

Annual Inspection Report 2022-2023

Ellan Vannin Home

Adult Care Home

23 & 24 November 2022



Isle of Man
Government
Kallagh Ellan Vannin

DHSC

We carried out this announced inspection on 23 and 24 November 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Ellan Vannin is a care home. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were twenty-seven people using the service.

Ellan Vannin is located in Douglas and accommodates a maximum of thirty-seven residents across two floors. Four rooms are designated as suitable for couples who wish to share a room.

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

The service had systems in place to protect people from the risk of abuse and harm. The home was clean, tidy and well maintained for the safety of the residents. The provider had recruited staff safely and had a sufficient number of staff on shift to provide the required level of care to each of the residents.

People had their needs assessed prior to moving into the home. Staff had completed a comprehensive induction programme and people told us that the staff were competent and sufficiently trained to meet their individual needs.

People reported that staff treated them with dignity, respect and compassion. Staff ensure that the care they provide protects people's privacy and respects their choices and rights.

Care plans reflected the residents' physical, mental, emotional and social needs. People were supported to take part in social activities and encouraged to maintain relationships that were important to them. The home actively supports people to avoid social isolation.

The manager understands their responsibilities and feels supported by the board/trustees to deliver what is required. Staff spoke positively about the manager and felt supported, respected and valued. The home shares appropriate information with relevant health care professionals, with consent, to benefit the people who reside at the home.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Ellan Vannin Home is registered as an adult care home.

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 announced inspection was part of our annual inspection programme, which took place between April 2022 and March 2023.

Inspection activity started on 21 November 2022. We visited the service on 23 and 24 November 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke to three people who resided at the home and two family members of people residing at the home, about their experience of the care provided. We also observed interactions between staff and people living at Ellan Vannin Home.

We spoke with two members of staff, the registered manager and a member of staff from the kitchen.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We requested the contact details for staff and family members of residents, to offer them an opportunity to share with us their experiences of the services provided by Ellan Vannin Home; however, the service had declined to supply us with this information prior to the report being completed.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires three improvements in this area.

We found this service was safe in accordance with the inspection framework.

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

Systems were in place to safeguard people from abuse and harm. All staff had received training in safeguarding and the majority had received refresher training every two years; however, refresher training had lapsed for nine members of staff. A training schedule identified that staff members will complete this refresher training in January 2023.

The provider had policies and procedures regarding whistleblowing and safeguarding.

The responsible person had systems in place to monitor all accidents, incidents and safeguarding concerns. The service had notified the relevant authorities of all notifiable events within the specified timeframe.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Assessing risk, safety monitoring and management

A variety of health and safety checks had been completed, including electrical safety and portable appliance testing (PAT) and fire safety measures. An external company carried out annual tests for Legionella bacteria and staff completed water temperature checks on a regular basis. The Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy held in their file.

Ellan Vannin had an environmental risk assessment completed by an external agency and there was appropriate security checks conducted at night to ensure the building was safe. Equipment within the home was regularly checked by members of staff and was serviced in line with the manufacturers' guidance.

Care records were stored electronically and paper files were kept in a locked cabinet within a secure office.

Staffing and recruitment

The provider had recruited staff safely. The provider completed appropriate checks prior to any staff member commencing employment; however, the manager had not completed the Disclosure and Barring Service (DBS) checks for one member of staff; their certificate had lapsed in May 2022.

Staffing rotas showed that, typically, four staff covered the early shift and three staff covered the late shift. The rota did not specify the duration of the early and late shifts. We recommend that the rotas identify the number of hours for each shift.

Residents told us they felt there were enough staff available to meet their needs with one resident saying that, "At the moment, [staffing is] very good, compared to a couple of months ago".

Using medicines safely

A medication policy and procedures was up-to-date and gave clear guidance in managing residents' medication. Initial assessments, completed by the manager prior to a person moving into the home, had identified their health and medication needs. This information was used to develop a medication care plan and risk assessment, informing the staff of their responsibilities in supporting the service user with their medication regime, as necessary. Medication storage was secure and Medicines Administration Records (MARs) were fully completed.

A limited number of staff were responsible for the administration of medication. They had received the appropriate training and the manager had assessed their competency in administering medication, on an annual basis. A discussion was had with the manager to include 'what if' scenarios within future competency assessments.

Preventing and controlling infection

The provider had updated the infection control policy and procedure in April 2020. The manager also completed an infection control audit on a regular basis; the most recent had been done in November 2022.

All staff had completed training in infection control during their induction programme. We observed staff using Personal Protective Equipment (PPE) appropriate to the task they were performing.

The home was generally clean and tidy and we observed the housekeeping staff undertaking their duties; however, there was no cleaning schedule, identifying what tasks and areas were to be cleaned within a specific timeframe. We did not see evidence of the scheduled cleaning of the curtains, carpets or residents' walking aids or wheelchairs.

The temperatures for the fridges and freezers were recorded on a daily basis.

Learning lessons when things go wrong

The responsible person completed audits of accidents, incidents and safeguarding concerns; however, there was no evidence that the management or staff had reflected on information from these incidents to establish areas of learning, to prevent or reduce the possibility of re-occurrence.

The manager had responded to external safety alerts from the Care Home Assessment and Rapid Response Team (CHARRT) and the Infection Control Team regarding COVID and the prevention of an outbreak of infectious diseases.

Action we require the provider to take

Key areas for improvement

- The manager must ensure that all staff have undergone a Disclosure and Barring Service (DBS) check every three years.
- Action is required to ensure a cleaning schedule for the home is available, to evidence that all areas and equipment are cleaned on a regular basis.
- The provider needs to take action to demonstrate that there is a process of establishing any areas of learning following all accidents, incidents or safeguarding concerns.

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 requires three improvements in this area.

We found this service to be effective in accordance with the inspection framework.

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

The manager had completed pre-admission assessments of people’s needs prior to them moving into the home. Information from the assessments then formed the basis of the care plans. If there was an identified risk of harm to any person, the manager then produced a risk assessment.

The pre-admission assessments were thorough and comprehensive and included a discharge summary from the Hospital, where applicable, information on continuity of care from the District Nurse or Health Visitor and any additional information necessary for the continued care of the resident.

There was evidence within the pre-admission assessments that people, and their family members were involved with their admission. The care plans and risk assessments were stored electronically and could not be signed; therefore, there was no evidence that the person moving into the home, or their family, had been included in the development of their care plans and risk assessments.

Staff support; induction, training, skills and experience

Staff supervisions and annual appraisals were not up-to-date. One staff member told us that they could not remember having supervision recently but team meetings went ahead approximately every three months.

A staff member told us they had experienced a good induction and said, “They taught me how to do my duties. All of the staff are very helpful”.

Staff training records showed that a number of staff had not received refresher training in a number of subjects; however, the manager had a training schedule, which covered the majority of the shortfall. We recommend that the provider maintains the training schedule and includes refresher training in all subjects, as necessary.

Three staff who work specifically at nighttime had not completed any fire safety training. We are making this an area for improvement; all staff must receive training in fire safety.

The training matrix submitted for inspection had some information missing and some information misplaced. We recommend that training records are up-to-date and contain the correct information.

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

People's nutritional needs were assessed. Care plans and risk assessments informed the staff of the level of support the person needed and if monitoring their nutritional intake was necessary.

Residents were informed of the meal times and a weekly menu was posted outside the dining room. The menu showed alternatives to the main menu, offering residents a choice. The kitchen staff also confirmed that they would cater to all reasonable requests, on a daily basis.

Residents were very enthusiastic about the food provided by the home, saying they have a good, varied menu and the food was good. Residents told us they had a choice to have their breakfast in their room or the dining room, if they so wished. We observed a number of mealtimes, which were relaxed and informal.

The kitchen staff had a list of people's allergies and specific dietary requirements; however, they did not have any information on what foods the residents liked and preferred. There was a document within the service user's file, listing their preferences in food, hobbies and routines; however, for a number of residents, this document was not completed. We recommend that the kitchen staff are informed of each resident's food likes and dislikes and this information is stored in their file.

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

The pre-admission assessments had identified people's health needs and their care plans provided guidance for staff in meeting those needs. We observed staff supporting residents to attend health appointments and one resident being supported with a visit from the District Nurse. Care records demonstrated referrals were made to medical professionals, where necessary.

One relative told us they were informed of any medical appointments and any changes in their relative's health and wellbeing.

Peoples needs met by the adaptation, design and decoration of premises

During the inspection, resident's rooms were seen. People were able to personalise their rooms with photographs and personal items; however, most rooms were not big enough to allow for the use of hoists or other lifting equipment.

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

Capacity assessments were carried out if it was considered that the new resident could not make an informed decision. The people most appropriate to the resident made a best interest's decision. The manager informed us that no restraint was used in the home.

Action we require the provider to take

Key areas for improvement

- Action is required to evidence that, following admission, all residents have agreed to their care plans and risk assessments.
- The service needs to provide staff with a minimum of four supervision sessions per annum, to include an annual performance appraisal.
- All staff must receive fire safety training.

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 requires one improvement in this area.

We found this service to be to be caring in accordance with the inspection framework.

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

We observed warm and friendly interactions between people. Staff were attentive and spoke to people in a respectful manner.

During feedback, people spoke positively about the care they received. One resident told us, “[The staff] take notice of the things that you like and bring it to you”. The family member of a resident said, “I’ve seen the staff with [my relative], they are very friendly and always talking and asking if there is anything they can do. They are always cheerful”.

One member of staff told us, “We offer [our residents] person-centred care and treat people as individuals”.

The initial assessments had identified a person’s religious and cultural needs and the manager had developed appropriate care plans to support the planning of social events and activities, as necessary.

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

There was little evidence that the resident, or their family, had been involved with the reviewing of their care package on a regular basis. The manager had developed a form, to be signed by the resident or their family member, indicating they agreed with any changes to their care plans and risk assessments following the review; however, this form was not present in all of the service user’s files.

People confirmed they were involved in decisions about their care. One resident said, “I’ve attended review meetings in the past, but I can’t remember the last one”. A family member of a resident told us, “I’ve been involved with [my relative’s] reviews in the past, but nothing recently and I visit five times-a-week.

We reviewed the minutes to the last three residents’ meetings held in August 2020, July 2021 and June 2022.

Respecting and promoting people’s privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. One person commented, “Staff encourage me to maintain my independence and continue to do as much for myself as possible”.

People’s privacy and dignity was also respected. People confirmed that staff always knock on the door before entering their room and sought consent before offering any personal care.

Action we require the provider to take

Key areas for improvement

- Action is needed to evidence that, following a person's review, the resident and/or their family (as necessary), have agreed to any changes in their care plans and risk assessments.

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 requires one improvement in this area.

We found this service to be responsive in accordance with the inspection framework.

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

Staff were familiar with people’s needs and preferences. Important information was recorded. People confirmed they were supported in a way they preferred. Comments included, “All the staff are lovely, they fall over backwards to help”, “I can go to bed when I want, and I can have my breakfast in my room”. “The staff support me with doing the little things that matter”.

People confirmed that they could choose the gender of staff they wanted to support them.

Meeting people’s communication needs

The pre-admission assessments had identified the person’s communication needs and choices, which led to the manager developing person-centred care plans in communication, as necessary.

The manager confirmed that information about Ellan Vannin was available in different formats, upon request.

Improving care quality in response to complaints and concerns

The provider had a complaints policy in place and a copy of the complaints procedure was on display within the home.

At the time of the inspection, the manager could not access any records of complaints because the responsible person was the only person who monitored these records. At this time, the service could not demonstrate any learning from any complaints received.

The residents’ handbook also contained information on how to make a complaint, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

Residents, and family members of residents we spoke to, said they would raise any concerns or complaints with the manager directly. They felt confident that the manager would listen to them and their concerns would be taken seriously.

End of life care and support

People’s personal wishes at the end of their lives had been discussed with them. Where appropriate, ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR) orders were recorded and a copy was stored in the resident’s file, in the event of a medical emergency.

Action we require the provider to take

Key areas for improvement

- It is a requisite for the manager to have access to records of complaints at all times and these must be available for inspection.

Inspection Findings

C5 Is the service well led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service requires one improvement in this area.

We found this service to be well led in accordance with the inspection framework.

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

Care plans were found to be person-centred. People living at the home also told us they were happy and felt that they received care specific to their needs. One family member told us, "I think the care here is excellent, it's very homely and we think it's the best place for [my relative]."

Staff told us they were happy working at Ellan Vannin Home. One member of staff said, "The support we offer here is good. All of the residents are offered choices in things like activities and meals. We offer person-centred care to the individual residents".

We reviewed the minutes to the last two staff meetings held in November 2021 and May 2022.

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

The responsible person had in place a system for monitoring and reviewing the quality of care provided by Ellan Vannin Home by seeking feedback from residents and their families; however, the manager did not have access to this information. At this time, the service could not demonstrate any learning from feedback received from residents and their families.

The manager was in the process of completing the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

The Registration and Inspection team had not received all of the Provider Information Return (PIR) prior to the announced inspection. We made further requests during the inspection and afterwards; however, the provider declined to submit this information. This inaction did not allow staff, and family members of residents, an opportunity to inform the inspector of their experience of care provided by Ellan Vannin Home. We recommend that the manager submit all requested information to the Registration and Inspection team on time.

Appropriate insurance cover was in place.

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

The manager provided information about the service to new residents, and their family at the time of the person moving into the home. This information was in the residents' handbook and the statement of purpose.

The provider had given out quality assurance questionnaires to service users, and their families, on an annual basis. Information gathered during this process also formed part of the annual plan.

Staff supervisions and annual appraisals were not up-to-date. There had been only two team meetings since November 2021; however, staff felt confident about expressing their views and putting forward suggestions and ideas to the manager.

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

Staff received on-going refresher training in all mandatory subjects, including safeguarding adults, medication administration, health and safety, first aid and moving and handling. Staff also had their medication administration competency assessed annually. Staff members told us they received training in subjects specific to the individual needs of the service users, such as diabetes awareness.

The responsible person had systems in place to monitor accidents, incidents and safeguarding concerns; however, it could not be demonstrated that information from these incidents was used to support learning and improving the services they delivered.

Working in partnership with others

Information contained within people's care plans demonstrated the staff at Ellan Vannin worked in partnership with other agencies.

Action we require the provider to take

Key areas for improvement

- Action is required to develop a process whereby, information gathered from reviewing accidents, incidents and feedback from residents, is processed to identify areas of learning and improvement.