

# Bungalow Four

## Inspection report

Adult Social Care Directorate

Murray House

Mount Havelock

Douglas

Isle of Man

IM1 2SF

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## Our findings

### Overall summary

We carried out this announced inspection on 10 May 2022. The inspection was completed by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspections of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Service and service type

Bungalow Four is a residential care home providing personal care for up to four people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were four people using the service.

Bungalow Four is located near the grounds of Nobles Hospital and accommodates people in a bungalow which has adapted facilities. Each person had their own bedroom, with shared bathrooms, lounge, dining room and kitchen.

### **People's experience of using this service and what we found**

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

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 was able to demonstrate in a number of areas how they were meeting the underpinning principles of culture, control and choice. Bungalow Four was located in a residential area and there was no visible signage from the road or outside of the property to suggest people lived in a care home. People, and their relatives where appropriate, were involved in agreeing the support plans and goals. People received person-centred support, were supported to be part of their local community and to be as independent as possible.

We identified areas of improvement in relation to safe recruitment, provider oversight of the quality of the service and some aspects of medicines management.

We also identified areas of improvement to ensure the service was working within best practice guidance for assessing mental capacity. Although people were supported to have maximum choice and control of their lives, the service could not demonstrate how they supported people in the least restrictive way possible and in their best interests. The policies, documentation and systems in the service did not always support this. People appeared happy and settled living at Bungalow Four. Risks were assessed and guidelines were in place to manage these risks. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence. People received their medicines as prescribed.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff supported people to be involved in their own care and to

make day to day choices. Staff were positive about working at Bungalow Four. Family members spoke positively about the staff team, saying they were kind, caring and welcoming.

There were enough staff on duty to meet people's needs. Staff had received the training they needed for their roles. Staff said they felt well supported by the manager, who was based on site.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met.

**We found areas where the service could make improvements. CQC recommends that the service:**

- Take action to undertake additional audits to ensure the safe management, storage and administration of medicines.
- Take action to review any restrictive practices in place which could deprive a person of their liberty. This review should be undertaken with full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity
- Implement recognised health screening tools such as MUST and Waterlow to demonstrate how ongoing monitoring of people's health risks and early detection of deterioration in conditions are safely managed.

**We have also identified areas we have escalated to the IOMDHSC.**

- The provider needs to take action to ensure the manager is able to readily access staff recruitment records to demonstrate safe recruitment practices have been followed prior to offering a person employment at Bungalow Four.
- The provider needs to take action to improve their oversight of the service through checks made at service manager level of the organisation.

## **The inspection**

### **About the service**

Bungalow Four is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. Both were looked at during this inspection.

Bungalow Four had a manager in post who was not yet registered with the Inspection and Registration Unit of the IOMDHSC. It is a requirement of the IOMDHSC that all Manx Care services and managers are registered.

### **Notice of inspection**

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

### **What we did before inspection**

We reviewed information 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 observed interactions between staff and people living at Bungalow Four.

We spoke with four members of staff including the senior residential support worker (the manager) and three residential support workers.

We reviewed a range of records. This included two people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### **After the inspection**

We spoke with two relatives by telephone and received written feedback from four members of staff who shared further views about the service and their experience of the care provided.

You can find information about how we carry out our inspections on our website:  
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

## **Is the service safe?**

We found that this service was not always safe in accordance with CQC's inspection framework

### **Staffing and recruitment**

Individual staff recruitment files were not available for us to view as they were held centrally by the provider's human resources team. This meant we were unable to determine if safe recruitment practices had been followed.

People told us there were enough staff to meet people's needs. However, both family members and staff gave examples of times this had not always been the case, such as during recruitment challenges and restrictions imposed on staff to self-isolate during the COVID-19 pandemic. One staff member spoke of frustration about occasions when the provider had moved staff at short notice to other services to help cover short term absence. They commented, "Higher management appear to be "Borrowing off Peter to pay Paul where staff shortages are concerned." Another staff member told us they felt obliged to work longer hours when this happened.

At the time of our inspection, there was a consistent staff team working at Bungalow Four. We also observed appropriate numbers of staff present throughout our inspection. Our findings were supported by a family member's comment who said, "[The manager] will try to resist changes in staff and keep the staff consistent."

There was a flexible approach to the staff rota, so staff were available when people needed support to attend appointments or activities in the local community.

### **Using medicines safely**

People received their medicines as prescribed. However, we identified a number of improvements which were needed to ensure the safe management of medicines.

Daily temperature checks were not carried out in the areas of the home where medicines were stored. This meant we could not be assured medicines were being safely stored in line with manufacturer's instructions.

Daily checks were made on the stock levels of regularly prescribed medicines. however, checks were not routinely made on medicines prescribed on an 'as required' basis. This meant we could not check the accuracy of the current stock levels in the service.

One person was prescribed meal supplements to complement their dietary intake. These were prescribed by a medical professional; however, they were not securely stored in a locked cabinet.

Medicine audits were only completed on annual basis. This meant there was no routine approach to monitor the safety and quality of the systems in place.

All of these findings were discussed with the manager who told us they would address the issues raised.

Systems were in place to ensure the safe management of controlled drugs. There was a medicines policy in place and staff undertook appropriate training. In addition to this training, observations of practice were made on staff to assess competency.

### **Assessing risk, safety monitoring and management**

Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this. This included checks to ensure the home was safe in the event of a fire.

People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing.

Care plans were stored in paper format and care records were made on the provider's electronic care planning system. We found care plans were detailed, however there was a lot of information for staff to read and understand. Our findings were supported by staff comments who told us, "Some of the paperwork is repetitive, and unnecessary and could be looked at to make it easier and more user friendly." We discussed this with the manager who told us they would review with the staff team.

Care plans and risk assessments were reviewed on a regular basis, however, we identified people would benefit from the introduction of recognised health screening tools such as MUST and Waterlow. These are tools which enable staff to routinely monitor health risks and changes in condition in relation to malnutrition and poor skin integrity where a person may be at risk of acquiring pressure wounds.

### **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 received training and understood the actions they must take if they felt someone was being harmed or abused. One staff member told us, "We do our best so people feel safe in their home."

There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the manager and the provider also had oversight. This enabled an analyse of trends to be undertaken to identify any lessons learnt and to reduce the risk of incidents reoccurring.

### **Preventing and controlling infection**

People were protected from the risk of infection. Bungalow Four was visibly clean and staff received training in infection, prevention and control. The provider's policy was up to date and a recent audit of practice had been completed.

Staff wore appropriate protective personal equipment (PPE) and there were adequate stocks available. Staff also completed regular testing for COVID-19.

## **Is the service effective?**

We found this service was effective in accordance with CQC's inspection framework.

### **Ensuring consent to care and treatment in line with law and guidance**

As far as possible, people should be enabled to make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under Manx legislation. Best practice in care homes, and some hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

We found these principles had been followed when a person had been unable to consent to particular medical procedures, including vaccinations; however, this approach had not been taken for other decisions.

For example, each person had a number of safeguards in place to protect them from physical harm. These safeguards included locks on external doors, lap straps on chairs, listening monitors in bedrooms in the event of an epilepsy seizure and bedrails. The manager had completed a generic audit for the service to identify restrictions on a person's freedom of movement, however no further individual mental capacity assessments had been undertaken. The service was unable to demonstrate how they had determined the restrictions were in the persons best interests and the least restrictive option available. We found there was no evidence to suggest people were being unnecessarily deprived of their liberty; however, we discussed this area of support in detail with the manager who told us they would review the process and documentation for each person.

Staff understood the importance of seeking consent before providing people with aspects of care and we observed staff seeking people's consent.

### **Staff support: induction, training, skills and experience**

The provider training records were not fully up to date. However, we sought additional assurances through the inspection and were satisfied staff received the training they needed to support people effectively. Staff also received support through regular supervision and observations of their practice. One staff member commented, "We get all the support and the training to do the job and support the people in the service."

New staff also received an induction to the service and had the opportunity to shadow experienced staff. One staff member told us, "During my induction I was able to read service user files and ask other staff questions if needed."

### **Adapting service, design, decoration to meet people's needs**

The living environment at Bungalow Four met the needs of people living at the service. There were adequate hygiene and communal living facilities.

People had the equipment they needed to be supported effectively and were encouraged to personalise their bedrooms through décor and with photographs and personal items.

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

There had not been any recent admissions to the service. However, people's initial needs had been assessed and reflected advice and guidance provided by other health and social care professionals. The manager explained how they were involved in the process to ensure the service would be able to meet the needs of a person moving to Bungalow Four.

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

People's nutritional needs were assessed, and they were supported to maintain a balanced diet. Where people were assessed as being at risk of losing weight, their weights were regularly monitored.

People were offered choices for their meals, where appropriate by showing them the options available so they could indicate which one they would like. Care plans reflected any preferences in meal choices and preferences.

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

Staff worked with other agencies to ensure people received consistent, effective and timely care. Care records demonstrated referrals were made to medical professionals and other services when appropriate.

Family members also told us they were kept informed about any medical appointments for people or any changes in a person's physical health. One family member commented, "Staff are very good at keeping in touch if [Name] is unwell."

## **Is the service caring?**

We found this service was caring in accordance with CQC's inspection framework.

### **Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence**

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

Family members also told us they believed people were treated respectfully. One family member commented, "[Name] does seem really happy. [Name is looked after well]."

Religious and cultural needs were identified when developing care plans and planning social events and activities.

Staff encouraged people to do as much as they could for themselves. One staff member told us, "We promote their independence in everything we do; give them choice; for example, at mealtimes, personal care, activities, respect their personal space, privacy when attending personal care or when they want to see their relative in private."

Personal information was kept secure and confidential at all times.

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

People were unable to speak to us directly about their involvement in decisions about their care. However, family members confirmed they were fully involved and consulted. One family member told us, "Every six months we have a meeting and staff discuss things with me and keep me involved."

## **Is the service responsive?**

We found this service was responsive in accordance with CQC's inspection framework.

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

Staff were familiar with people's needs and preferences and important information was recorded.

Each person had a 'key worker'. The key worker role ensured designated staff were identified to work closely with people around their needs and preferences. One staff member told us, "As a key worker to one of the service users, I'm involved in reviewing [Name's] care plans and risk assessments every six months."

### **Meeting people's communication needs**

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

The communication needs of people were assessed and understood. Care plans contained communication plans to assist staff when working with people. One staff member commented, "Some of our service users are non-verbal so it's very important that we give [people] undivided attention when observing their body language. We focus on tone of [people's] voice, use good eye contact and ask questions. I find it very rewarding when a service user appears happy, relaxed around me and appears to trust me."

Information about the service was available in different formats and languages upon request. We reviewed the service user guide which contained some pictures to assist with understanding.

### **Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them**

People living at Bungalow Four used to access a day service provision. This had now stopped, and staff were responsible for ensuring there was a varied plan of activities available for people. One staff member told us "They are able to go out for walks, drives, take part in different activities."

During our inspection we observed planned activities taking place. People appeared engaged and appeared to enjoy the social interaction and one to one support.

People were also supported to stay in touch and spend time with friends and family. One staff member told us, "It is very important to respect our service user's family life. We make sure that they stay in touch with their family members; we help them remember their relative's birthdays. We help them to stay in regular contact."

When face to face contact had not been possible due to COVID-19 restrictions family members had been kept updated. One family member told us, "[Name's] keyworker sent me photos of activities. [Name] has a better social life than me."

One family member did express frustration at the lack of internet connection in the service. They told us, "I have been asking for Wi-Fi but there seems to be a blockage. [Name] would like to watch [streaming television channels]." We shared this feedback with the manager.

### **Improving care quality in response to complaints or concerns**

A complaints policy was in place and information on how to make a complaint was clearly visible within the home. Records were maintained.

People confirmed they knew how to raise a complaint and who they would complain to. One family member told us, "If I needed to complain I would go to the manager or any of the staff. They would try to fix any problems."

### **End of life care and support**



Care plans demonstrated personal wishes had been established in relation to this aspect of a person's care.

## Is the service well-led?

We found this service was not always well led in accordance with CQC's inspection framework

### **Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care**

There were limited systems in place to monitor and review the quality of care and experiences of people living at Bungalow Four. Although routine health and safety checks were undertaken by staff, medicines audits were only completed once a year. This meant errors and areas of improvement could not be identified in a timely manner.

The manager completed an annual report on the quality of the service. This was shared with the provider and the Inspection and Registration Unit on request. However, we were told by a number of staff the provider had little day to day involvement in the running of the service. There was a lack of auditing and monitoring at a provider level. The manager did tell us their line manager was available by phone or they could access the local office for support and advice. We were told this lack of oversight had been since the start of the COVID-19 pandemic.

### **Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics**

A number of staff expressed frustration at the lack of support they felt they received from the provider. When speaking about senior management, one staff member commented, "We can go months and months without seeing our service manager in the home. It would only take an hour or so, every couple of weeks, to just come along and chat to service users and staff. Often, they feel distant and unobtainable, which can be very frustrating."

Although we received these comments, staff also told us they enjoyed working at the service and felt well supported by the manager on site. We were told, "In Bungalow Four we have regular staff meetings and supervisions, I feel I can express my views and suggestions freely, I feel I am valued as team member," and "Having a senior who works on the floor part of the time is a huge plus. It reduces the "them and us" mentality which can be quite damaging to a team."

Family members told us they were happy with the service and people received person-centred care. Family members also told us they could raise any issues of concern at any time. Comments included, "I couldn't wish for a better place for [Name]. Can't fault them," and "The manager is brilliant. He listens."

### **How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong**

The manager demonstrated an understanding of their responsibilities under duty of candour. Family members told us they were well informed and felt comfortable with the care their loved one received.

### **Working in partnership with others**

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