection year.

Action we require the provider to take

Key areas for improvement

- The provider to develop practice guidance for staff and for service recipients in relation to the implementation of mental capacity best practice principles in the context of domiciliary care.
[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 surveillance cameras to ensure it is compliant with its GDPR responsibilities regarding employees and people are protected.
[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.