

# Cushag House

## 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 15 August 2022. The inspection was led 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 inspection 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

Cushag House is a residential care home providing personal care for up to five people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were five people using the service. Cushag House is in Port St Mary and accommodates people in a large single storey building 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**

We identified areas of improvement in relation to safe recruitment and staffing levels, one aspect of medicines management, health and safety and provider oversight of the quality of the service.

The service was not always able to demonstrate how they were meeting the underpinning principles of culture, control and choice. Cushag House was in a residential area and there was no visible signage from the road or outside of the property to suggest it was a care home. Prior to being a care home, the property used to be a doctor's surgery. Areas of the home were not homely in appearance due to the physical size and layout of the property; a number of rooms were locked and used for storage.

The service was not always working within best practice guidance for assessing mental capacity. People were supported to have choice and control in some aspects of their lives, but the service could not demonstrate how they supported some people in the least restrictive way possible and in their best interests. A new policy had been introduced to support this.

People were supported to be part of their local community and to be as independent as possible. Staff had received the training they needed for their roles; some staff needed to attend refresher courses. Staffing vacancies had created difficulties in recent months to release staff for training or undertake formal supervision. Staff did have the opportunity to discuss their role regularly with their manager through team meetings.

People appeared happy and settled living at Cushag House and were supported by staff who knew them well. Family members also told us they felt people were happy. Risks were assessed and guidelines were in place to mitigate these risks. This included ensuring people's health and nutritional needs were being met.

There had been a lack of provider oversight at the service which was a resulting impact of the COVID-19 pandemic. The service manager had recently completed an internal audit; however, the manager had not been sent an action plan at the time of our inspection.

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

- Take action to recruit into staff vacancies at Cushag House to ensure the service is fully staffed and existing staff have the opportunity to have regular supervision from their line manager.
- Improve the availability and timeliness of portable appliance testing.
- Arrange for completion of fire alarm system servicing checks.

- Ensure dates of opening of bottles and creams are routinely recorded.
- 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.
- Continue to develop the environment to make all areas of the service homely for people who use the service.

**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 Cushag House.
- The provider needs to take action to embed improved oversight of the service through checks made at service manager level of the organisation.

## The inspection

### About the service

Cushag House 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.

Cushag House 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 one person who used the service about their experience of the care provided. We also observed interactions between staff and people living at Cushag House. We spoke with three members of staff including the manager and support workers.

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

### After the inspection

We spoke with two family members by telephone to seek 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.

At the time of our inspection, there were enough staff on shift to meet people's needs. However, the service needed to recruit to fill several vacancies. We discussed staff vacancies with the manager. They told us they had been allocated additional staff members to support people to go out; however, recent vacancies had arisen which meant they needed to recruit again. They were reliant on existing staff to complete overtime shifts or relief staff to work at the service.

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

Portable appliance testing (PAT) (or equivalent) had not been carried out since May 2021. PAT checks ensure electrical appliances are safe to use. Annual servicing of the fire alarm and emergency lighting system was also out of date. The provider's estates department were responsible for arranging these checks.

Other routine checks on the environment and equipment were undertaken and up to date. Certificates were in place to demonstrate this.

People's needs were assessed; support plans had been developed to minimise any risk to people's health and wellbeing. This included when a person was at risk due to a diagnosis of diabetes. Family members told us the risks to people were safely managed. One family member commented, "[Staff] manage [Name's] insulin well."

Risk assessments and support plans were reviewed on a regular basis.

### **Using medicines safely**

One person was prescribed a medicated cream. The date when the tube was opened had not been recorded on the product. We were unable to determine when the tube had been opened to be satisfied it was still in date and appropriate to use. The administration instructions on the medication administration record differed from the prescriber's instructions on the products label. These findings were discussed with a support worker and the manager who told us they would address the issues raised.

There was a medicines policy in place; staff undertook appropriate training. In addition to this training, observations of practice were made on staff to assess competency.

Protocols were in place for people who required medication on an 'as required' basis.

Additional audits had recently been introduced by the provider as previous medicines audits were only completed on an annual basis. We were told this new audit had been introduced in response to our findings at some of the provider's other services.

### **Preventing and controlling infection**

People were protected from the risk of infection. Staff wore appropriate protective personal equipment (PPE) and there were adequate stocks available.

Staff received training in infection, prevention and control. The provider's policy was up to date.

### **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; policies and procedures were in place for staff to follow. Records were maintained when incidents had been reported to other agencies.

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.

## Is the service effective?

We found that 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 observed staff seek consent from people and found these principles had been followed when a person had been unable to consent to medical procedures, including vaccinations; however, this approach had not been taken for other decisions.

The kitchen and laundry doors were kept locked when staff were not present. There was also an electronic card system to enter and leave the property. People who lived in Cushag House did not have access to these cards. These practices restricted people's freedom of movement. We were told the restrictions were in place for personal risk or health and safety reasons; we could not see the practices had been agreed with people or how they had been decided in people's best interest.

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 practices and documentation for each person.

The provider had recently implemented a new policy to support managers to demonstrate best practice principles on mental capacity.

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

Staff received the training they needed to support people effectively, however a number of staff needed to complete refresher training, either face to face or online. The manager was aware of outstanding training needs for staff and was addressing this at the time of our inspection.

Family members told us staff had the necessary skills to support people. Comments included, "The staff do their best and they are knowledgeable" and, "[Staff] are trained, they are on the ball."

New staff received an induction to the service and had the opportunity to shadow experienced staff.

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

The living environment at Cushag House met the needs of people living at the service. There were adequate hygiene and communal living facilities; including a multi-sensory room for people to use to relax. 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. One family member told us, “[manager’s Name] has made a real effort with [Name’s] bedroom.”

We were told Cushag House used to be a doctor’s surgery prior to being a care home. Although bedrooms and the lounge areas had been personalised by the staff team other parts of the home, such as hallways and locked storage areas, reflected a clinical setting rather than a homely environment. One family member also commented, “It could be more homely.” We discussed our observations with the manager who told us they were planning to address this through further redecoration.

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

People’s initial needs had been assessed; support plans reflected advice and guidance provided by other health and social care professionals.

### **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. People had the equipment they needed to eat and drink.

People were offered choices for their meals. Support plans reflected any preferences in meal choices.

### **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. Records demonstrated referrals were made to medical professionals and other services when appropriate.

Family members told us they were kept informed about any medical appointments for people or any changes in a person’s physical health. One told us, “Staff will tell me if anything is wrong.” Family members also supported people, when appropriate to medical appointments. We were told, “I go to dentist with [Name].”

## **Is the service caring?**

We found that 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 their staff team. Staff were attentive and spoke to people in a respectful manner.

Family members also told us they felt people were treated respectfully. One family member told us, “I just know [Name] is happy there. Never seen [Name] so happy. Other family members can also see the difference. That’s thanks to the staff there. I would definitely recommend Cushag [House].”

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

Privacy and dignity were respected; staff encouraged people to do as much as they could for themselves. This was reflected in people's support plans. one person told us, "I don't cook, but I help to do the dishes and tidy."

Personal information was always kept secure and confidential.

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

People were involved in making decisions and regular reviews were undertaken. Family members were consulted and involved in decisions about a person's care where appropriate. Comments included, "I get invited to a once a year review. I can share my views and [staff] have taken on board what I have said. I speak to [staff] a lot of times about the foods [Name] likes and treats they like" and, "I was heavily involved in [Name's] move to Cushag [House]. [Name] was also involved; and was able to visit."

## **Is the service responsive?**

We found that 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.

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.

Family members told us people were supported by staff who knew them well. One commented, "Yes, I came across a lovely sort of booklet with information about [Name]. it contained lots of descriptions about them."

### **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 person used the Picture Exchange Communication System (PECS), to communicate. PECS is a way for autistic people to communicate without relying on speech. To communicate, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions. The manager explained this was a new way of communicating with this person and they were starting to see how successful this was in helping the person to make decisions and communicate effectively with staff.

Information about the service 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**

During our inspection we observed planned activities taking place. People appeared engaged and seemed to enjoy the social interaction and one to one support. One person told us about the activities they enjoyed. They said, "I like to go to the library. I rent jigsaws and do them at home,"

Family members also told us people enjoyed the activities. One commented, “[Name] is doing loads more. They like to go to the pub, to the National Sports Centre, and the Gateway Club.”

People were also supported to stay in touch and spend time with family. One family member told us, “I can go visit when I want, we all have a good rapport. I feel most welcome. I will pick [Name] up and go for a walk or bring them to my house.”

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

A complaints policy was in place and information on how to make a complaint was available. Records were maintained.

People confirmed they knew how to raise a complaint and who they would complain to. One family member told us, “I could speak to [manager’s Name] and she calls me. She will get back to me.”

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

The service does not currently provide this aspect of care and would work alongside other agencies if needed.

## **Is the service well-led?**

We found that 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 systems in place to monitor and review the quality of care and experiences of people living at Cushag House. Routine health and safety checks were undertaken by staff, medicines audits were completed. The frequency of these had recently been increased by the provider.

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.

Since the start of the COVID-19 pandemic, there had a lack of auditing and monitoring at a provider level who had little day to day involvement in the running of the service. The manager told us this had recently changed, “The service manager came a couple of weeks ago to do an internal audit. They looked at medicines, health and safety, rotas, care plans.” at the time of our inspection, the manager had not received any actions to improve the service from this audit.

The manager described their line manager as ‘supportive’ and said they would attend the service if needed, were available by phone or they could access the local office for supervision, support and advice.

### **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**

People had person-centred plans in place which were reviewed to ensure people could make plans for the future. One family member told us they had recently attended a review meeting; the person had been involved in planning a holiday.

Family members told us they felt people received a person-centred service. Comments included, “COVID has been difficult, staff wearing masks. They have done very well” and, “Staff are brilliant with [Name].”



Family members also told us they could raise any issues of concern at any time, although not all were sure who to contact if the manager was not in work. One family member said, [manager's name] is a capable person. I do call though, and they have not been there. They were on annual leave. I don't know who manages when they are away."

Staff told us they enjoyed working at the service. Staff were able to share their views on the service through team meetings. Supervisions were also completed; this had been impacted in recent months by staff vacancies. The manager had found it difficult to meet with all staff on a one to one basis. This was an area of focus to improve.

**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.

**Working in partnership with others**

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