Department of Health and Social Care

Registration & Inspection

Isle of Man Government
Reiltys Ellan Vannin

Inspection Report 2024-2025

1st Care at Home

Domiciliary Care

Date of Inspection visit: 20 March 2025

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

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 the announced inspection visit on 20 March 2025.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

1. Is it safe?
2. Is it effective?
3. Is it caring?
4. Is it responsive to people's needs?
5. Is it well-led?

These questions form the framework for the areas we look at during the inspection.

In addition, the Care Services Regulations are considered when making regulatory decisions, there are opportunities within these for registered providers to be creative, innovative, and dynamic when applying them to their service. Providers should use them as a baseline from which to deliver and develop services to the people who use them.

Service and service type

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.

1st Care at Home is a domiciliary care provider based in Union Mills. The service arranges for others to be provided with personal care or personal support, with or without practical assistance, to those in their own private dwelling on the Isle of Man.

Regulatory Action in the last 2 years
Improvement notices / amendments / change of manager / inspection

Date	Action	Comments
5 March 2024	Statutory inspection of service	Requirements were made in relation to Regulation 13 – Service recipients plan – reviewing risk assessments, reviewing care plans; Regulation 16 – Staffing – staff Disclosure and Barring Service (DBS) checks, mandatory training, staff medication competency assessments; Regulation 23 – Review of quality of care – including outcomes from quality assurance visits in the annual report.

People's experience of using this service and what we found

- People said that they felt safe with the staff that came into their home.
- Care records were written in detail and personalised.
- Staff were up to date with training.
- The provider worked with external agencies to meet peoples' needs and to provide joined up care.
- Management kept under review the day-to-day culture of the service.
- Staff and clients said that communication with management was good.

Background to this inspection
The last inspection of this service was carried out on 5 March 2024. There were six requirements made. Improvements were subsequently made in most areas which are reflected in this report.

The inspection
This inspection was part of our annual inspection programme which took place between April 2024 and March 2025.

Inspection activity started on 25 February 2025.

Inspection team
The inspection was led by an inspector from the Registration and Inspection Team.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of care at this service. A registered manager is a person who has registered to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

Notice of Inspection
This inspection was announced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

- We spoke with the registered manager.
- We reviewed a range of records. This included three people's care records. We looked at eight staff files in relation to recruitment and induction. Staff supervision records and annual appraisals were examined.
- We reviewed a variety of records relating to the management of the service, including audits.

After the inspection

- We sought additional feedback from family members.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The service was safe.

At the last inspection there were two requirements made in relation to staff Disclosure and Barring Service (DBS) checks and staff medication competency assessments. Improvements had not been made in both areas.

Systems and Processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Staff told us how they would identify and report any safeguarding concerns appropriately and were aware of actions required.

People said that they felt safe with the staff who came into their home.

Staff had received training on safeguarding.

Policies and procedures on safeguarding and whistleblowing were in place. A Managing Allegations Strategy Meeting (MASM) policy had been written. This policy was concerned with managing allegations, which may be made against a staff member working with children and vulnerable adults.

The provider had policies and procedures to protect from discrimination.

Incidents and accidents and near misses were recorded and notifications submitted to the regulator.

When things went wrong the provider demonstrated they carried out reviews and made improvements across the service.

A business continuity plan had been written, addressing any potential disruption to the service.

Assessing risk, safety monitoring and management

Risks were identified on a person's initial assessment, including allergies, which then led to the development of more detailed risk assessments if required, including both on the person themselves and their environment.

Staff supported people to make choices which include understanding risks when promoting independence.

The provider had a policy on managing challenging behaviour.

Individual assessments documented use of equipment in a person's home, such as a standing frame.

Care records were being stored securely in the provider's office and paper records kept in peoples' homes.

Staffing and recruitment

There were arrangements in place to ensure there were sufficiently skilled and suitable staff working with people.

Staff recruitment records were well maintained.

Disclosure and Barring Service (DBS) checks were in place for all staff.

Staff rotas were clear and legible.

People confirmed that generally staff arrived and left on time.

Using medicines safely

Policies and procedures for the safe management of medicines were in place and all staff were up to date with medication training.

One staff member had not had their competency to administer medication assessed on induction. Several staff had not had their medication competency assessed on an annual basis.

PRN / as and when medication care plans did not contain sufficient detail to ensure consistent staff approach in when to administer medication.

Assessments / support plans detailed a person's medication requirements and responsibilities for administration.

Preventing and controlling infection

Systems were in place to manage risk and to prevent the risk of infection. Staff had access to appropriate Personal Protective Equipment (PPE). An infection control policy was in place.

Staff were trained in infection control and food hygiene. Cleaning requirements were identified in care plans where required. A client's environment was checked and assessed if food preparation was a requirement of their care package.

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 was effective.

At the last inspection there were three requirements made in relation to reviewing risk assessments, reviewing care plans, mandatory training. Improvements had been made.

Assessing people's needs and choices; Delivering care in line with regulations, guidance and the law

People received a full assessment of their needs prior to receiving a service.

Care records examined were written in detail appropriate to the support being provided. People's independence was supported and promoted.

Care plans were kept up to date and a new assessment of need completed as part of the review process. There was evidence of clients signing their assessment / care plan.

Assessment, care planning and risk assessment documentation used by the provider were seen to be underpinned by person centred, human rights and equality act principles.

Staff support; Induction, training, skills and experience

The registered manager was suitably qualified and experienced.

Staff were offered the opportunity to attain relevant qualifications.

Staff had completed mandatory and refresher training relevant to the needs of the people they were providing care to. Staff confirmed that they had received sufficient training to care for people. Specialist training to meet the specific needs of individuals was arranged when required.

New staff received a formal induction and undertook shadow shifts as part of the process. Staff were provided with policies and procedures as part of their induction, as well as a staff handbook and a code of conduct. One staff member commented, "the induction that I received was excellent and informative."

Staff were receiving regular supervisions and annual appraisals.

Staff meetings were taking place for staff to discuss clients and the support provided.

Observations of staff practice in people's homes were not always taking place annually.

Supporting people to eat and drink enough to maintain a balanced diet

Dietary requirements and preferences were identified on peoples' initial assessment and further detail provided in support plans when required.

Care records detailed any support required with shopping, eating, and drinking. People's food and fluid intake was recorded if required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

The provider worked with external agencies to meet people's needs and to provide joined up care.

Where required, health guidance from external professionals was incorporated into support plans.

People's health needs were recorded in assessments and care plans as required.

Management attended multidisciplinary team meetings when required.

Ensuring consent to care and treatment in line with law and guidance

Mental capacity legislation is not currently in place on the Isle of Man however best practice is relied upon in this area.

Capacity and best interest decisions were recorded where required.

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 was caring.

At the last inspection there were no requirements made under caring.

Ensuring people are well treated and supported: Respecting equality and diversity

Expectations as to how people should be treated were set out by the provider through its policies, client care user guide, staff induction, supervision and staff meetings and direct observations of practice.

Feedback from clients confirmed that they were treated with care and dignity and that staff had enough time to properly care for them.

Religious and cultural needs were identified when developing care plans.

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

People and their relatives were involved in the development of care plans and in the review process. People said they felt staff listened to them and that communication with the agency was good.

People and relatives were able to share their views through the completion of an annual feedback questionnaire.

Annually the provider carried out quality assurance visits to people's homes, covering areas such as client's needs being met, wellbeing, relationship with carers and any problems.

Respecting and promoting people's privacy, dignity and independence

People confirmed that they were treated with care and dignity.

Care records were written in such a way as to promote dignity, respect, and independence.

Records were kept secure and confidential. Staff were given information on confidentiality and data protection as part of the induction process. The client guide and client contract contained information on how information about people was managed.

Our findings
Responsive – this means we looked for evidence that the service met people's needs.

This service was responsive.

At the last inspection there were no requirements made under responsive.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

Care plans were personalised and captured people's individual needs and preferences. The care plans demonstrated how independence was promoted, and quality of life considered.

Care records were reviewed regularly with regular reviews held with families and the person to ensure they were reflective of current needs.

Staff were familiar with people's needs and preferences. "About me" booklets documented important information about people.

Hobbies and interests were documented on people's assessments.

Detailed care plans were written for people with communication needs.

Improving care quality in response to complaints and concerns

The provider had a complaints policy and procedure. Information on complaints formed part of the client guide and statement of purpose. People were informed of the complaints procedure at the start of a service being provided.

The care home maintained a log of complaints. No complaints had been made since the last inspection.

People we spoke to said they knew how to raise concerns and felt comfortable doing so.

End of life care and support

The provider was not currently providing any end-of-life care.

Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place which was recorded in their care records.

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 was well-led.

At the last inspection there was one requirement made in relation to including outcomes from quality assurance visits in the annual report. Improvements had been made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

The statement of purpose sets out the philosophy and values of the service.

Management kept under review the day-to-day culture of the service by having regular contact with staff and clients.

The staff described how the management team provided support and guidance when required and always focused on improving outcomes for people. Comments included, "they are like family," "always at the end of the line in case something crops up" and "I feel supported by management. The culture is one of looking after not only the clients but taking care of the carers by offering training, open door policy and listening."

Clients said that the level of communication with the provider was good. Some comments included, "highly recommend – fantastic" and "good communication – available to talk when needed."

Staff meetings were taking place, giving staff the opportunity to contribute to the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The registered manager had attained a QCF Level 5 in Management. The management were clear on their responsibilities and had submitted notifications for events affecting the wellbeing of people receiving a service.

Staff received feedback via regular 1:1 supervisions, annual appraisals, and observations of their practice by management. Management kept in regular contact with staff.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

There was a positive and open culture at the service. The provider had systems to provide person centred care that achieved good outcomes for people.

Staff said communication with management was good. Management kept in regular contact with staff and team meetings and 1:1 supervision and appraisals gave staff the opportunity to express their views.

Staff supported people and their families to be fully involved in their care and support. Annual questionnaires were given to people and their families as part of the providers quality assurance process.

People were given the statement of purpose and client guide at the beginning of receiving a service.

How does the service continuously learn, improve, innovate and ensure sustainability?

Most of the requirements identified following the last inspection had been met and ongoing improvement has continued.

The provider strived to develop and improve the quality of service provided.

Learning and improvements were taking place following any incidents and audits to drive quality.

Quality assurance visits to people's homes audited areas such as care files, medication records and the environment.

A quality assurance report 2024/25 had been written, covering areas such as complaints, how quality was measured by the agency and client feedback.

Working with partner agencies

There was evidence that the provider worked in partnership with other organisations and health professionals.

Action we have told the provider to take

The table below shows where regulations were not being met and where we require the provider to send us a report that states what action they are going to take and the timescale for that action. We will check that this action is taken by the provider.

Requirement made to meet Regulation	Reason for the regulation not being met
Regulation 15 – Conduct of Care Service	• As and when / PRN medication protocols required detail to ensure consistent staff approach.
Regulation 16 – Staffing	• Not all staff had their competency to administer medication assessed annually. • Not all staff had received an annual observation of care.