

Annual Inspection Report 2022-2023

Viva Heights

Adult Care Home

2 March 2023



Isle of Man
Government

Killey, Eilan, Ynnan

DHSC

Registration & Inspection

We carried out this announced inspection on 2 March 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Viva Heights is a residential 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 ten people using the service. The service provides support and assistance to people who require support with their mental health.

Viva Heights is located in Douglas and is registered to accommodate up to thirty-one people over four separate floors.

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

Areas for improvement are required in relation to staff DBS checks, medication, care plans, staff appraisals and the annual plan.

Systems were in place to protect people from harm or abuse and all accidents, incidents and safeguarding concerns were monitored. The home had sufficient numbers of staff to support people to stay safe and meet their needs.

Comprehensive assessments on people were being carried out and person-centred care was being provided. Staff worked alongside a range of other professionals to ensure people's day-to-day health and wellbeing needs were met.

Staff knew people and their needs well. Staff promoted people's independence as much as possible. People were treated with dignity, respect and compassion by staff.

People received individualised support that met their needs. People were supported with participating in social activities and in maintaining relationships that were important to them.

The manager understood their role and responsibilities to deliver what is required. Staff received feedback via staff meetings and formal supervision. Systems were in place to monitor and review the quality of care provided by seeking feedback from residents and their families.

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

About the service

Viva Heights 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 17 February 2023. We visited the service on 2 March 2023.

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 several people but one person at length about their experience of the care provided at Viva Heights. We also observed interactions between staff and people living at the home.

We spoke with four members of staff, as well as the registered manager, deputy manager and the chef.

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

One family member was emailed for feedback and one was written to.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in relation to DBS checks and PRN medication.

This service was found to be safe.

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

Systems were in place to protect people from the risk of abuse. Staff had completed safeguarding adults training. They knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse. Staff were confident that the management would respond to any concerns that may be raised.

The home had policies and procedures on whistleblowing and safeguarding.

Systems were in place to monitor all accidents, incidents and safeguarding concerns. The provider had notified the relevant authorities of all notifiable events within the specified timeframe. The manager had oversight of all incidents.

Assessing risk, safety monitoring and management

Risks people may face had been identified and guidelines in place to manage the risks. Equipment within the home was serviced in line with manufacturer's guidance.

A variety of health and safety checks had been completed, including electrical safety, boiler maintenance and fire safety measures.

A fire safety consultant had completed a fire risk assessment. Staff had received fire warden training.

An external agency had tested the water system for Legionella bacteria and staff completed water temperature checks on a regular basis. Showerhead cleaning and disinfection was taking place. A risk assessment for Legionella disease had been written.

Environmental risk assessments were written and regularly reviewed.

Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy stored on file. For ease of access, a summary showing each resident's level of risk / dependency was displayed in the office.

Care records were stored both electronically and paper copies.

Staffing and recruitment

The files of all staff who had started since the last inspection were scrutinised. The provider had recruited safely. Not all staff Disclosure and Barring Service (DBS) checks had been reviewed within a three-year period.

At the time of the inspection there were enough staff rostered to meet people's needs. Staff rotas were clear and legible with shift leaders clearly identified. People were having their levels of support assessed.

Using medicines safely

Pre-admission assessments identified a person's medication requirements. Medication self-administration risk assessments were completed. Medication care plans had been written and further information on how a person took their medication was recorded in the Medicines Administration Records (MARs). Medication risk assessments were in place. People were having their medication reviewed. Medication was stored securely in people's rooms, when assessed as this being safe, as well as in a lockable room. MAR sheets were completed by staff once medication has been taken by a resident. MAR sheets did not show the maximum frequency of "when required" (PRN) medication in a 24 hour period. It is recommended that a protocol /guidance is written for all PRN medications.

A medication policy covered the obtaining, recording, storing, administering and disposal of medication. Staff undertook appropriate training. Annual staff medication competency assessments were taking place. The manager and deputy manager were just out of date but plans were in place for these to be completed as a matter of urgency.

A Manx Care medicines inspection report had been completed in June 2022. Several concerns were raised over the medication administration. A further medicines inspection took place in August 2022 and improvements had taken place in all of the assessed areas.

Preventing and controlling infection

People were protected from the risk of infection. The provider had a detailed infection control policy and procedure. The manager completed monthly infection control audits. The home was visibly clean and free from odours. Domestic staff followed and completed cleaning schedules.

Personal Protective Equipment (PPE) was worn by staff and stocks were available. Staff received training on infection control.

Learning lessons when things go wrong

There was a system in place to record accidents, incidents and safeguarding concerns. Management reviewed these on a regular basis. The responsible person also had oversight. A business continuity and resilience plan had been written.

Action we require the provider to take

Key areas for improvement:

- Staff DBS checks to be reviewed every three years
- MAR sheets to show the maximum frequency of PRN medication in a 24 hour period

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does require an improvement in relation to staff appraisals.

This service was found to be effective.

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

People’s needs were assessed prior to them moving into Viva Heights to ensure that their needs could be met. The assessment included information provided by professionals involved in the person’s care. The Manager or a designated senior member of staff carried out the assessment of needs. Care plans were then written to provide guidance on how to meet identified needs.

Staff support; induction, training, skills and experience

Staff received the training needed to support people effectively. Where some bank staff had not received training a plan was in place for the outstanding training to be completed. Online learning and in-person training was used. Staff spoke positively about the training they received. The majority of staff had achieved a recognised qualification in health and social care. New staff completed an induction to the home and confirmed that they were given the opportunity to shadow experienced colleagues as part of the induction process. Staff commented on how thorough the induction process was.

Staff received regular supervision but annual appraisals had not taken place.

Regular staff meetings were taking place. Staff felt able to express their views and make suggestions.

The management regularly worked alongside staff so observations of care could take place.

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

People’s dietary / nutritional needs were assessed. Preferences were recorded on admission. No current resident was assessed to be at risk of malnutrition or dehydration. The chef was knowledgeable about people’s allergens and likes and dislikes. A tea and coffee station had been set up to promote people accessing drinks at any time.

A menu board displayed food choices on offer. People were able to eat off menu if they chose to. The mealtime observed on inspection was relaxed and informal. Staff were on hand to observe and assist people at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
Assessments identified people’s needs and care plans provided guidance for staff in meeting those needs.

Records demonstrated timely referrals were made to professionals, for example drug and alcohol team, community mental health team, probation services.

A record of people's appointments with medical professionals was documented.

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

During the inspection, some people's rooms were seen. People were able to personalise their rooms with photographs and personal items. Accessible bathing / showering facilities were available on each floor.

The building was generally in a good state of repair and was decorated attractively. There was a shower chair showing signs of rust but was due to be replaced and the windows in the lounge had markings on the frames. These too were due to be replaced.

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

Capacity and best interest decision making was taking place with statutory professionals. Staff understood the importance of seeking consent before providing care and support.

Action we require the provider to take

Key areas for improvement

- Staff to receive an annual appraisal

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 knew people and their individual needs well. Positive interactions between people and members of staff were observed on the day of the inspection. Staff spoke to people respectfully and were seen knocking on people's doors and waiting to be invited in.

Religious and cultural needs were identified on assessment and care plans written based on the information gathered.

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

Involvement of people in the review process of their care was evidenced.

Residents' meetings were taking place but only one meeting had been minuted. Minutes from this meeting evidenced that meals / menus and activities formed part of the discussion.

Residents and family members were asked to complete an annual questionnaire as part of the home's quality assurance process.

Staff confirmed that they had opportunities to spend quality time with people.

Respecting and promoting people's privacy, dignity and independence

Staff explained how they ensured people were treated with dignity and respect.

People were encouraged to complete things for themselves where possible. People were encouraged to do their own laundry and a small kitchen was used to promote cooking / food preparation skills. Care plans identified the level of support for each person, allowing for as much independence and autonomy as possible.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does require an improvement in relation to care plans.

This service was found to be responsive.

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

People received individualised support that met their needs. Person-centred plans generally identified people’s support needs and provided guidance for staff on how to meet these needs. There was a lack of information in one person’s care plans regarding getting up and going to bed routines, mealtime routines, bathing / showering preferences and information on medical conditions. Staff were familiar with people’s needs and preferences.

Each person had an activity planner detailing plans for that week. Activities took place in the home and in the community. “Quality of life” care plans identified people’s hobbies and interests. The majority of the people at Viva Heights were able to go out into the community independently if they chose to do so.

Relatives could visit the home by prior arrangement.

Meeting people’s communication needs

Assessments identified people’s communication needs, which led to the development of person-centred care plans on communication.

Picture prompts were used on people’s planners to aid understanding.

Improving care quality in response to complaints and concerns

A formal complaints policy was in place and the complaints policy was displayed in the home. One complaint had been made and this had been recorded and responded to appropriately. The residents’ handbook contained information on the complaints procedure.

End of life care and support

There were no people on end of life care currently living in Viva Heights.

Action we require the provider to take

Key areas for improvement

- Information regarding getting up and going to bed routines, mealtime routines, bathing / showering preferences and information on medical conditions should be written into care plans.

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 an improvement in relation to the annual plan.

This service was found to be well-led.

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

People living in the home spoke positively about the care they were receiving. One family member spoke positively about the home and said that they were informed of what their relative had been doing when they visited.

Staff meetings were taking place.

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

The manager and deputy manager had both completed the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care. Staff were clear on their roles within the home.

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

Appropriate insurance cover was in place.

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

Questionnaires and resident meetings were used to gain feedback from people about the home. Information about the home was given to people when they moved in.

Staff confirmed that they had team meetings and that they felt that they could express their views.

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

Staff received on-going refresher training. Several staff spoke about the wide range of training they received. Staff confirmed that they received the support and training to meet the needs of the people living in the home.

Regular audits were taking place, with different audits taking place on a weekly, monthly and six monthly basis.

The manager was writing a monthly report for the home's responsible person / director. The responsible person was also completing twice-yearly reports following an assessment of the home's overall condition, staffing, training and record keeping.

An annual plan had been written in January 2023 which detailed areas for development in the coming year. The plan did not contain any information relating to the home's quality assurance measures and this should be added.

Working in partnership with others

Information contained within care plans demonstrated the staff at Viva Heights worked in partnership with other agencies.

Action we require the provider to take

Key areas for improvement

- The annual plan to contain information relating to the home's quality assurance measures with a development / improvement plan based on the outcomes.