

# Inspection Report

## 2023-2024

## Northern Care

Domiciliary Care

20<sup>th</sup> 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 20th March 2024. The inspection was led by an inspector from the Registration and Inspections Team.

### **Service and service type**

Northern Care 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**

- Assessment and care planning documentation contained all significant domains.
- Peoples care needs were assessed prior to service commencement.
- All staff supervisions and appraisals were up to date.
- Service recipients had received an annual review of their needs.
- The service was caring
- 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

- We did find some areas of improvement. This included identification and management of risk, annual competency of staff in relation to medication administration and the development or strengthening of existing policies in relation to the use of bed rails, surveillance cameras, managing allegations against staff members and mental capacity.

**About the service**

Northern Care 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 Parliament Street, Ramsey.

**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.

In addition, a deputy manager is in post and they hold 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 20th 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 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 not always 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.

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

Safeguarding training is part of the induction process. The staff we spoke to confirmed they were able to identify abuse and take appropriate action in the event of a safeguarding concern.

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 Northern Care had developed a policy in relation to this.

The service has recently transitioned from paper files to a digital platform. This provides a comprehensive assessment, daily recording, task management and care planning system. The system will send alerts to the management team, for example if a call or task is not completed. The manager has regular oversight of this which helps to keep people safe.

Support workers help to maintain people's safety by raising concerns to managers. We saw evidence of this during inspection.

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. Feedback received corroborated this.

The service has a policy in relation to "Anti- Bribery, Gifts and Wills". This helps to guide and protect staff, and people using the service. In discussing

a recent incident, we suggested this policy be strengthened to provide better clarity for staff and service recipients.

All regulated providers are obliged to notify Registration and Inspections of events that occur during the provision of services. Prior to the new digital system, accident and incident forms were used to record accidents and incidents.

We were notified by the service of incidents that had occurred this inspection year. The service does not maintain an accident and incident log therefore it was not possible for us to be assured we had been notified of all events.

The service initiated a formal safeguarding concern appropriately this inspection year. There was proof of learning from this situation evidenced in discussion with the Registered Manager and specific training provided to staff in response to it.

There have been no whistleblowing incidents 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.

We identified gaps in the development of risk assessments and risk management in one file we looked at. This included missing individual risk assessments to correspond with a person's initial assessment of need and support plan.

The lack of a specific risk assessment in relation to the use of bed rails was an area of improvement in the previous inspection. Whilst there is an embedded risk assessment for this purpose within the new digital platform, there wasn't a completed risk assessment in place where bed rails were a feature.

Care plans and risk assessments were reviewed appropriately.

There were clear protocols in relation to entering and exiting people's homes however comprehensive environmental risk assessments were not consistently in place. We discussed this with the Registered Manager. This discussion helped to identify transitioning away from paper-based systems to the digital platform had been a challenge and disrupted practices that had previously been routine.

We saw evidence a new assessment of need was part of a person's annual review and that care plans and risk assessments had been updated as needed.

Training records demonstrated basic moving and handling training had been provided to staff. We were told further training is obtained from a local training company when needed.

Where the service is not responsible for the servicing of equipment used in people's homes, such as hoists, they are required to ensure the equipment remains safe for use by staff and the service recipient. It was clear the manager understood this responsibility. Systems to evidence the consistent tracking of equipment maintenance were not in place.

### **Staffing and recruitment**

We examined recruitment files and found that employment and character references had been obtained.

New starter's suitability checks were actioned through the Disclosure Barring Service (DBS) appropriately.

Required identity checks were obtained in order to process DBS checks, however, this information was not consistently recorded on to recruitment files.

It is a requirement that providers renew DBS checks for existing staff every three years. The manager told me some staff were approaching this timeframe however there was no formal system in place to keep track of this.

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

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

### **Action we require the provider to take**

Key areas for improvement:

- The Registered Manager to develop a Managing Allegations Against Staff Members (MASM) policy so the service 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 checks for existing staff are tracked and traced to evidence staff remain suitable to work for the service.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.
- The Registered Manger must ensure records in relation to recruitment checks are fully maintained to evidence safe recruitment.  
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- Action to be taken by the Registered Manager to ensure when risks people face are identified they are assessed and managed appropriately.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- The Registered Manager to ensure environmental risk assessments of people’s homes are consistently completed.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- The Registered Manager to develop a track and trace system for the maintenance and servicing records of equipment in people’s homes.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- The manager to ensure risk assessments for the use of bed rails are in place where they are used and to ensure staff understand how to safely use bed rails.  
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

### **Recommendation**

The Registered Manager to strengthen the companies “Anti- Bribery, Gifts and Wills” policy to provide better clarity for staff and service recipients.



### 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 not always effective.

#### **Assessing people’s needs and choices; delivering care in line with standards, guidance and the law**

Assessment and care planning formats used were holistic containing all significant domains.

Records and feedback from service recipients demonstrated the involvement of service recipients and their significant others in this process.

Best practice tools such as body maps, eating and drinking charts and medication administration records were in use.

Care plans were written clearly, being followed by staff and regular entries were added to people’s digital files at the end of each care call.

Records demonstrated people’s independence and choices were promoted.

We do not currently have Mental Capacity Act legislation on the island, however, there is an expectation all health and social care providers operate to best practice principles. There is dedicated space for consideration of mental capacity within the assessment and care planning format used by the service.

It was agreed with the Registered Manager strengthening of approaches to reflect mental capacity best principles in assessments and care records was required. This will help to ensure clear guidance is available to help staff regarding people’s abilities to make significant and day to day decisions and choices

Some records continue to be kept in people’s homes such as copies of care plans, communication books and emergency contact sheets. There will be options in the future for people to have electronic access to their care records once the new digital platform is fully embedded.

In the files selected, signed contracts of engagement and information sharing agreements were signed appropriately.

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

There has been a delay in the Registered Managers completion of Level 5 in Leadership for Health and Social Care (Qualifications and Credit Framework). Timely completion of Level 5 by the Registered Manager will be an area of improvement in this report.

The Deputy Manager has recently completed Level 3.

We reviewed files of staff employed since the last inspection. Staff received a structured in house induction. New staff shadowed more experienced staff. On many occasions, this was the Registered Manager. All new staff are subject to a three months' probation period.

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.

Training is delivered in-house and by external local providers, health professionals and online.

All staff had completed their mandatory and refresher training. We could see supplementary training had been given to staff, for example diabetes, nutrition and diet, alcohol misuse and infection control.

Staff supervisions and appraisals were up to date according to the services records.

The management team often work alongside staff and take part in the rota. This helps to keep in touch with the quality of care provided. In the staff records we viewed, unannounced observations of staff had taken place to a consistent format. There was however no track and trace system to demonstrate all staff had been observed in this manner.

All staff had completed initial medication awareness training. Annual competencies in relation to medication administration had not taken place. This will be an area of improvement.

Regular staff meetings took place.

## **How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment?**

We found communication about people was not systematically recorded on people's files in the central office. This meant there were recording gaps in exchanges of information, evidence of coordination and in any corresponding actions.

## **Action we require the provider to take**

Key areas for improvement

- The Registered Manager 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

- The Registered Manager to ensure all staff receive annual competency assessments in relation to medication administration.  
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- The Registered Manager to complete Level 5 in Leadership for Health and Social Care (Qualifications and Credit Framework) within one year.  
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- The Registered Manager 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

### **Recommendation**

The Registered Manager to develop a system to track and trace unannounced staff observations.

### 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 client guide of Northern Care Ltd states their objective is to provide “high level care to the community in the North of the Island.”

Aspects such as religious needs and gender preferences were an embedded feature of the assessment process and records confirmed these areas were supported.

We read recent compliments received by the service through annual surveys. Phrases to describe support workers included “genuine sense of caring at all times”. Responses seen in surveys were overwhelmingly positive.

We also read a recent compliment received from an external agency and this was very complimentary about the caring attitude of staff.

People we spoke to used phrases such as “all superb”, “very much treated with respect”, “attentive and compassionate”.

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

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

Records and feedback confirmed annual, and more regular 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. The manager further demonstrated consideration of communication needs through advice currently being sought in relation to visual aids.

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

Themes of privacy and dignity were covered during induction and ongoing through supervision and staff observations. The manager spoke to us about the importance of role modelling and mentoring.

The Registered Manager has regular touch points with service recipients and significant others, this also helps to ensure people receiving a service are well treated.

Records were securely stored digitally or in locked cabinets.

Expectations regarding confidentiality are laid out in the service user guide.

People's records were written using strength based and respectful language.

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

### **Action we require the provider to take**

Key areas for improvement

- None

### **Recommendation**

We recommend the Statement of Purpose and Service User Guide are strengthened to provide more information in relation to the values of the company.

## 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 provides clear information on the types of support the agency can 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 people are helped by a consistent team of support workers to maximise continuity of care. This approach was reflected in staff rotas and in feedback we received from people supported.

It was evident from discussions with the Registered Manager they were very familiar with people’s circumstances and specific requirements.

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

We saw a wide range of appropriate information contained in people’s records, for example in relation to health and care needs, personal histories, important people, pets, communication needs and allergies.

Care records reflected support plans were being followed.

Packages of care currently provided by the service ranged from overnight support, regular care calls or companionship visits.

There was evidence demonstrated in discussions with the Registered Manager of changes in need responded to or concerns highlighted appropriately to professionals or significant others. This was further corroborated in feedback received. One family member provided examples of regular communication initiated by the service to highlight concerns about their relative.

Responses we obtained from service recipients, significant others and staff reflected communication with the service was very good and demonstrated the service was responsive to people’s needs.

#### **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.

Complaint forms are also contained within files held at people's homes.

There was a process to record and file complaints. There had been one formal complaint received since the last inspection. This had been dealt with appropriately.

There was no structured system in place for the evaluation of complaints. This issue is addressed later in the report relating to quality assurance.

We recommended the service develop a system to record low-level concerns and actions as good practice.

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.

### **Action we require the provider to take**

Key areas for improvement

#### **Recommendation**

The Registered Manager to develop a system to record low-level concerns and corresponding actions.

### 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 this includes a Registered Manager and deputy manager with designated responsibilities.

The Registered Manager is passionate about the service and the quality of care provided to people supported. Pride in the staff team was also evident.

The Registered Manager was open about challenges faced in balancing the management of the service with a “hands on” approach. The manager told us there was an intention to recruit administration support to help with this.

Changes to the service since the last inspection include the phasing in of a new digital platform and an office move.

As highlighted in this report, adapting to the new digital platform has impacted on existing systems and processes. The manager has agreed to ensure all gaps in information and processes are addressed as a priority.

The Registered Manager acknowledged there had been an oversight in not notifying Registration and Inspections of a significant change to office arrangements through the acquisition of additional premises.

It is good practice for domiciliary care providers to have systems in place to monitor missed calls. We have not received any notifications from this service in relation to missed calls during this inspection year. Whilst the new digital platform will alert to a missed call there is currently no structured logging and audit system in place to oversee this.

Governance arrangements undertaken by the Registered Manager include unannounced observations of staff, regular quality visits to service recipients, staff supervisions and surveys completed by service recipients.

It was a requirement of the last inspection to develop structured quality assurance systems to ensure the quality and safety of service provision was evaluated. This helps to highlight learning and demonstrate good outcomes. Areas covered in this context should include accidents and incidents, safeguarding, complaints, compliments, survey



outcomes, punctuality, missed calls and quality and consistency of records. This area of improvement is to be carried forward.

An annual report is produced by the Registered Manager.

People who used the service told us the management team were very approachable.

The service was well led according to staff we spoke to. Staff described the registered manager as “brilliant” and “genuinely caring”.

We acknowledge Mental Capacity legislation is not 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 people supported.

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 on legal responsibilities as an employer.

### **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, safeguarding and working with professionals in the best interests of people supported.

The Registered Manager was open and transparent with the Registration and Inspection team during inspection.

### **Action we require the provider to take**

Key areas for improvement

- The Registered Manager 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 Registered Manager 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](#)
- The Registered Manager to develop a structure quality assurance system to demonstrate good outcomes for people supported and to highlight any required improvements.

This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – Review of Quality of Care.

- The Registered Manager to ensure Registration and Inspections are notified of all significant changes or events as per statutory requirements.  
This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 – Notifications
- The Registered Manager to ensure gaps in information and processes that have occurred when transitioning from paper records to a digital operating system are remedied as a priority.  
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records

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.