

Annual Inspection Report 2022-2023

Tromode House

Offender

15 March 2023



DHSC

We carried out this announced inspection on 15 March 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Tromode House is a Community Rehabilitation Centre Accommodation service run by the Isle of Man Prison and Probation Service. It provides accommodation for up to twelve residents.

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

We found some areas in which improvements were required to be made. These related to verifying required actions in the electrical installations report, the availability of staff recruitment checks on inspection, and confirmation of adherence to surveillance legislation.

- Paperwork was clear and easy to follow.
- Resident feedback was positive regarding the service and the support it offered. We were told that it provided a necessary bridge between prison and independent living.
- Risk levels of residents were thoroughly assessed and easy to understand.
- The staff team told us that they were clear what action to take in threatening situations.

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

About the service

Tromode House is run by the Isle of Man Prison and Probation Service, and can house up to twelve residents. Residents have all had involvement with the criminal justice system, and the accommodation is intended to provide short to medium term accommodation prior to moving on to independence.

Manager status

The service has a manager. Under current Isle of Man law, the accommodation is not subject to the registration process. However this service is subject to inspection under the Regulation of Care Act 2013, Regulation of Care (Care Services) Regulations and Isle of Minimum Standards for Offender Accommodation Care Services 2013.

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 7 March 2023. We visited the service on 15 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), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A selection of records were seen on inspection. These included resident's care records, risk assessments, health and safety records and recruitment documentation. We spent time talking with management about how the service was run. We also had the opportunity to meet with three residents. They told us about their experiences of living at the accommodation.

SECTION C Inspection Findings

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 requires improvements in this area.

This service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The service had a variety of measures in place. Staff had undertaken safeguarding training, and safeguarding policies and procedures were in place. Staff told us that they had received training which had given them skills to carry out their duties safely. We were told about risk assessments in place and strategies in place to protect residents and staff. We were made aware on inspection of safety measures to ensure we were kept safe. We also saw evidence that any potential conflict between residents was discussed and noted.

Closed circuit television was in place. This has been dealt with in the Effective section of the report and has been made an area of improvement. This was also specifically available in a resident's room should they request it due to vulnerability. Team meetings had discussed how safeguarding was put into practice in dealing with residents. No safeguarding or whistleblowing concerns had been highlighted. Notifiable incidents had been notified to the Registration and Inspection Team as appropriate.

We were told about the oversight from management, and the handover to staff following the night shift. Residents told us that they "felt safe" with staff and "well supported." We discussed with management about ensuring that there was an open and transparent atmosphere within the accommodation. We were told about equality and diversity training, together with the reinforcing of professional boundaries. We also saw how staff and residents interacted with each other in an atmosphere of respect.

Assessing risk, safety monitoring and management

We were told about the process for undertaking risk assessments. We saw how risk assessments were undertaken, and were able to follow the process of how information was gathered. We then saw risk factors translated into care plans together with appropriate ongoing monitoring. A keyworker system was in place, with all relevant information shared.

We were told about the system of "red risk" assessment, which entailed extra monitoring to keep potentially vulnerable residents safe. We also saw evidence of residents signing assessments when reviewed or updated. "Folder 5" advanced risk assessment was also used as a monitoring toolkit, to further assess risk to ensure safety. We saw robust risk assessment using scoring tools, and these varying as the levels changed. A memorandum of understanding had been put in place, to ensure that all relevant information was appropriately shared between hostel and Probation Service staff.

We also saw building risk assessments in place. The fire risk assessment was in place, together with all appropriate fire checks. A variety of health and safety checks, including electrical safety, equipment safety and legionella testing were all in place. However, documentation must be provided to evidence that issues highlighted in the electrical

installations report have been satisfactorily addressed. Records were seen to be stored securely on a password protected system and in a locked office.

Staffing and recruitment

We were told on inspection by both residents and staff that there were enough staff on shift to safely run the service. We were not able to view all recruitment checks, and this has been made an area of improvement.

Using medication safely

Residents' medication is held in secure lockers. The staff at the service do not administer medication at present. However, we were told that medication training is being sourced should administration become necessary.

Preventing and controlling infection

The hostel was clean and tidy. We saw evidence of regular room checks being undertaken. Regular cleaning schedules were in place. Infection control and food hygiene training had been completed by all staff. Fridge and freezer temperatures were logged.

Learning lessons when lessons go wrong

We heard how the service had learnt from an incident regarding concern raised by a resident. As a result of this, practice had changed and the inspector viewed adjusted paperwork. Incidents had also been added to the team meeting agenda as a standing item.

Action we require the provider to take

- Key areas for improvement:
- Confirmation that all highlighted issues in the electrical installation condition report have been satisfactorily addressed.
- All recruitment checks to be available on inspection.

Inspection Findings

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 not require any improvements in this area.

This service was found 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

We saw a charter of residents’ rights on all files seen. This charter emphasised the requirement for fair access and equal treatment for all. We also saw comprehensive assessments where people’s needs and required support were fully covered. During our inspection the residents were seen to be treated with respect by staff. CCTV (Closed Circuit Television) monitoring was in place throughout the building. The service is required to provide evidence of compliance with surveillance equipment legislation. This has also been covered in the Safe section of the report and has been made an area of improvement.

Staff support; induction, training, skills and experience

All hostel assistants were enrolled on QCF level 3. Supervision records were seen, and staff confirmed that regular supervisions took place. They also told the inspector that they found them helpful in carrying out their role. Appraisals had also taken place. We saw team meeting minutes where incidents were discussed, learning identified.

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

We heard about various agencies that provided support services to the residents in the service. We also talked with residents about the agencies they had received support from in their plans to move on from the accommodation to independence.

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

The hostel is run by the Prison and Probation Service. As such, residents are made aware at the point of assessment and admission of the rules regarding curfew and other restrictions. Care for residents is always balanced with the residents’ ability to make decisions for themselves and no force is used.

Action we require the provider to take

- Key areas for improvement
- The service is required to provide evidence of compliance with surveillance equipment legislation.

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 in accordance with the inspection framework.

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

We spent time talking with residents during the inspection. They told us that they were treated with care and were well supported. They told us that the atmosphere in the service was one where residents treated each other with respect. We saw staff talking with residents and giving them time to share concerns.

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

Resident meetings had been held, with suggestions made and acted upon. Staff had had opportunity to share concerns and issues in supervisions. We saw that issues had been discussed. We saw meetings between residents and key workers in which they talked about future goals and plans.

Respecting and promoting people's privacy, dignity and independence

Residents all had a key to their room. We saw that rooms were checked weekly, and residents had countersigned these checks. Information is confidential and shared on a need to know basis, with resident's backgrounds remaining confidential and not disclosed to other residents. Staff are made aware on induction of the need for confidentiality and agree to adhere to the Official Secrets Act.

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 not require any improvements in this area.

This service was found to be responsive in accordance with the inspection framework.

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

We saw residents’ meetings where the decoration of the accommodation was discussed and views put forward. We also looked at a range of care records, and saw that individual needs were recognised and addressed. The care of residents is balanced with the identified support required for moving on.

Improving care quality in response to complaints or concerns

We saw evidence that complaints had been listened to in the service. We also saw that the process had been followed prior to residents being given notice to leave the service.

Supporting people at a time of loss

We were told that the staff will be undertaking bereavement training. At present, if residents choose to share any events in their lives, they are supported to specialist agencies.

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 does not require any improvements in this area.

This service was found to be well-led in accordance with the inspection framework.

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

The introduction of probation staff on all shifts was reported to have been a very positive change to the service. Staff told us that there are always enough staff on duty to have time for residents. Resident told us that "staff were approachable." Various meetings, which were all documented, demonstrated that people were involved in helping to make the accommodation a positive moving on service. We were told that without the service, the transition from prison to living in the community would have been so much more difficult.

We saw how the service ensured that people's challenges were accommodated, and action taken to foster a non-discriminatory atmosphere.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

The service does not come under the requirements for registration. However, all regulatory requirements are required to be met. Appropriate insurance cover was in place. We saw evidence of management raising issues with staff as appropriate and overseeing the improvements to the service. Notification of Events forms had been submitted as required. Information was securely stored.

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

A monthly quality assurance report was in place. We also saw evidence of risk assessment updating, and audits carried out by the responsible person's nominee. The annual report is due in April 2023 which will draw together the audits for the service.

Working in partnership with others

We were told of the service working alongside Probation in ensuring that residents adhere to specific licence and bail conditions. We also heard of liaison with other statutory and voluntary agencies in order to support the residents in moving on.