

Inspection Report

2023-2024

Thie Meanagh

Adult Care Home

7th and 8th 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 7th and 8th March 2024. This inspection was led by an inspector from the Registration and Inspection team who was supported by colleagues including a Pharmacy Advisor.

Service and service type

Thie Meanagh is a dementia care home specialising in residential accommodation for people with an existing diagnosis of dementia, or likely diagnosis of dementia. The facility provides secure short term "step up" or "step down" care for people who experience challenging or distressing symptoms or behaviours in relation their dementia diagnosis.

Thie Meanagh is registered to provide care and accommodation for up to sixteen people and is operated by Manx Care.

The service is located in the residential area of Farmhill, Braddan on the ground floor of a shared building with other care providers operated by Manx Care.

All bedrooms are en-suite. There are communal spaces that include lounges, a dining area and a garden.

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

- Person centred principles underpin assessment and care planning documentation and approaches.
- Staff were caring and compassionate.
- There was evidence of referrals and involvement from external professionals as needed.
- Significant others were happy with the quality of care provided

- Staff and significant others said there were enough staff and it was possible for staff to spend quality time with residents.
- There were areas of improvement that included improving detail on support plans, consistency and quality of records and developing individualised plans of care for the prevention of pressure ulcers.

About the service

This Meanagh is a care home offering intermediate specialist dementia care and support to people who experience challenging or distressing symptoms because of their dementia. At the time of our inspection there were fifteen people living in the care home and one vacant emergency respite bed.

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 that took place between April 2023 and March 2024.

Inspection activity started on the 1st March 2024. We visited the care home unannounced on the 7th March 2024 and announced on the 8th March 2024.

What we did before the inspection

We read the previous inspection report and reviewed information we received about the service since the last inspection. We used information the provider sent to us in the provider information return (PIR), notifications submitted by the service, the provider's policies, health and safety information and registered nurse checks.

During the inspection

We viewed people's care related records, walked around the setting, spoke to people using the service, their significant others and staff. We also looked at records of staff and resident related meetings, staff supervision records, observed interactions between staff and people supported and viewed recruitment records.

After the inspection

We sought views from professionals who interact with the service and additional family members. We also reviewed training records and read the most recent quality audit undertaken on behalf of the provider's responsible person.

SECTION Inspection Findings

C

C1 Is the service safe?

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.

Using medicines safely

One of our pharmacy advisors undertook a medication inspection.

The care home has a medication policy in place.

Standards were met in several areas including administration of medication, safe handling of controlled drugs and ordering and receiving medication.

Areas identified for action were in relation to the disposal and storage of medicines and the evidencing of competency training for all staff. This report has been provided to the service.

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

The service has established systems to help protect people from harm and abuse.

The provider has organisational safeguarding and whistleblowing policies in place.

There was a high level of training compliance with adult and children safeguarding, whistleblowing and duty of candor.

Adult and children's safeguarding are an embedded feature of staff induction.

The staff we spoke to were familiar with the organisational safeguarding policy and knew how to respond to adult safeguarding concerns.

Regulated care services are required to notify Registration and Inspections about safety incidents. Accidents and incidents are recorded on the provider's digital platform. Notifications received by registration and inspection were cross-mapped with the providers internal safety system. From the sample we looked at, we found one notification submission to Registration and Inspection was missing.

There had been no whistleblowing or safeguarding incidents at the service this inspection year.

We would recommend the service develop a local log for safeguarding concerns in addition to the digital platform for ease of access and oversight by the manager.

There was proof of learning from notifications.

Assessing risk, safety monitoring and management

The care home has a range of mechanisms in place to monitor people's safety and welfare.

People's care records are held on a digital client information system alongside paper records in individual files. All records are accessible to staff involved in direct care.

Shift handovers and care review meetings take place.

Admission checklists set guidance for staff on timeframes for the completion of specific assessments and plans.

It was evident from speaking with staff they were familiar with people's needs and safety requirements.

Initial eligibility assessments were completed. Support plans and risk assessments were developed in response to these.

There was a lot of relevant information to manage risks contained in people's files.

There were alerts to highlight allergies.

There was evidence of people's health and wellbeing monitoring in daily records.

We saw evidence of timely and appropriate referrals to external professionals.

The service used a recognised tool to measure people's risk regarding the development of pressure ulcers. According to best practice, and Manx Care policy, people at high risk of pressure ulcers should have an individualised support and prevention plan developed. Corresponding support plans were not of adequate detail and the provider policy was not followed in relation to a separate plan.

Specialist assessments required in the services admission checklist were not always completed within the provider's timescales.

We also found people's paper records would benefit from archiving and better organisation to help locate specific care plans and risk assessments.

Personal evacuation plans for people were in place although some of the information required review and archiving.

Falls management and falls intervention tools were utilised.

We observed staff supporting people to maintain their general safety and during episodes of "purposeful walking". The security of a locked door and spacious clear walkways further helped to keep people safe from harm during these times.

A range of routine health and safety checks on the environment and equipment had been carried out. This included fire safety equipment, electrical installations, water safety, heating and lifts. The manager could not evidence all actions relating to required health and safety checks had been completed due to delays out with the

manager's control. In some instances, the manager was unable to provide evidence of recent follow up of outstanding issues. The provision of evidence to demonstrate completed actions and timely follow up of outstanding health and safety works to the Registration and Inspections Team will be included in the services action plan.

Fire exits were clear on the day of inspection.

We checked the service had a system to track and trace all staff had attended fire drills at least once per annum.

Staffing and recruitment

The staff mix at Thie Meanagh includes registered nurses, senior support workers, social care workers, housekeepers, and laundry and kitchen staff.

Staff and feedback we received illustrated there was adequate staff to help keep people safe.

The manager told us rotas and staffing levels were arranged to reflect skill mix and safely meet people's needs. To illustrate this shifts overlapped at more demanding times of the day, for example meal times and in managing people's dementia symptoms later in the day.

The manager told us the care home would benefit from recruiting a registered mental health nurse but this had proved to be a challenge. There was however significant input from mental health nurses and consultant psychiatry via the older persons mental health team which was deemed as a supportive and mitigating factor.

The service does not have a needs and dependency assessment tool in place to map staffing needs. Efforts to locate a suitable evidence based tool were continuing, as one currently used by the provider was inappropriate for this setting.

In accordance with Minimum Care Home standards, existing staff must be subject to Disclosure Barring Service (DBS) checks every three years to ensure their fitness for employment in a care service. All DBS checks were in date or in progress. The manager had a record of all other completed recruitment checks.

Preventing and controlling infection

Staff were provided with training in infection prevention and control.

The care home looked visibly clean.

Cleaning schedules were in place and seen to be completed.

There were adequate stocks of personal protective equipment.

Cleaning products in the range of control of substance hazardous to health (COSHH) were not stored inside Thie Meanagh but securely in another part of the building.

An infection prevention and control policy was in place.

An internal infection control audit was completed.

The service is registered with the Department of Environment Food and Agriculture.

There was a high level of compliance with food hygiene training.

Mattress audits were completed.

Action we require the provider to take

Key areas for improvement:

- The Registered Manager to ensure statutory notifications are submitted according to regulatory requirements.
[This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 – Notifications](#)
- The service must follow best practice and organisational policy in relation to the prevention of pressure ulcers.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The Registered Manager to ensure staff complete peoples specialist assessments according to set timescales. This will help to identify risks people face in a timely manner.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The Registered Manager to ensure actions highlighted in the pharmacy report are actioned.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)
- The Registered Manager to follow up outstanding health and safety works in a timely manner.
[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)
- The Registered Manager to ensure the provider completes outstanding health and safety works and subsequently notified to Registration and Inspections.
[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)
- The Registered Manager to ensure actions highlighted in the pharmacy report are actioned.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

Recommendation

We recommend assessment documentation in people's paper files be organised into clear sub sections to ensure easy access.

The service to review and archive information held in relation to people's evacuation plans if it is no longer required.

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

Mental capacity legislation is not currently in place for the Isle of Man however best practice can be relied up on. There is a Manx Care policy in relation to mental capacity, best interests and deprivation of liberty to support practice and provide guidance for staff.

Thie Meanagh is a secure facility with a locked door. This places a restriction on anyone who is living within the setting.

There was evidence of mental capacity assessments and best interest’s decisions although not for all significant decisions made to protect people’s health and safety. For example, there was a mental capacity assessment and best interest decision regarding the use of bed rails but not for the use of sensor alarms in people’s rooms. The logging and subsequent review of such decisions was not clear.

We discussed issues with the application of mental capacity policy and practice with the registered manager. The manager told us new online training will be completed by staff. The manager will also consult with senior managers in relation to the mental capacity policy to gain a better understanding of how this should be applied within the setting. This area of improvement will be carried forward from the previous inspection.

Support plans, risk assessments, care records and observations demonstrated people’s abilities, choices and levels of independence were promoted as far as possible.

Family members or significant others were involved in people’s initial assessments, reviews and care planning.

Initial review meetings and the majority of six monthly review meetings had taken place with one exception. This omission was brought to the attention of the registered manager who agreed to address this promptly.

Given Thie Meanagh is predominantly an interim care provision, “moving on” to a more appropriate setting was a consistent theme which had been appropriately addressed according to people’s records and feedback.

We saw behavior support plans with recommended mitigation strategies. Corresponding daily records however were not always of adequate detail to sufficiently demonstrate the proportionate use of “as required” (PRN) medication according to best practice.

Formats of support plans lacked consistency and some domains remained blank.

Ensuring consistency in recording practices will be an area of improvement from this inspection.

Staff support; induction, training, skills and experience

The registered manager has appropriate qualifications and experience relevant to their role.

All staff have access to on line learning offered by Manx Care and opportunities to enroll on classroom courses.

Staff are required to complete mandatory, refresher and additional training which is specific to their role or peoples needs. There are systems in place to track compliance for this.

The vast majority of staff involved in direct care are registered nurses or have obtained a care certificate level 2.

Training records demonstrated there were gaps in some people's refresher training records including medication refresher training.

We could not see training provided to staff in relation to all specific needs of some people supported.

Staff said they are well trained for their role and development was encouraged by the manager.

A registered nurse co-ordinator leads each shift and this role has designated responsibilities.

Staff meetings had taken place.

Supervisions and appraisals were taking place although track and trace records were not consistently completed and we could not be assured all staff were receiving their appraisals and supervisions as required.

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

The provider has a policy in relation to nutritional assessment.

Systems were in place to assess and optimise peoples eating and drinking requirements. This includes the initial eligibility assessment and separate eating, drinking and oral care assessments.

A recognised risk assessment tool, MUST (Malnutrition Universal Screening Tool), which helps to screen people who are at risk of malnutrition was in regular use.

There was evidence of monitoring people's weights and referrals to dieticians and speech and language therapists (SALT). Copies of SALT guidelines were on file and the information corresponded with peoples care plans.

Menus and picture menus were displayed. People's dietary needs were catered for and likes and dislikes were recorded.

Modified diets and information in relation to this and other assistance needed at meal times was on display in the kitchen area.

We observed the dining experience. People were not rushed, were offered choice and provided with assistance where needed. People used coloured crockery and this can help to promote orientation at mealtimes for people with dementia.

Feedback from residents who we were able to express their views and from family members was positive regarding the quality and choice of food on offer.

Most staff had completed dysphagia training.

Action we require the provider to take

Key areas for improvement

- The service to strengthen the application of the provider's mental capacity policy in recognising, recording and evidencing review of restrictions placed on people's liberty in their best interests.
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)
- The Registered Manager to ensure staff record sufficient detail in daily logs when administering PRN medication according to best practice.
[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 complete mandatory, refresher and additional training to support them to carry out their duties and meet people's needs.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)
- The Registered Manager and provider to ensure staff are offered training to meet specific needs of people supported.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)
- Action is required to ensure all staff receive supervisions and annual appraisals as required in regulatory standards and to be able to evidence this.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

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.

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

Staff are made aware of expected values and behaviors through induction, training, supervisions and organisational policies.

There was a high level of compliance with equality and diversity training.

During inspection we observed caring, patient and compassionate approaches from staff.

People appeared to be well cared for in their personal appearance.

The atmosphere was generally calm and people supported in the care home seemed to respond well to staff interaction.

Feedback we received from significant others corroborated our observations. Family members described staff as being “very nice”, “friendly”, “caring” and “patient”.

Religious needs and information regarding important people were detailed in people’s care records.

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

People were given help to express their views as demonstrated in care records, observations and feedback.

Communication plans were in place with strategies and meaningful information to help staff understand and communicate with people supported.

Where they were present, significant others were involved in the development of care plans, review meetings, day to day issues if appropriate and medical appointments. One family member described communication as good and feeling “very involved” in their relatives care.

People’s rooms were personalised.

Action we require the provider to take

Key areas for improvement

- None

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 an improvement 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

Staff training, the format of care planning records, statement of purpose and service user leaflet provide a framework for person-centred care.

The manager and staff knew people and their support needs well.

People’s care records contained information in relation to personal histories, preferences, and help needed with a range of daily living, health, wellbeing and safety areas.

Care records viewed were written in a strength based and respectful manner.

Key workers were allocated to individuals to enhance person centered care and liaison with families. Information individuals could not easily share themselves was recorded in “About Me” documents by people who knew them best.

We saw evidence of external professional guidance incorporated in to people’s support plans. There was active regular involvement from the older person’s mental health team and medical reviews undertaken by consultant psychiatrists.

Handovers helped to ensure staff had the most up to date information to be responsive to people’s needs and there were regular entries made on daily records by staff.

Staff updated support plans as changes occurred.

End of life advance plans were not consistently ascertained. Every effort should be made to discuss this where people, or significant others, are willing to. This can improve care during the end phase of life.

We saw evidence of individualised and group activities being offered. Staff explained there are sometimes challenges with group activities due to the unpredictable and variable needs of people supported and other demands placed on staff.

Staff can provide support to family members who wish to facilitate outings with additional input from staff. This was cooerated by a family member. Photographs displayed and feedback received from staff, and family, demonstrated there were celebrations of birthdays and seasonal festivities. There were other activities such as listening to music, planting, going out for coffee and cinema evenings in one of the lounges. We observed one person helping with tidying up after lunchtime and this was meaningful to the person because of their previous employment.

One staff member told us it would be nice to have a dedicated social space for residents.

The care home has access to a shared car for appointments and outings but this provides limited space in terms of numbers. Staff told us they would like to provide more connection with the local community but this is not always practical.

There is a garden used for recreation and barbecues when the weather allows.

There were dementia friendly aspects to the environment such as spacious and colour coded walkways, signage and handrails to support peoples mobility needs.

There was evidence of referrals for aids and equipment.

One person living in the care home told us they received help and support whenever they needed it.

We observed people naturally waking up in the morning at a time that suited them. Breakfast was available at flexible times. Other meal times were protected unless there was a specific request.

We observed in records staff responding generally to people's needs throughout the course of the day and night according to their individual presentation or requirements.

One family member told us "...there has always been a member of staff present to comfort her.....staff are always on hand to maintain a close eye on residents and their needs...."

Improving care quality in response to complaints and concerns

A formal complaints policy was in place and displayed in the foyer.

Formal complaints were logged in an organisational digital repository. The service maintains a local written record.

There were no formal complaints received during this inspection year.

Informal concerns were brought to the manager, for example, missing items of clothing. The manager did not routinely record these issues. We suggest a separate log for such concerns is developed as a record and for quality assurance purposes.

There is a lack of independent advocacy on the island for people with specific needs. This is of particular concern for people who have difficulty speaking for themselves and do not have appropriate representation from family or significant others.

Where sources of support are not available for people supported at Thie Meanagh, for example in relation to review meetings, it would be beneficial to seek independent support to ensure people's rights and needs are promoted. We discussed this issue with the manager because it was relevant to the circumstances of an individual living at the care home.

Action we require the provider to take

Key areas for improvement

- The service is required to support residents to access independent support and/or an advocacy service. Specifically where they do not have appropriate, representation may

have difficulty expressing themselves or they lack the capacity to make informed decisions regarding their ongoing care.

This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

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 not always well-led.

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

The statement of purpose sets out values and standards that underpin the principles of care and expected behaviors of staff. These elements are also covered in training.

Evidence in people's files, and feedback, demonstrate practices within the home were aligned to person centered values and helping to improve outcomes for people living in the care home.

Staff told us dynamics amongst the staff team were positive and colleagues were supportive and flexible in relation to shifts. One staff member described the team as "close knit".

We were told the manager was very approachable, listened and was supportive.

The manager said they kept in touch with the day to operation of the care home through an open door policy, being involved with aspects of care support, meetings and observations of care.

The manager felt supported, received regular supervision and attends meetings with managers in other parts of the service.

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

The manager and staff team were cooperative, open and transparent during inspection.

Most areas of improvement from the last inspection have been achieved; one will be carried forward in relation to mental capacity best practice.

The service invites representatives of people living in the care home and residents (if able) to service improvement group meetings held at least four times a year. This provides an opportunity for the service to seek feedback from people who live in the service and significant others to guide improvements.

The care home produces an annual report that includes information on incidents, developments, complaints, compliments and outcomes from staff and resident surveys.

Given the needs of people who live in the care home and potential difficulties in expressing their views the manager told us there was a plan to produce a survey for relatives and

significant others this year. We recommend extending this to health and care professionals who engage with the service.

There are quality assurance and governance arrangements in place to monitor the quality of the service and identify risks. The service performs audits in a range of areas in relation to care, safety and quality.

We recommend strengthening local quality assurance systems by developing tools to capture the gaps we have highlighted in this report. Specifically in relation to the quality and consistency of peoples' electronic and paper care records, timely completion of all specialist assessments on admission and the monitoring of PRN medication as good practice to safeguard people from overuse.

A designated official on behalf of the provider undertakes quality audits twice a year.

The registered manager demonstrated proof of learning and changes to practice through discussions about incidents that had occurred since the last inspection. The manager and staff also referenced the use of staff debriefs and meetings to share ideas or discuss concerns.

As referenced to earlier in this report, a lack of advocacy services on the Isle of Man is a system wide issue. Given the needs of people living at Thie Meanagh it would be helpful for the service to raise the issue with service leads and stakeholders.

We found some of the providers (Manx Care) policies were not in date or did not reflect current organisational context such as infection prevention and control or the nutritional assessment policy.

Action we require the provider to take

Key areas for improvement

- The Registered Manager to take action to ensure quality assurance monitoring is adequately identifying gaps in systems and processes to ensure consistency in practice and to maintain people's quality of care and safety.
[This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – Review of Quality of Care.](#)
- Action is required by the Provider to ensure polices are up to date, reviewed and reflect current legislation, organisational structure and best practice guidance.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

Recommendations

- The service works alongside the provider and stakeholders to emphasise gaps in service provision for the benefit of service users.
- The service to ensure it offers formal opportunities to seek feedback on service quality from family members, significant others, professionals and outside agencies.

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.