

Inspection Report

2023-2024

ARC Care at Home

Domiciliary Care

21st March 2024

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Killeya Ghaan 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 21st March 2024. The inspection was led by an inspector from the Registration and Inspections Team.

Service and service type

ARC Care at Home is a privately owned 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 supported told us they were very satisfied with the overall service and described the support workers as well trained, wonderful and caring

There was a high level of compliance amongst staff with mandatory and refresher training and staff supervision.

Service recipients received six monthly review of their needs and were engaged in this process.

Areas of improvement from the previous inspection had been actioned.

We did find some areas of improvement. This included archiving of records, strengthening the provider's governance framework and the development of policies in relation to the use of surveillance cameras and mental capacity guidance.

About the service

Arc Care at Home is a privately owned 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 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.

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 21st 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), information we hold about the provider such as statutory notifications, and any safeguarding issues.

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, policies, staff supervisions, team meetings and satisfaction surveys and complaints.

After the inspection

We spoke to service recipients and sought feedback from staff members.

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 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 using the service from abuse.

We reviewed the providers "Safeguarding Adults" policy. The policy is linked to local safeguarding referral procedures although definitions of abuse could not be found within this. We recommend the safeguarding policy is updated accordingly.

The service has Whistleblowing, MASM (Managing Allegations Against Staff Members) and Acceptance of Gifts and Legacies policies in place.

We saw evidence 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.

In discussing safeguarding with the Registered Manager we identified it may be helpful to monitor developments and training opportunities on the Isle of Man Safeguarding Board webpages, particularly in relation to the role of Safeguarding Lead.

The Registered Manager told us being approachable and maintaining an open door policy for both staff and people supported was important to encourage people to come forward with any concerns. This was illustrated in feedback we received.

The service operates on paper-based records. Daily records are kept within people's homes alongside copies of assessments and support plans. This practice therefore relies on good communication between staff, people who use the service and the management team for information sharing. The service has systems in place for this.

Feedback we received from people using the service demonstrated daily logs were detailed and clear.

There were no archived daily logs held on site and there were no communication logs in people's files held in the central office. It was therefore difficult for us to establish if issues brought forward to managers

in relation to service recipients were responded to appropriately; although staff and service recipients told us matters were dealt with in a timely way.

Regulated providers are obliged to notify Registration and Inspections of events that occur during service provision. Registration and Inspections had not received any notifications from this service this inspection year.

No safeguarding or whistleblowing concerns have been raised in relation to 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 helps to keep people safe from harm.

Prior to a service commencing people's needs were assessed and environmental risk assessments were undertaken.

Following pre-assessment, care plans and risk assessments were developed to help minimise and anticipate the risks people faced.

Specific risks such as allergies or falls were highlighted.

Assessments, risk assessments and support plans were reviewed appropriately. The manager told us if changes occurred to individual needs records were up dated centrally and out of date records retrieved. Feedback we received from service recipients confirmed this.

Moving and handling training had been completed by staff.

It is the responsibility of employers to ensure lifting equipment used by employees is serviced by the individual or agencies who are responsible for it. It was evident from discussions the manager understood this responsibility. The service did not have a system in place to track equipment used in people's homes is maintained by the agency responsible, or to evidence that all reasonable steps in this regard had been taken.

Staffing and recruitment

The provider has recruited safely. We examined recruitment files. Identity checks, employment and character references were completed.

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

It is a requirement for providers to renew DBS checks for existing staff every three years. There was a system in place to keep track of this and all were up to date.

Staff rota's were clear and legible.

Arrangements to deal with unexpected staffing absences were handled by the management team and staff agreeing to extra hours.

Action we require the provider to take

Key areas for improvement:

- The provider to review and strengthen its Safeguarding 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 Registered Manager to ensure all records are archived on site and available to Inspectors.
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records](#)
- The Registered Manager to ensure records to track servicing of equipment used by staff are in place.
[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)

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

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

Assessment and care planning formats were holistic and contained most significant domains. Assessment and care plans were clear and easy to follow.

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

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

We acknowledge mental capacity legislation is not on the Island. Providers should be relying on best practice principles to establish a bridging position in order to support people who use the service and support staff.

Training records demonstrate staff have received training in relation to mental capacity.

Where a persons’ mental capacity may affect particular areas of a support plan we recommend the service strengthen its assessment and care planning arrangements to incorporate more detailed information in relation to this and the impact on people’s abilities and support needed.

Service guidance for mental capacity should also be developed to help guide staff and people who use the service.

Assessment, care planning records and daily logs were accessible to people as they were kept in people’s home. We were told documentation could be produced in large print format if needed.

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 working towards Level 5.

Staff received an in house induction and were provided with an induction pack. New staff shadowed more experienced staff, and all new staff were subject to a six month probation period.

Training records demonstrated all support staff had received mandatory and refresher training according to Domiciliary Care Minimum Standards (Isle of Man Department of Health and Social Care). Supplementary training according to people's needs such as dementia care and falls prevention had also been provided.

Most staff had attained Level 2 or above in a relevant health and social care qualification. We also saw evidence of people working towards higher qualifications. People described staff as well trained and one person commented staff were "very good at their job". Staff talked positively about training provided by the service. One staff member told us training was "very good" and they were "constantly updated".

Staff supervisions were given in a one to one and group format. Appraisals were up to date. We could see from appraisals professional development was encouraged.

The Registered Manager told us managers providing supervision had received appropriate training to be competent in this skill. A training pack for supervision was shown to the Inspector, however, training records did not evidence supervision training had been provided to staff who were supervising others.

Annual practice observations and medication competency checks had been undertaken.

Regular staff meetings had taken place.

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

There were systems in place to manage internal communication.

The manager communicated regularly with staff through regular telephone and messaging communication, group emails, staff meetings and supervisions.

Daily care notes were written by support staff in daily log books which are held in the person's home. We found communication involving the central office was not systematically recorded on to people's files held in the central office. This meant there were some gaps in recording exchanges of information that involved the central office, for example conversations which involved external professionals and the Registered Manager.

During inspection, we discussed this issue with the Registered Manager who took steps to address recording of communication on peoples' files going forward.

Action we require the provider to take

Key areas for improvement

- The Registered Manager to complete mandatory training as per statutory requirements.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)
- The Registered Manager to strengthen consideration of mental capacity principles and the practical application of this 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 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](#)

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 statement of purpose, staff code of conduct, company policies and induction programme lay out values and expected behaviours of staff.

The service user guide sets out what service recipients can expect from staff.

The manager told us attributes such as being kind and compassionate were important factors considered in staff interviews.

Assessment documentation demonstrated people's choices were recognised.

Feedback we received from the service recipients we spoke to was universally positive in relation to the caring attitude of the staff team. Words used included "kind", "professional" and "wonderful". People told us they did not feel rushed. We also read positive feedback received in the office on the day of inspection.

Aspects such as religious and communications needs embedded in to the assessment process.

The manager told us gender preferences were recognised in relation to care support where this was an issue. We recommend gender preferences be built in to assessment documentation as good practice.

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 and care planning process.

People supported received twice-yearly reviews.

Feedback we received illustrated ongoing involvement and consultation with people supported. One person said of the care team, "they always ask is there anything else I need".

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

Upholding privacy, dignity and respect is part of the philosophy of care set out in the company's statement of purpose. Training on privacy and dignity is given to staff during the induction process.

Assessment and care planning documentation were written in a manner to promote people's independence with statements on how to maximise a person independence.

One family member told us the carers helped to maintain their relative's mobility.

Paper records held in the office were stored securely.

Action we require the provider to take

Key areas for improvement

- None

Recommendation

We recommend gender preferences be built in to assessment documentation as good practice.

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 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.

Working in a person centered way forms part of the induction process.

People’s assessments contained helpful information in relation to their personal histories, social circumstances, daily living, preferences, health and welfare needs. There was guidance for staff to support effective communication with people where needed.

The manager told us the company has a small staff team which helps to ensure continuity for people supported. Feedback from service recipients and staff confirmed only familiar staff were undertaking care calls, new staff were introduced appropriately.

Packages of care currently provided by the service were to a maximum of four daily calls. There were no overnight or twenty-four hour packages.

People told us carers were responsive to changes in need and one person told us the care team would spot issues they had not seen for themselves.

Feedback reflected the service provided was reliable, and in one instance, “even when it snowed and carers had to walk”.

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

One staff member told us they were “kept in the loop” by the management team if there was information they needed to know.

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.

The Registered Manager told us there had been no formal complaints received about the service.

The Registered Manager explained to us how complaints would be dealt with.

An example provided by a service recipient of a low-level concern demonstrated this was dealt with appropriately and satisfactorily.

All of the people we spoke to said they were confident in raising concerns to the management.

The service does not have an established complaints log. A complaints log should be developed as part of the services quality assurance framework and will be addressed later in this report. We also recommend the service develop a system to record low-level concerns and outcomes as a matter of good practice.

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

Action we require the provider to take

Key areas for improvement

- None

Recommendation

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

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 with designated roles and responsibilities. The structure includes a Company Director, Registered Manager, Deputy Manager, senior care staff and support workers.

People we spoke to were familiar with the structure of the organisation.

The Registered Manager is passionate about the quality of service provided and the caliber of the staff team. The manager said they were most proud of the team dynamics and examples of good care. Staff feedback reflected a supportive and dedicated team.

The manager described keeping track of best practice and research. Examples given were receiving weekly electronic updates from relevant organisations such as Carers UK, the Nursing Times and accessing platforms such as Social Care Institute of Excellence (SCIE) and National Institute for Health and Care Excellence (NICE).

The Registered Manager has produced an annual report.

Feedback from staff and service recipients demonstrated the management team were very approachable.

Service recipients confirmed they received regular contact from the Registered and Deputy Manager.

Staff and service recipients believed the service was well managed.

Quality assurance activities undertaken by the Registered Manager include unannounced observations of staff, regular quality visits to service recipients, staff supervisions and surveys completed by service recipients. The Registered Manager is also heavily involved in day to day operations.

The registered manager told us quality checks were made on retrieved care records, punctuality of care calls and there had been no missed care calls since the last inspection. There was no structured system in place to monitor and evidence this on the day of inspection.

The Registered Manager should strengthen existing quality assurance systems to evidence all quality activities that have taken place, and to demonstrate consolidation and evaluation of all quality assurance information. This will help to provide a fuller analysis of quality and safety of service provision, highlight learning and demonstrate good outcomes.

Camera surveillance is an established feature in the home of at least one service recipient. The Registered Manager should develop a policy regarding this and we recommend contact with the Isle of Man Information Commissioner for additional information on legal responsibilities as an employer.

An accident and incident recording system is an essential part of maintaining health and safety records. There was such a system in place, however this included the parent company of "Care at Home" which is not a regulated service under the Regulation of Care Act (2013). A separate recording system must be developed for "Care At Home" in relation to all notifiable incidents reportable under the Regulation of Care (care services) Regulations 2013.

How does the service work in partnership with other agencies?

It was evident from feedback and discussion with the Registered Manager the service works alongside external agencies. For example, in relation to hospital discharge arrangements or signposting people to specialist agencies for help with specific needs.

The Registered Manager was open and transparent with the Registration and Inspection team during inspection. The Registered Manager was also able to evidence prompt action taken in response to a Registration and Inspection request circulated to all providers this year.

All areas of improvement from the previous inspection are completed.

Action we require the provider to take

Key areas for improvement

- The provider to develop a policy in relation to the use of camera surveillance to be assured it is compliant with its GDPR responsibilities as an employer.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The Registered Manager to strengthen approaches to quality assurance to demonstrate good outcomes for people supported, highlight improvements and proof of learning.
[This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – review of quality of care.](#)
- The Registered Manager to develop and maintain an accident and incident log.
[This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – review of quality of care.](#)

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.