

Inspection Report

2023-2024

Community Outreach Support Services

Domiciliary Care

13 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 the 13 March 2024. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Community Outreach Support Services is provided by Autism Initiatives. The service arranges for adults and children to be provided with support, with or without practical assistance, to those in their own private dwelling across the Isle of Man. The service also provides a supported living service to adults living within five cottages based at Nunnery Howe.

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

We identified areas for improvement in relation to the manager informing the registration and inspection team of notification of events, capacity assessments for people who lack the capacity to make their own decisions, the medication policy and the protocol regarding visits.

Systems were in place to protect people from abuse or harm. Staff received effective training in keeping people safe.

People had their assessed needs, preferences and choices met by staff with the right skills and experience. Staff worked together to ensure people received consistent, person-centred care and support.

People were treated with kindness and respect in their day-to-day care and support. Staff showed concern for people's wellbeing in a caring and meaningful way.

People were supported to follow their interests and take part in activities that were socially relevant and appropriate to them.

The manager understood their role and responsibilities to deliver what is required. Staff spoke positively about the manager and felt supported, respected and valued.

At this inspection, we found two areas for improvement from the previous inspection had been met and one area for improvement remained outstanding.

This inspection report will cover any outstanding areas for improvement not met.

About the service

Community Outreach Support Services is registered as a domiciliary care agency, set up to deliver care and support to adults and children with a diagnosis of Autistic Spectrum Condition (ASC) and a learning disability. The service is operated from a premises located at Nunnery Howe, Carnane Centre for Autism, Douglas.

Registered manager status

The service does not have a registered manager. 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 11 March 2024. We visited the location's office on 13 March 2024 and Autism Initiatives Head office on 15 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). This contained information about their service, what they do well, and improvements they plan to make. We reviewed notifications, complaints, compliments and any safeguarding issues. The inspector also reviewed a number of policies and procedures.

During the inspection

We reviewed a range of records. This included peoples care records and a variety of records relating to the management of the service, including staff recruitment records, the provider's quality assurance information, staff supervisions and team meetings. We spoke with the interim manager throughout the inspection.

After the inspection

We spoke to three family members of people receiving a service about their experiences of the service provider.

We received feedback from two members of staff, who told us about their experiences of providing care and working with the manager.

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 in line with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The provider had systems and processes in place to safeguard people from abuse and harm.

All staff members had received training in safeguarding and had attended refresher training, as necessary. The provider also had a safeguarding policy and procedure, which had been reviewed in July 2022.

The provider had an incidents, accidents and safeguarding events auditing tool on an electronic system called 'Vatix'. Vatix entries are assigned to officers within Autism Initiatives, who are responsible for investigating such incidents, to determine any trends and identify changes in care or working practice, to support the safety and wellbeing of the service users.

The interim manager had not submitted notifications of all significant events to the Registration and Inspection team in line with regulatory requirements. This will be an area for improvement.

One incident reported to the Registration and Inspection Team indicated that the medication policy and procedure required changing to ensure that medication remained secure whilst staff were dispensing medication to the service users within supported living.

Staff member assured us they knew what to do to safeguard the clients they cared for and would report any concerns to the interim manager, senior managers and/or the Safeguarding Team.

Family members of the service users said they felt safe with the carers. One family member told us, "The staff are lovely people. [Name] wouldn't go out with them if [they] didn't feel safe."

Assessing risk, safety monitoring and management

The interim manager had completed a comprehensive assessment of the client's needs prior to them receiving a service.

One service user had a 'restrictive practice' summary. This was used to 'prevent, restrict or subdue movement', to address behaviours that could challenge or harm; however, there was no evidence of a capacity assessment or best interests decision meeting to support this restrictive practice. This will be an area for improvement under the 'Effective' domain.

Where there was a potential risk of harm in delivering the level of care and support to the person, the interim manager had produced comprehensive risk assessments. This ensured the health and safety of the service users and the staff providing the care and support. The interim manager had reviewed the service users risk assessments regularly and adapted them to meet their changing needs.

Service users' care plans and 'restrictive practice summaries' identified the risk of harm for the service users and the level of support required to ensure their health, safety and wellbeing. Staff had received specific training in challenging behaviours, to meet the individual needs of the service users.

The provider had a risk management and positive risk management policy, which the provider had reviewed in June 2021.

The provider stored the service users' paper files in a locked cabinet in an office, which was locked when not in use. Service users did not have a copy of their file, or care plans or risk assessments. Service users must have a copy of their files, or be informed as to when they can have access to their files. There must be evidence available if the service user chooses not to have a copy.

Staffing and recruitment

The provider had recruited staff safely, completing pre-employment checks prior to staff commencing their employment. The manager had requested character references, which were stored on file.

All staff were up-to-date with their Disclosure and Barring Service (DBS) checks.

The manager produced staffing rotas, which appear quite complex, identifying additional hours for 'children's services', 'spot hours' and 'contractual hours'. The interim manager and staff members completely understood the rota system.

The provider had an emergency business continuity plan, which had been reviewed in January 2024.

Action we require the provider to take

Key areas for improvement:

- Action is required by the interim manager to ensure that the Registration and Inspection Team are notified of all events identified within Regulation 10 of the Regulation of Care (care services) Regulations 2013.
[This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 – Notifications.](#)
- Action is necessary to update the medication policy detailing how medication will remain secure whilst staff are dispensing medication to the service users within supported living.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- Action is required to ensure service users, and/or their families, have copies of their current care plans and risk assessments. The provider must inform service users how and when they can access their file, if they choose not to have a copy.
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)

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 requires one improvement 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

People only receive a service from the Community Outreach Support Team by referral from the Manx Care social work team. Following a referral, the interim manager had completed an initial assessment of needs of the person, to identify if the service can meet their needs.

The interim manager had developed comprehensive support plans and risk assessments from information supplied by the client and their family, the social worker and any other professionals involved in the care and support of the service user. The assessment tools used by the provider were specific in identifying the unique needs of service users with Autistic Spectrum Conditions (ASC).

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 support. Records and feedback demonstrated that family members, or significant others to the service user, had supported them during the initial meetings, when setting up the service, and with their continued support.

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. For clients that did not retain the mental capacity to agree to the level of care and support provided by the agency, there were no records of a capacity assessment or of best interests decision meetings, in line with those best practice principles.

The interim manager and staff re-assessed the service user’s support plans and risk assessments monthly, completing an ‘evaluation’ section of their plan. This re-evaluation was in conjunction with the service user and their family/significant other person, as necessary.

Family members informed us that they had been involved with the reviewing of the service user’s care package on an annual basis.

The provider had an Equality and Diversity policy and staff had attended Equality, Diversity and Inclusion training.

Staff had the appropriate skills and training to meet the individual needs of the clients.

Staff support; induction, training, skills and experience

Staff had completed an induction programme. The interim manager and staff member had signed off each section upon completion.

One member of staff told us, "I am new to this role and am receiving training and I feel supported by my manager."

Staff had completed all mandatory training, identified within the Domiciliary Care Minimum Standards (Isle of Man Department of Health and Social Care). Staff had also completed additional training to meet the individual needs of the clients they attend.

Staff members had received a minimum of four, one-to-one supervisions per annum and had received an annual appraisal of their performance.

The interim manager had started their Regulated Qualifications Framework (RQF) level five training in Health and Social Care. Three staff members within the team had attained level three training in health and social care.

The interim manager had not completed observations of staff working with the service users due to the nature of their condition; however, they had read all daily notes and gathered feedback from the service user's family on a regular basis.

Staff had attended team meetings regularly and the service users were an agenda item to be discussed.

Staff had their competency in administering medication to the service users assessed on an annual basis.

Action we require the provider to take

Key areas for improvement:

- Action is needed to complete capacity assessments and conduct best interests decisions meetings for clients lacking the mental capacity to make informed decisions regarding their on-going care and support.

[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 requires one improvement in this area.

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

Ensuring people are well treated and supported; respecting equality and diversity

The provider had reviewed the service user's care plans and risk assessments annually, together with the service user and their family members.

A number of family members told us that the service had undergone staffing shortages. They reported that, if a member of staff was unavailable due to sickness absence or annual leave, the service user did not receive a service during that time. We recommend that the provider have a sufficient number of staff trained and experienced in working with all service users, to cover any annual leave and sickness absence. This is an area for improvement from the previous inspection.

Staff had received specific training to meet the individual needs of the clients. Care plans and daily records showed when clients with a cognitive impairment were still able to communicate their wishes and parents were available to support staff with communication.

There was evidence that the provider had referred to other health care professionals, and other services, if the client's needs had changed significantly. The service had worked as part of a multi-disciplinary team, and the family, to meet the individual needs of the service users.

The interim manager cross-referenced the rotas with the staff timesheets to evidence that the amount of time spent with the clients corroborated with their service contract.

Family members of service users told us they were happy with the carers that visited them, saying they were very kind and patient. One family member told us, "I have nothing but positive things to say about [the manager] and the team. They are incredible."

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

The manager had reviewed clients care plans and risk assessments monthly. The service user and their family members were involved with the annual reviewing of the care package.

Staff had access to the service users care plans and risk assessments, included information promoting as much independence for the service user, as possible.

The service user's cultural and religious needs and practices were identified during the initial assessment. The provider had a policy and procedure addressing equality, diversity and inclusion and staff had attended training in this area.

Family members said they felt included in the planning and decision-making involved in the care of the service user.

Action we require the provider to take

Key areas for improvement:

- Action is required to recruit to the current vacancies to enable each person to have their agreed support hours (this is carried from the previous inspection).
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

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

Meeting the needs of some of the service users had included the support and participation from significant other people to the service user, including family. Family members had signed documentation, demonstrating their support. Daily records demonstrated good communications with headings, 'What had been done today', 'Planning and choice making', and prompts to complete other records.

There was evidence that the provider had reviewed the service users' care plans, specifically to demonstrate fulfilling the commissioned service aims and objectives.

There had been good communications with health care professionals. Care plans had included information from other services supporting the care of the service users, such as the Community Mental Health Team. Initial assessments had included support from social workers.

Care plans and daily records showed that the service had supported clients to keep in contact with community groups, for example, 'Gateway - Centre 21' and disability classes at the National Sports Centre.

The 'Person Supported Handbook' provides clear information on the types of support the agency can provide.

Feedback indicated that the services provided was reliable; however, since staff have been unable to use their own transport, services provided to the service users had become more restricted.

Family members told us communication was very good at all levels and the service was flexible if there were changes to call times requested.

Staff told us the interim manager always informed them if there was information they needed to know.

Improving care quality in response to complaints and concerns

The service had a complaints policy. Service users had received an easy-read version of the complaints procedure, to meet their individual needs. The complaints procedure was posted on the notice board within the office, for the benefit of the staff.

The provider's statement of purpose contained information on how to make a complaint, and the 'Person Supported Handbook' had a complaints section, ensuring people knew what to expect from the complaints process.

The interim manager told us there had been no formal complaints received about the service.

Family members of the service users told us they felt confident that, if they were unhappy about something, they would discuss this with the interim manager, who would address any issues to their satisfaction.

Registration and Inspections Team have not received any concerns in relation to this service during this inspection period.

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 one 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?

Systems were in place for the monitoring and reviewing the quality of care provided to the clients. There was a 'Quality of Life' document, which contained check tools to measure the physical, environmental and wellbeing of the service users.

The service had a 'Quality Assurance' file, containing a policy and procedure and framework in which to measure the quality in service delivery.

The provider conducted peer-to-peer inspections and carried out quality assurance surveys with staff, service users and their families. The provider also supported the service users living in the cottages with infection control audits.

Staff completed monthly audits of the service users working files, which the interim manager crosschecked to ensure quality and accuracy.

The interim manager completed 'Monthly Practice Returns', which were reviewed to identify any trends in accidents, incidents or concerns, which would lead to improvements in service delivery or practice.

The interim manager had completed a minimum of four one-to-one supervisions with staff members, in the previous year and an annual appraisal of their performance.

The interim manager demonstrated an understanding of the legislation applicable to their service and their legal requirements under the Regulation of Care Act 2013.

The interim manager told us there had been no missed care calls since the last inspection, although there was no structured system in place to monitor and evidence this. There was no procedure or protocol for staff to follow in the event they were going to be late to a call, or were not able to meet with the service user. This will be an area for improvement.

The interim manager had an undated job description, identifying their role and responsibilities. We recommend that the manager's job description displays a date, to ensure it is current and identifies any future changes in the manager's role and responsibilities.

The manager had delegated a number of tasks and responsibilities to staff members, including infection control audits, fire warden responsibilities, first aid supplies, health and safety and service user' meetings and reviews.

Staff and family members of the service users believed the service was well managed.

How does the service work in partnership with other agencies?

Information contained within the service users' care plans demonstrated that the provider had worked in partnership with other agencies.

Action we require the provider to take

Key areas for improvement:

- Action is needed to ensure that there is a procedure or protocol in place, informing staff what to do if they are late to a visit, or unable to attend a visit to a service user.
[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.