

Cummal Mooar

Inspection report

Queens Promenade

Ramsey

Isle of Man

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Our findings

Overall summary

We carried out this announced inspection on 26 and 27 April 2022. The inspection was led by a Care Quality Commission (CQC) inspector and supported by two inspectors from the Isle of Man Registration and Inspection Unit.

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

Cummal Mooar is a residential care home providing personal care for up to 46 people. The service provides support to older people; a number of whom lived with dementia. At the time of our inspection there were 26 people using the service.

Cummal Mooar is located on the promenade of Ramsey and accommodates people across three separate wings, each of which has separate adapted facilities.

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 identified areas of improvement in relation to demonstrating safe recruitment and in some aspects of medicines management.

The physical environment of Cummal Mooar was dated; but clean and met people's needs. There were plans to address this through the build of a new modern facility and the provider continued to make necessary environmental improvements at the current location.

People received a caring service and felt supported and valued as individuals. People told us they were treated with respect and staff upheld their dignity during care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risk assessments and appropriate care plans had been developed to meet people's needs. People were involved in developing their care plans which were person centred and changes were made as people's needs changed.

Staffing levels were safe. The service was well-led and staff felt supported. The provider also worked with other professionals and organisations to ensure positive outcomes were achieved for people.

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

- Takes action to undertake additional audits to ensure the safe administration of medication and to ensure staff adhere to the provider's medicines policies and procedures at all times.
- Takes action to consider best practice guidance in relation to recording the administration of medical patches.

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

- The provider should 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 Cummal Mooar.

The inspection

About the service

Cummal Mooar 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.

Cummal Mooar 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 spoke with five people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Cummal Mooar.

We spoke with six members of staff including the resource centre manager, a duty manager, the head chef, two social care workers and the administrator.

We reviewed a range of records. This included four people's care records and six medication records. We looked at five 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 four relatives and two members of staff by telephone to seek further views about the service and their experience of the care provided. We also reviewed a variety of records relating to health and safety and staff training.

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

At the last compliance inspection, the provider had failed to ensure staff files contained evidence of a health check declaration. We found this was still the case and there was a lack of recruitment documentation available for review. We spoke with one new member of staff who described a series of pre-employment checks which had been completed, however we could not find assurance through documentation.

People living at the service and their family members told us there were sufficient staff on each shift to meet their care needs. This was supported by the rostering system in place. We also observed appropriate numbers of staff present in all areas of the service throughout our inspection.

Using medicines safely

We identified a number of improvements which were needed to ensure the safe management of medicines.

Medicines were stored in lockable cabinets which were able to be secured to the wall within each household unit. However, we found a number of cabinets had not been secured when not in use.

One person had been administered medicine which had been prescribed to another person due to a lack of storage in medicine cabinets. We raised this with the duty manager who told us they would immediately stop this practice and ensure people were only administered medicines which were prescribed to them.

A small number of medicines allergies identified in care plans had not been recorded on medicine profiles or on medication administration records. The duty manager told us they would review this and update accordingly.

Records to evidence where on a person's body medical patches had been applied were not used. This meant staff could not demonstrate patches had been rotated in line with best practice guidance.

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 annually on staff to assess competency. Records demonstrated this was completed more often following the discovery of any medicine's errors.

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.

People told us they felt safe living at Cummal Mooar. One person commented, "I feel safe here. The home is secure and I am." One family member also told us, "I have peace of mind knowing [Name] is there."

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing. We also observed safe working practices, such as moving, and handling being undertaken in communal areas of the home.

Care plans were stored on an electronic system and daily care records formed part of the handover information for staff. This ensured important details were passed from one shift to the next. Staff also described additional information available in people's bedrooms which provided visual prompts about needs and preferences when assisting people with care.

We discussed with the manager how the different systems could be combined so important information was available to staff in one place. Staff we spoke with also felt this would be beneficial to refer to following a period of absence or for new / unfamiliar staff working at the home. The manager told us they would consider this feedback and discuss further with the staff team.

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.

Preventing and controlling infection

People were protected from the risk of infection. Cummal Mooar was visibly clean and staff received training in infection, prevention and control. Regular audits were undertaken, and the provider's policy was up to date.

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.

Staff support: induction, training, skills and experience

At the last compliance inspection, the provider had not demonstrated staff members were up to date with all mandatory and refresher training. At this inspection we found detailed training records were maintained for staff working at Cummal Mooar.

New staff received an induction to the service and had the opportunity to shadow experienced staff. One member of staff told us their induction had been supported by colleagues who were, "Lovely and helpful," adding "I think I will love it here."

Staff also received support through regular supervision and observations of their practice.

People told us staff received the training they needed to support people appropriately. One family member commented, "Staff seem well trained. They seem confident."

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

Cummal Mooar is an older style property which lacked modern facilities such as en-suite bathrooms. The manager updated us about plans for a new facility which were currently in progress. They explained they planned to involve people currently living at Cummal Mooar as much as possible in the decoration and design of the new building.

People were all aware of the future plans for Cummal Mooar. One person commented, "The home is getting old, but I know there are plans to move."

Despite the environment being dated in appearance, we found it met the needs of people living at the service. Communal spaces contained appropriate signage to support the orientation of people who were new to the service or who lived with dementia. There were also adequate hygiene and communal living facilities. Outdoor charging stations were available for people who used mobile scooters. This enabled people to maintain their independence and access the local shops and vicinity.

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

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

People's needs had been assessed. Care plans had been developed based on these assessments, as well as advice and guidance provided by other health and social care professionals. Wherever possible, people's consent to the care had been obtained and recorded through the care plan.

When a person was unable to express their consent, documentation was in place to demonstrate their capacity had been assessed. Family members had also been consulted.

Staff understood the importance of seeking consent before providing people with aspects of care. People we spoke with confirmed consent was sought.

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

People we spoke with gave positive feedback about the food available and confirmed they were offered choices at mealtimes. Comments included, "If you don't like what is on offer, they will make something else," and "The food is beautiful, can't fault it."

Menus were displayed. The head cook was knowledgeable about the dietary needs of people and their preferences. Care staff were also aware of people's nutritional needs and had clear information in care plans to follow with regards to this.

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 when appropriate. People confirmed they were supported to access their GP and other health services when required. Comments included, "Staff will get the doctor for you," and "People here would help me contact the doctor."

Family members also told us they were kept informed about any medical appointments for people or any changes in a person's physical health.

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

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

People spoke positively about the care they received. Comments included, "It is excellent here. All I have to say is I have a problem. They will sort it. Very obliging," and "Oh yes, I am happy. The staff are the best bit, excellent staff."

Family members also told us they believed people were treated respectfully. Comments included, "Staff understand how [Name] is and support her well," "Staff are very good, very cheerful," and "[Name] seems to be very happy and staff seem to be caring."

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

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

People confirmed they were involved in decisions about their care.

Where appropriate, family members were also involved. One told us, "I have been involved in the care plan. I get invited to 6 monthly reviews." Family members told us they were kept informed by staff if there was a change in people's care needs.

Respecting and promoting people's privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. One person commented "My independence is important."

People's privacy and dignity was also respected. People confirmed staff knocked before entering their bedrooms.

Personal information was kept secure and confidential at all times.

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. Important information was recorded. People confirmed they were supported in a way they preferred. Comments included, "I can't fault any of the care. I can sleep in if I want, there are no rules," and "I can just ask if I want a bath or shower. Just ask the girls. Not a problem."

Staff confirmed people could choose the gender of staff they wanted to support them. One member of staff commented, "It's their choice."

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. Hearing loop systems were available if needed.

The manager confirmed information about Cummal Mooar was available in different formats and languages upon request.

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

A varied plan of activities was available for people. This reduced the risk of social isolation. The member of staff responsible for planning activities told us, "Making sure people's interests are met is the most important bit to me."

During our inspection we observed planned activities taking place. People appeared engaged, enjoyed the social interaction and had formed visible positive relationships with other people living at the service. People told us they enjoyed these activities. Comments included "Activities are there if you want them. [The activity worker] does interesting stuff. I am never bored," and "I like the activities."

People were also supported to go out of the home to visit and spend time with friends and family.

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. Records were maintained.

People confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

Care plans demonstrated personal wishes had been established in relation to this aspect of a person's care. Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were clearly recorded in care plans and visible to staff in the event of a medical emergency.

Is the service well-led?

We found this service was 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

Systems were in place to monitor and review the quality of care and experiences of people living at Cummal Mooar. Regular audits were completed. We identified an area of further development in this area in relation to medicines management.

The manager completed annual reports on the quality of the service. The provider also understood regular visits. These visits were documented, and action plans developed to reflect any areas of improvement.

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

People living at Cummal Mooar told us they were happy and received person-centred care. One person told us, "It is beautiful here. I wouldn't go anywhere else."

Staff told us they enjoyed working at Cummal Mooar. Comments included, "I enjoy it, it is rewarding," and "I like how we are involved in people's care. It's not left to the managers." Staff also told us they felt confident in raising any issues with the management team. Staff described the manager as 'approachable'. One member of staff told us, "I feel [the manager] would try and resolve issues, I have never been let down."

The manager demonstrated an understanding of their responsibilities under duty of candour. Family members told us they were well informed and felt comfortable in the care their loved one received. One family member told us, "[Staff] are wonderful and have taken away any guilt I had moving [Name] there."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

The provider sought the views of staff, residents and family members through questionnaires and regular meetings. One relative confirmed they had supported their loved one to complete a questionnaire recently. Records were maintained of any feedback received and actions taken in response.

Staff were able to describe how they dealt with feedback received. One told us, "People can say if they are unhappy. I would always give them feedback or keep them updated if they raised any issues."

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