

Inspection Report

2023-2024

Forget Me Not Care IOM Limited.

Domiciliary Care

20 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 the 20 February 2024. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Forget Me Not Home Care IOM Limited is a privately owned domiciliary care agency. The service arranges for others to be provided with personal care and support, with or without practical assistance, to those in their own private dwelling across the Isle of Man.

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 conducting team meetings, capacity assessments for people who lack the capacity to make their own decisions and staff supervisions.

There were systems and processes in place to protect people from abuse and harm. Staff understood their responsibilities to raise concerns and report them internally and externally.

People had their physical and social needs holistically assessed to ensure services were person-centred and met all of their needs. Staff worked together to ensure that people received consistent, timely care and support.

Staff treated people with kindness, respect and compassion in their day-to-day care and support.

Care plans and risk assessments met people's individual needs and were reviewed regularly.

The manager regularly reviewed and monitored the quality of care people were receiving from the carers. The service worked with other agencies to ensure the client received the care they needed.

At this inspection, we found all areas for improvement from the previous inspection had been met.

About the service

Forget Me Not Home Care IOM Limited is registered as a domiciliary care agency set up to deliver care and support to people who live in their own homes across the Isle of Man. The service is operated from a premises located in Tromode, Douglas.

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 19 February 2024. We visited the location’s office on 20 February 2024 and received further information to conclude the inspection process on the 7 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, team meetings and satisfaction surveys. We spoke with the manager throughout the inspection.

After the inspection

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

We received feedback from three 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 not require any improvements in this area.

This service was found to be to be 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 2023.

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

The manager had submitted notifications of all significant events to the Registration and Inspection team in line with regulatory requirements. The manager used information from any incidents or accidents to identify trends, which led to developing areas for improvement, to keep people safe from harm.

The manager reported that they had not had any missed calls to any of their clients. The Manager monitored the electronic care system the provider used, which 'flagged' any missed calls to clients. The manager also cross-referenced staff timesheets to the calls logged on the electronic system.

Staff had facility to raise any concerns and pass on any critical information relating to the clients, using 'Pin Notes' within their digital electronic file. All staff members monitor the 'pin notes' prior to any visit. Staff also had access to a manager during working hours. Each member of staff had the contact details of the manager, or the on-call manager, whilst they were on a visit.

The provider had also set up a 'WhatsApp' group, to include all members of staff. The manager and staff members used this to share information, including prudent information regarding the on-going care of the clients.

People receiving a service told us they felt safe with the carers and if they had any concerns, the carers would know what to do.

Assessing risk, safety monitoring and management

The provider had completed a comprehensive assessment prior to the person receiving a service. The manager used this assessment, supplemented by other information from the client's family, where necessary, to develop person-centred support plans and risk assessments for the person.

Where there was a potential risk of harm in delivering the level of care and support to the person, the manager had produced comprehensive risk assessments. This ensured the health and safety of the client and the staff providing the care and support.

All staff used an application on their mobile phone to remotely access the electronic care records of the clients. This ensured that all staff had access to the most up-to-date care plans and risk assessments when visiting the client.

The manager had produced environmental risk assessments to cover any potential harm within the office and the client's home. The provider had a risk management policy, which had been reviewed in February 2024.

Equipment used to support the individual needs of the client was visually checked prior to use, in line with the provider's 'Equipment Maintenance Policy'. The manager had last reviewed this policy in January 2024. Clients who required the use of equipment or mobility aids each had a risk assessment in their use. Staff visually inspected any lifting equipment prior to it being used, raise any concerns to the manager and enter the details within the clients' records.

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 electronically, which were clear and legible and identified the hours assigned to each client. The manager and deputy manager made themselves available to cover any shortfall in the rota, caused by staff annual leave or unexpected sickness absence.

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 not to be always effective in line with the inspection framework.

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

All clients had a comprehensive assessment of needs and choices completed prior to receiving a service. All clients also had comprehensive care plans and risk assessments, which identified their next review dates. Previous care plans were also available for inspection.

Staff members told us they had access to the clients’ care plans via an application on their mobile phone. One said, “It’s easy to see what support a client requires on each visit.”

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

The provider maintained and updated clients’ records and information on a digital platform. This ensured all clients’ records were kept securely, but had provision for all of the staff members to access when visiting the client. The electronic system showed when staff had arrived and departed from a client’s home. This allowed the manager to cross-reference the time spent with a client against the agency’s contractual obligations.

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

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 showed that family members, or significant others to the client, had supported them during the initial meetings, when setting up the service, and with their continued care.

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 interest’s decision meetings, in line with those best practice principles.

Staff support; induction, training, skills and experience

Staff had completed an induction programme. The manager had signed off each section upon completion.

Staff had completed all mandatory training, identified within the Domiciliary Care Minimum Standards (Isle of Man Department of Health and Social Care). Some staff had completed additional training to meet the individual needs of the clients they attend. The manager informed us of the agency’s plans to purchase further training packages in March 2024.

One member of staff told us, "I am in training with my current role and feel I am supported with this."

The manager had carried out 'spot-checks' on staff within the clients' homes and has recently started workplace observations.

Staff meetings had not been carried out with any regularity. The manager had spoken of some difficulties gathering all of the team together for the purpose of team meetings; however, staff had access to group 'WhatsApp' to pass on information on a daily basis, and also used 'Pin Notes' within the clients' digital electronic file.

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

Action we require the provider to take

Key areas for improvement

- Action is needed to demonstrate mental capacity best practice principles are incorporated in to policy and practices of the service
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- Action is necessary to ensure that team meetings are held regularly.
[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 in line with the inspection framework.

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

Care plans and risk assessments had been reviewed regularly, together with the client, and their family, if necessary.

The manager ensured that each client had a number of staff assigned to support him or her with their needs. This ensured that the client had consistency of care, if a member of staff was unavailable due to annual leave or sickness absence. Care plans and risk assessments had been signed by each member of staff, signifying they had read the documents pertaining to the client they were assigned.

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 make decisions relating to their care and support.

Staff had made daily notes within the clients' electronic care records. 'Pinned notes' had identified any tasks completed by the staff members, and shared any concerns. There was evidence that the service had referred to other health care professionals, and other services, if the client's needs had changed significantly.

The provider had a system for identifying the length of time the carers had visited the clients. The amount of time spent with the clients corroborated with their service contract.

Service recipients told us they were happy with the carers that visited them and that they arrived and left on time. Carers often asked the clients if there was anything more they could do before they left their home.

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

Staff were kept informed of the client's needs by means of their on-going assessments, care plans and risk assessments. Staff had access to these using an application on their mobile phones. Care plans and risk assessments included information promoting as much independence for the client, as possible. The manager had reviewed clients care plans annually, or sooner, if their needs had significantly changed.

The 'Clients Guide to Care in your own Home' document included information regarding confidentiality, informing the clients on how the provider was handling their personal data, ensuring it remained safe and only specific staff had access to it. Information was being stored on an electronic database. Staff could only access the information if they had a password and Personal Identification Number. Paper records were stored in a locked cabinet within an office that remained locked when not in use.

Client's cultural and religious needs and practices were identified during the initial assessment, including the clients' gender preferences for staff offering support with their personal care.

The provider had a policy and procedure addressing equality, diversity and inclusion; however, at the time of the inspection, staff had not received training in this subject. The manager assured the inspector that the provider would be introducing this training programme with a number of other courses, in the near future.

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 clients had included the support and participation from significant other people to the client, including family and friends. Documents had been signed by the client, and significant others, demonstrating their support.

There had been good communications with health care professionals and other agencies. Care plans had included information from other services supporting the care of the clients, such as Speech and Language Therapists and the Older Persons Mental Health Team. Initial assessments had included support from social workers, where necessary.

The service had reviewed care plans and risk assessments regularly, in line with their regulatory responsibility, or when necessary, to meet the changing needs of the clients.

Care plans and daily records showed that the service had supported clients to keep in contact with community groups, for example, the Southern Befrienders, church groups and Manx Decaf.

Improving care quality in response to complaints and concerns

The provider had a complaints policy, which had been reviewed recently. The provider had not received any formal complaints since the last inspection but had received four ‘grumbles’, which the manager had logged as such and resolved the issues to the clients’ satisfaction.

The provider’s statement of purpose contained information on how to make a complaint, and also the ‘Clients Guide to Care in your own Home’, ensuring people knew what to expect from the complaints process. The policy assured clients that there would be no repercussions, to the client, for making a complaint.

Service recipients told us they felt confident that, if they had a complaint, the manager would address any issues to their satisfaction.

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. The manager conducted 'workplace monitoring visits', to assess the care provided by the carer and to receive feedback from the client. The manager also checked on the quality of the daily log entries.

The provider had an electronic care system, monitored by the manager, which 'flagged' any missed calls to the clients.

The provider informed clients they could contact an on-call manager with any concerns during visiting hours, and they had a manager available for contact out-of-hours.

There was no evidence that the manager had completed a minimum of four one-to-one supervisions with staff members, in the previous year. This will be an area for improvement.

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

The manager and Head of Care Support each had a current up-to-date job description, identifying their role and responsibilities.

The manager had delegated two staff members within the service, with more tasks covering the on-call responsibilities and the Head of Care Support had been offered management training.

The manager informed us they were keen to grow and develop the team and for each member of staff to expand their abilities.

Staff members told us they felt that the manager was approachable and they could raise any concerns to them. One said, "If I need to discuss a client's needs [the manager] always makes themselves available and gives the time to make sure I feel supported and confident in my role."

How does the service work in partnership with other agencies?

Information contained within the clients 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 required by the manager to ensure that all staff members receives a minimum of four one-to-one supervisions per annum.

This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

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.