



Department of Health and Social Care

Rheyyn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Adult Care Home

Salisbury Street Adult Care Home with Nursing

Announced Inspection

29 November 2021 &
30 November 2021

*Registration and Inspection Team,
First Floor, Belgravia House,
Circular Road, Douglas, Isle of Man, IM1 1AE.*

Contents

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4: Inspection Outcomes and Evidence and Requirements

Part 1 - Service Information for Registered Service

Name of Service:

Salisbury Street Adult Care Home with Nursing

Telephone No:

(01624) 645330

Address:

Salisbury Street,
Douglas,
Isle of Man
IM2 3HS

Care Service Number:

ROCA/P/ 0093E

Conditions of Registration:

The number of persons for whom care and accommodation is provided at any one time shall not exceed 68 (sixty-eight).

Registered company name:

Adorn Domiciliary Care Limited

Name of Responsible Person:

David Murray

Name of Registered Manager:

Eliana Firmino

Manager Registration number:

ROCA/M/0250

Date of latest registration certificate:

5 May 2017

Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):

11 June 2021 – monitoring visit

Date of previous inspection:

31 March 2021 – desktop inspection

Person in charge at the time of the inspection:

Eliana Firmino

Name of Inspector(s):

Kevin West

Sharon Kaighin – 29 November 2021

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

Summary from the last inspection

Number of requirements from last inspection:

Twenty seven (27)

Number met:

Twenty six (26)

Number not met:

One (1)

All requirements not met will be addressed within this inspection report

Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.

Overview of this inspection

Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.

This was the home's statutory inspection and took place over two days.

The inspection was announced.

Two inspectors carried out the inspection on the first day and one inspector on the second day.

The home's manager assisted the inspectors throughout the visit.

A tour of the home was conducted.

The inspector briefly observed staff interactions with the residents living in the home.

Several residents were spoken to by the inspector, as were several staff members.

Time was spent going through the previous inspection requirements before examining residents' care records, medication records, fire safety, infection control, electrical safety, systems concerned with Legionella safety, staff rotas, quality assurance and staff training.

Feedback was provided to the manager throughout the inspection.

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1 – Introduction, Assessment and Admission

People are confident that the home's information reflects the services practice and that written information is accurate and current. The registered provider is able to clearly establish that the home's facilities and staff can meet the individual's specific needs and requirements. The admission process is planned and people are clear on the terms and conditions surrounding their residency.

1.1, 1.2

Our Decision:

Substantially compliant

Reasons for our decision:

The home had a statement of purpose that detailed the ethos and services at Salisbury Street. This document had been reviewed in September 2021. The statement of purpose contained all of the information as set out in Schedule 3 of the Registration Regulations.

Four residents' care records were examined in detail. Three of the records evidenced that pre-admission assessments had been carried out on the individual. The pre-admission included an assessment on mental health needs, dementia, behaviours that challenged, mobility, emotional wellbeing and nutritional needs. It is recommended that hobbies / leisure interests are included on the pre-admission assessment. One resident, who had been at the home since 2017, did not have a pre-admission assessment on file. A requirement has been made for pre-admission assessments to be completed on all people coming to live in the home.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

One

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 - Daily Living

People are supported to set and carry out their activities and routines in suitable surroundings. The environment is conducive to people's well-being and safety. People live in a home that is safe, warm clean and comfortable. People have access to the aids, equipment and facilities they need.
2.7, 2.10

Our Decision:

Substantially compliant

Reasons for our decision:

Aids and equipment had been provided in the home, such as grab rails and raised toilet seats, hoists and hoist tracking, call bell systems, passenger lifts and signage. Evidence was provided to the inspector of the lifts and hoists being serviced. The hoists were also being checked weekly by night staff. The call bell system was overdue a service and a requirement has been made.

People living in the home should set their own daily living routines and this must be recorded. Of the four residents' care records examined, for two residents it was not recorded as to where the individual liked to eat their meals. Staff must take into account residents' bathing preferences if intimate support is provided. For one resident it was not clear what their preference was and this must be recorded. Residents/ getting up and going to bed routines were recorded.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

Two

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 3 – Daily Support**

People are confident that the staff will support them to maintain their health and to support their social and welfare requirements.

3.1, 3.3, 3.6, 3.9, 3.11, 3.15, 3.16, 3.19, 3.22, 3.23, 3.24, 3.25, 3.26

Our Decision:

Partially compliant

Reasons for our decision:

Numerous care plans were in place for the four residents whose care records were examined by the inspector.

Care plans had been written on the individual's known medical conditions. For one resident, it was not clear to the inspector how each medical condition manifested itself and how to support, maintain and improve the medical condition.

Emotional wellbeing must be factored into care plans. This information was not seen in the care plans examined and requirement has been made.

Care plans had been written on any possible challenging behaviour that could occur. In one resident's care plan it identified that the person could be anxious and agitated, but there was no further information written on how this should be managed. In another resident's agitation care plan it only noted the medication that the individual was on, not the staff strategy in dealing with the agitation.

Staff members had received training on challenging behaviour.

The home had a challenging behaviour, violence and aggression policy. This policy had a section on the use of restraint. Staff members are not trained in the use of restraint so this section must be removed.

Leisure interests and hobbies must be identified within an individual's care plan. Contact with friends and family members should be supported and encouraged. This information was not consistently recorded in the care plans examined. Leisure interests / hobbies were recorded in one resident's about me document, but there was no care plan on how those interests should be maintained / encouraged. The inspector was informed that residents were seeing family members, but how that contact was to be encouraged and supported was not clearly recorded.

Where appropriate, residents had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form on file which included a doctor's signature.

Care plans were generally being audited by staff on a monthly basis, but there was no evidence that the resident themselves, or a representative, was invited to attend the review and contribute to the process. This must be evidenced by the home. Two residents' care plans contained either out of date or incorrect information. This was ascertained after a discussion with the manager. A new assessment of need formed part of the monthly audits.

Risk assessments had been written on daily activities that constituted or suggested a risk, but in one person's medication risk assessment the potential risk was not identified. One resident had been identified as self-harming in a health condition risk assessment, but after discussion with the manager, this information was not correct. Risk assessments were being regularly audited / reviewed but more care and attention must be paid to ensure that the information in them is correct. There was no evidence of consultation and agreement with the resident when the risk assessments were being reviewed and this must be evidenced.

Of the four residents whose care records were examined, all had their medication reviewed in October / November 2021. These were reviewed via a visit to / from the GP. The manager said that getting medication reviewed by a person's GP was very difficult.

Residents had a self-medication administration assessment completed which recorded if the person was able to self-medicate.

How the resident liked to take their medication and the support required from staff was recorded in three of the care plans examined, but this information was not in a care plan for one resident, even though this information had been noted in their about me document.

The home received a care home medicines inspection on the 29 November 2021, carried out by a Pharmaceutical Advisor for Manx Care. Several assessed standards were not met and recommendations were made. A requirement has been made for the outstanding recommendations from this medicines inspection to be completed.

Staff administering medication was not observed on this inspection.

The majority of staff members had received training on medication, but one person had not and a requirement has been made.

Registered nurses and senior healthcare assistants dispensed medication in the home. Their competency to administer medication was being assessed annually.

The home had a medication policy that covered areas including ordering and receiving medication, storage and disposal, administration, recording and safe handling of controlled drugs.

Medication fridge temperature checks were being completed daily. Temperatures were seen to be recorded between 2°C and 8°C.

Patient information leaflets were kept with the medications used in the home.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements:

Nine

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 - Environmental and Personal Safety and Comfort**

Systems, checks, policies, procedures and staff training ensure that people's dignity, well-being and safety is promoted and protected.

4.10, 4.12, 4.16, 4.17, 4.18, 4.19

Our Decision:

Substantially compliant

Reasons for our decision:

The home had a fire risk assessment that had been reviewed in August 2020, with a review date of August 2022.

Staff members were up to date with fire safety training, which was refreshed annually.

On the day of the inspection, means of escape were kept free from hazards.

Weekly fire alarm tests were being carried out, as well as monthly fire extinguisher checks, monthly emergency lighting checks – including an annual three-hour test – and twice-yearly fire drills. The fire alarm system had been serviced in October 2021. The sprinkler system was overdue an annual service, with the last service taking place on 13 November 2020.

Evidence was provided pre-inspection of the home's cleaning schedules. These included the daily cleaning schedules, which covered the residents' rooms and all communal areas, cleaning of bedframes and bumpers, mattress covers and carpet shampooing and cleaning. Staff and

housekeepers were seen to be wearing Personal Protective Equipment (PPE) while carrying out tasks. PPE guidance was displayed in the home. Sluice rooms were kept locked when not in use. In the ground floor sluice room the washer / disinfecter was broken. This must be fixed / serviced and a requirement has been made. The home had its own infection control policy. One staff member had not received training on infection control and a requirement has been made.

The electrical installation condition report was last completed in September 2016. This was overdue its five year service and a requirement has been made. Portable Electrical Appliance Testing (PAT) was carried out in July 2021.

An inspector tested water temperatures, using an infrared thermometer, in all of the main communal bathrooms and in two residents' bathrooms. All of the temperatures were within the permitted range. Evidence was seen of staff recording water temperatures prior to assisting residents with a bath / shower. The home had a Legionella risk assessment that had been regularly reviewed. Regular flushing of outlets and three monthly showerhead disinfection was taking place. Testing of water for Legionella bacteria had been carried out in October 2021. The Thermostatic Mixer Valves (TMV's) were being serviced twice yearly. Gas central heating boiler servicing took place in December 2020.

Public / employers liability insurance was displayed in the home and was due to expire in September 2022.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements:

Three

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard 6 - Staffing

Staff are recruited following a rigorous and robust recruitment programme. There are sufficient numbers of trained competent staff (including ancillary staff) to meet the needs of the people at the home. There are robust policies in place to ensure effective supervision and continuous professional development.

6.3, 6.20, 6.23

Our Decision:

Substantially compliant

Reasons for our decision:

The records of nineteen staff who had started at the home since the last inspection were examined. One person had not fully completed their application form and a requirement has been made. All other required pre-employment checks were in place, including two references, Disclosure and Barring Scheme (DBS) checks, interview notes and a health declaration. Nurses' registration with the Nursing and Midwifery Council (NMC) was checked pre-inspection.

Resident levels of dependency were completed monthly. The assessment included all of the criteria required in this standard, including physical, mental and emotional needs, personal care and mobility. Levels of dependency were recorded on individual's computerised care records. A recommendation has been made for a central record of dependency levels to be kept for ease of reference.

Staff rotas were accurate and reflective of the actual person and hours worked each day. Shift leaders – registered nurses – were clearly identified on the rota. The manager had informed the inspector that the home was going through a very challenging period in regards staff recruitment. Staff had been recruited with a series of staff inductions taking place, including on the two days of the inspection.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

One

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Management Quality and Improvement**

People have confidence that the systems in place support the smooth running of the home. The registered manager is qualified and competent to manage the home. People are consulted about how the home is run and their opinions are taken into account. The home has an annual development plan that makes provision for the home to develop and improve.

7.14

Our Decision:

Substantially compliant

Reasons for our decision:

The responsible person must make twice-yearly visits to the home and complete a report in respect of the following areas: premises, staffing levels, staff skills, resident / family satisfaction and records. Of the two reports examined by the inspector, one report did not contain an assessment of the care records and a requirement has been made.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

Previous requirements which have not been met.

Standard 7.9 – the annual report did not include any learning from complaints, accidents and incidents, responsible person visits or any audits. There was also no development / improvement plan based on the feedback from the staff satisfaction survey.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.

Inspector: Kevin West

Date: 23 December 2021

Provider's Response

From: Salisbury Street Adult Care Home with Nursing

I / we have read the inspection report for the inspection carried out on **29 & 30 November 2021** at the establishment known as **Salisbury Street Adult Care Home with Nursing**, and confirm that there are no factual inaccuracies in this report.



I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Signed Responsible Person	David A Murray
Date	18.01.2022

Signed Registered Manager	Eliana C. P. F. Firmino
Date	18.01.2022