DHSC – CQC external quality regulation programme

Darragh House

Inspection report

Autism Initiatives Isle of Man
The Oaks
May Hill
Ramsey
IM8 2HG

Phone 01624 852794

www.autisminiatives.org

Date of inspection: 16 and 17 June 2022

Date of publication: 29 July 2022

Our findings

Overall summary

We carried out this announced inspection on 16 and 17 June 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
Darragh House is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Darragh House is registered for up to three people. At the time of our inspection there was one person using the service. The home is located in a village. There was a large lounge, kitchen, dining room and gardens.

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 how they were meeting the underpinning principles of culture, control and choice.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests. Restrictions were agreed as being in the person's best interests at regular review meetings, however formal capacity assessments were not completed. The policies and systems in the service supported this practice.

The person was supported to make choices about their daily life through verbal compunction and communication systems, for example the Picture Exchange Communication System (PECS). There was a small, stable staff team that benefitted the person, as they knew them, their needs and how they communicated, well.

Person-centred risk assessments and support plans provided detailed guidance and information about the person's support needs and routines. They included information about changes in support needed depending on the person's levels of anxiety. These were regularly reviewed and agreed with the person's family and social care professionals. Staff worked in a consistent way, so the person was able to learn new skills.

The person received their medicines as prescribed and these were regularly reviewed. We have made a recommendation about monitoring stock levels of 'as required' medicines. The person was supported to maintain their health and wellbeing and their nutritional needs were being met.

The person was offered a range of activities, both within the home and in their local community. Staff supported and prompted them to be independent where possible. Feedback from families and social care professionals was positive about the support provided.

Staff had the training and support they needed to meet the person's needs. Staff were positive about supporting the person at Darragh House. They said they felt well supported by the service manager. Staff were safely recruited and knew how to report any concerns they had.

A quality assurance system was in place, with audits and checks being made by the staff team and at a provider level. A home improvement plan identified actions from these. Incidents and reactive approaches prevented (where the person had been supported to reduce their anxiety before an incident occurred) were recorded and reviewed to identify any learning from them for future support strategies.

Current government guidelines for the use of personal protective equipment (PPE), COVID-19 testing for staff and visitors.

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

- Ensures that stocks of all 'as required' (PRN) medicines are regularly checked and all discrepancies are reported and investigated.

The inspection

About the service

Darragh 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.

Darragh House was managed by a service manager. There was also an area manager who was registered with the Inspection and Registration Unit of the IoMDHSC.

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 the person living at the home and three members of staff, including the service manager and support workers. We reviewed a range of records. This included one person's care and medication records. We had looked at eight staff files at Autism Initiatives head office in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We observed the support provided throughout our inspection. We looked at the environment of the home, with the person's permission.

After the inspection

We spoke with one relative and two support workers by telephone to seek further views about the service and their experience of the care provided. We also spoke with the registered manager. We 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 safe in accordance with CQC's inspection framework.

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

Risks the person may face were identified and guidelines were in place to manage these risks. Staff knew the person's needs and how to mitigate the risks they faced. A detailed positive behaviour support (PBS) plan provided clear guidance for the support they needed to manage their anxieties. The PBS also identified what triggers may make the behaviour of concern more or less likely to occur. The staff clearly explained how they kept the person engaged, which reduced their anxiety levels. One member of staff said, "[Name] likes being involved all the time and part of conversation."

Records were written where staff had supported the person to reduce their anxiety without the person's behaviours escalating. These were called reactive approaches prevented (RAPs). Incident reports were also written when needed. These were reviewed by the service manager to identify any patterns and what worked well and what did not.

Staff told us they would discuss the incidents as a team to contribute ideas on how further incidents could be reduced. A support worker said, "We reflect with the staff and manager how the incident happened and how we could approach things differently in future. Most times we can pinpoint why it happened; usually [Name's] expectations not being met."

The number of incidents had reduced since the person had been living at Darragh House on their own. They were due to move to a new property to live on their own, with their current staff team. A support worker told us, "[Name] living on their own is better as there's less distraction so there's been fewer incidents" and another said, "It's also helped that we now have a smaller staff team who all know [Name] well. Before, with a larger team (as three people were living at Darragh House), [Name] didn't like it when staff worked with other people. They could show off to get attention, which caused some behaviours towards staff and the other people."

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. External risk assessments for Legionella disease and fire had been completed. Any issues identified had been actioned.

Staffing and recruitment

At the time of our inspection Darragh House was fully staffed and there was a stable staff team. We were told that covering staff leave was sometimes difficult due to not having many bank staff available, but the regular team would work additional shifts, so the rota was always covered.

Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

Using medicines safely

The person received their medicines as prescribed. Assessments identified the support they needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed.

Guidance was in place for medicines administered 'when required' (PRN). These clearly identified how the person would communicate, either non-verbally, through a communication system or through vocalisations, that they needed the PRN medicine to be administered.

Most of the medicines stock was counted each day, which meant any errors would quickly be identified. However, we found the stock of paracetamol PRN did not tally with the stock sheet. There has also been an earlier discrepancy when the stock sheet quantity was changed. There was no explanation for this in the stock record. The service manager had not been told about this discrepancy. We discussed this with the service manager who said they would look into the

difference in quantity, speak with the staff team about reporting any discrepancies and to start counting the PRN medicines as well to check the stock sheets accurately reflect what is in stock.

Systems and processes to safeguard people from the risk of abuse
Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the service manager would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

Preventing and controlling infection
The home was clean throughout. Cleaning schedules were in place for staff to follow. Staff had completed training in infection control.

Current guidance was being followed for the use of personal protective equipment. Staff took regular tests for COVID-19. We were assured that the provider's infection prevention and control policy was up to date. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

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

Staff support: induction, training, skills and experience
Staff received the training they needed for their roles. Training in autism was part of the initial induction as was also part of the positive behaviour support training. All support staff were enrolled on a level three health and social care course when they had completed their probationary period.

New staff completed a week induction, completing the required training, and then shadowed experienced staff for two weeks. This meant they could get to know the person, their support needs and how they communicated. One support worker said, "You need hands on experience for working with [Name]. We have good training in theory and then you have to apply it in the middle of an incident."

Support workers said they felt well supported by the service manager, who had recently moved the Darragh House. One support worker said, "I feel supported by [service manager Name] definitely; they know [Name] and their behaviours and so understands what the staff go through."

There was a small staff team at Darragh House, and we were told the communication within the team was good. Regular team meetings were held, both informal at handovers and formal. Formal supervision meetings were also held. Staff discussed the support the person needed and different strategies they could use in different situations to enable them to participate in the things they wanted to. The team had also discussed the person's upcoming move to the new house and how they would support them with this move.

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.

Restrictions in place at Darragh House were discussed and agreed at the six-monthly reviews with the person's family and social care professional that they were in the person's best interests. However, there was no evidence of a corresponding capacity assessment for these restrictions.

We observed staff offering day to day choices and options about their care and support throughout the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
The person was supported to maintain their health and wellbeing. Their health needs had been identified and care plans provided guidance for staff for meeting these needs. A health action plan was in place which detailed their health needs and documented all medical appointments. There was also a hospital support plan, which detailed their communication and support needs if they needed to be admitted to hospital.

A monthly report was sent to the person's social worker, which included information about what they had done, any health issues, incidents and changes in support needs.

Supporting people to eat and drink enough to maintain a balanced diet
The person's nutritional needs were assessed, and they were supported to maintain a balanced diet. The person's weight was monitored each month. Team discussions about supporting the person to have a healthier diet had taken place. A range of activities, for example swimming and the gym, were used to try to maintain a healthy weight.

Adapting service, design, decoration to meet people's needs
Darragh House was a large house that had plenty of space. The person only used the downstairs of the house and certain areas of the large lounge as this reduced their anxieties. The person did not need any specific adaptations of the home. The relative said, "The new house is a lot smaller, which is better for [Name]."

The house needed extensive repairs. The provider was aware of this and these would be completed once the person moved to their new house.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
The person's needs had been assessed and reviewed every six months or when there were any changes in their needs or activities. Their family and social worker were involved in the reviews. Progress on achieving current goals was discussed as well as any new goals the person wanted to work towards.

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
Staff knew the person and their individual needs well. A comprehensive 'All About Me' document provided details of their likes, dislikes, communication and personal history. This provided a clear overview of the person's support needs. A relative said, "The smaller staff team works better, they seem more committed to being [Name's] carer and have become part of their family."

Staff were very positive with working at Darragh House. One said, "I love working with [Name]," and other told us, "I really like working with [Name] as you can see them progressing at their own pace."

Staff clearly explained how they supported the person with dignity and respect. We observed positive interactions between the person and members of staff throughout the inspection. The person seemed comfortable with the staff support they had.

Supporting people to express their views and be involved in making decisions about their care
We observed a consistent approach by all members of staff to providing a choice of what the person wanted to do. During our inspection staff used verbal communication to prompt and encourage the person and repeated what the person had said to check they had understood correctly. A picture communication system was used so the person could plan what they wanted to do each day.

Respecting and promoting people's privacy, dignity and independence
We observed support workers prompt and encourage the person to do the things they were able to themselves, for folding papers for their paper round. Staff explained how they prompted the person to buy the food and pay for things when they were out and involved the person in making their meals. Support plans clearly identified where they were to be prompted to be independent and where they required more support.

The support workers explained how they respected the person's privacy and dignity whilst providing support.

Is the service responsive?

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

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.

Staff working at Darragh house were able to understand what the person was saying. A member of staff said, "[Name] is much better communicating now. They will try to explain themself in different ways now until they are understood. This is down to having a stable staff team who [Name] knows and know how to speak with them."

They also 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.

A range of pictures and symbols were used so the person could make choices between different activities, both indoor and outdoor. A member of staff said, “If new staff come in and they don’t understand [Name] they would go and get the PECS to show the staff what they mean.” The person also listened to audio books from the library.

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

There were clear routines for different times of the day, for example in a morning and in the evening. Autistic people often need routines to maintain consistency and to reduce their anxieties. Within this structure the person was given choices of what they wanted to do.

The person also needed to be busy and enjoyed being out of the house. We observed them planning a series of things to do, with staff support, for the evening of our visit. This included mowing the lawn at the house. One member of staff said, “We have planning schedule in office. This can be adaptable, like during school holidays or the TT. [Name] can say they don’t want to go out, so we’ll (staff) say we need something for dinner so do you want to go to shops. Once they are out, they’re great.”

Records showed the person had an active lifestyle. Public transport was used to access the different activities.

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

Detailed person-centred support plans were in place and were regularly reviewed. These provided step by step guidance for support workers for different routines and activities. The support plans identified what the person was able to do themselves, depending on their mood and levels of anxiety, and what support staff should provide.

The person also had agreed support goals they were working towards. These were personalised goals agreed with the person, their family and social worker. For example, one goal was for the person to be involved in cleaning their home. The person liked to hoover, so this was used as a motivator to encourage them to complete other tasks around the house first, and then do the hoovering.

Improving care quality in response to complaints or concerns

The provider had a complaints policy in place. There had been no formal complaints made in the last year. There was regular communication with people’s relatives, which meant any issues could be resolved informally. A relative said, “If I’ve raised a concern, it has always been sorted out.”

End of life care and support

At the time of our inspection no one was receiving end of life care. The person living at Darragh House was a young adult and so discussions had not taken place with their family about any end of life wishes or decisions.

Is the service well-led?

We found that this service was well-led in accordance with CQC's inspection framework.

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

A quality assurance system was in place. Regular audits were made of the care files, medicines. and health and safety. A monthly service report was written detailing what the person had been doing, any incidents and staffing.

A 'responsible person' visit was completed by the area manager every six months. This checked files were up to date, medicines, staffing and looked at the environment. However, they did not visit Darragh House outside of these visits. We were told that they were available to contact by telephone if needed.

Peer to peer reviews were also completed by the manager of a different Autism Initiatives home, which looked at a range of areas within the home. A house action plan was written to identify all actions needed. These were seen to have been completed.

All staff were clear about their roles at the service. The whole staff team, including the service manager, were due to move with the person to their new house, when it was ready. This would ensure continuity of support.

The provider held a monthly meeting with the area managers to discuss all Autism Initiatives homes on the Isle of Man. This enabled learning from one home to be shared with other homes, although we were told these were very full meetings and they would benefit from having more time to discuss incidents and issues across the different houses to gather ideas from other managers. The provider also had regular meetings with colleagues based in England and was able to access specialist support in mental health through Autism Initiatives.

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

The staff we spoke with enjoyed working at Darragh House and clearly had a good relationship with the person living there. One support worker said, "[Name's] a wonderful lad to work with. They'll say they've had a nice day and give staff a hug."

Staff felt well supported by the service manager. Support workers were able to contribute ideas and openly discuss people's support and different strategies during the regular team meetings. A support worker said, "[Service manager Name] is very supportive. If something happens or if there's any issues with staff, they sort it out. I can go to "[Service manager Name] whenever I want to."

A 'quality of life' document recorded the successes the person had in gaining new skills since living at the home. These included having their own paper round, improved personal care and a being involved in a wider variety of activities.

There was regular contact with the person's relatives and communication between the staff and their relatives was positive. A relative said, "I've got a good relationship with the staff team."

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 service manager knew the types of incidents that needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.

Working in partnership with others
A monthly report was sent to the person's social worker, detailing updates in progression towards agreed goals, changes in health and any incidents. The social worker was also involved in the six-monthly reviews.

The service worked with a range of professionals, including a psychiatrist and GPs.