

Greenacres

Inspection report

Adult Social Care Directorate

Murray House

Mount Havelock

Douglas

Isle of Man

IM1 2SF

Tel: 01624 686589

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Our findings

Overall summary

We carried out this announced inspection on 25 May 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.

About the service

Greenacres is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Greenacres is the ground floor of a purpose built two-storey building which can support up to five people. At the time of our inspection five people were living at the home.

Each person has their own fully accessible room and connecting adapted bathroom. There is a shared kitchen and lounge, with access to a large garden.

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.

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.

Our key findings

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice. People, and their relatives where appropriate, were involved in agreeing the support plans and goals. People received person-centred support and made choices and decisions about what they wanted to do. People were part of their local community and were supported to be as independent as possible.

Our observations showed people were comfortable with their staff support. People said they liked living at Greenacres. Risks were assessed and guidelines were in place to manage these risks. Incidents were recorded and reviewed to reduce the risk of a reoccurrence. People received their medicines as prescribed, however we have made recommendations for improving the management of medicines and controlling the temperature of the room where medicines are stored.

We have made a recommendation about ensuring work identified in the fire risk assessment is completed in a timely manner.

Improvements were needed in the quality assurance process. For example, internal audits for medicines needed to be regularly completed following best practice guidance. The service manager did not have full oversight of the quality of the care at the home. They rarely visited the service, and we were told they were not always easily contactable.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff prompted and encouraged people to do the things they were able to do for themselves. Staff were positive about working at Greenacres. Relatives spoke positively about the staff team, saying they were kind and caring.

There were a lot of staff vacancies. Shifts were usually covered by staff working extra shifts or relief staff. This took a lot of the senior residential support worker (SRSW) time to sort out. Staff had received the training they needed for their roles. Information about people's specific health needs was available. We were not able to check staff recruitment at this inspection as the recruitment files were not available.

Staff said they felt well supported by the SRSW and communication within the team was good through daily handovers, formal supervisions and staff meetings.

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. Some of these restrictions were evidenced as being in the person's best interests, but not all. Formal capacity assessments were not recorded; the policies and systems in the service supported this practice.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met. Staff knew how people communicated through facial expressions and different sounds. Communication aids, for example 'then and now cards', were used where appropriate.

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

- Implement current guidance for the management of medicines. This includes guidance for when to administer all 'as required' medicines, robust checking of staff knowledge and recording stock balances between medicines cycles.
- Take action to ensure medicines are stored in a temperature-controlled space that is monitored to be below 25 degrees centigrade in line with the manufacturer's instructions.
- Take action to review medicines audit procedures and timescales to comply with best practice guidance.
- Take action to recruit to the current vacancies and reduce the pressure on staff working additional shifts or having to use relief staff.
- Ensure all restrictive practices are reviewed and evidenced as being in the person's best interest. This review should be undertaken with full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity.
- Take action to review the provider's oversight of the service through checks made at service manager level of the organisation.
- Improve the availability and timeliness of portable appliance testing.

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

- Ensure actions from fire risk assessments (and all other risk assessments) are completed in a timely manner.
- Recruitment records need to be accessible and audited to ensure robust, safe recruitment procedures are being followed.
- Review the need to undertake a Legionella risk assessment in social care settings, having regard to The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.
- Ensure agreed specialist assessments are completed in a timely way so people's needs can be met and a move to more suitable alternative accommodation can be progressed.

The inspection

Service and service type

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

Greenacres had a Senior Residential Support Worker (SRSW) who managed the home. They were 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 we asked providers to send to us for our inspections with key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the SRSW. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service. We observed the support provided throughout our inspection as not everyone living at the home was able to communicate with us. We looked at the environment of the home, with people's permission.

We spoke with five members of staff including the SRSW, and support workers. We reviewed a range of records, including two people's care records and medication records. A variety of records relating to the management of the service, including quality assurance, complaints and incident reports were reviewed.

After the inspection

We spoke with one relative and contacted three relatives by email for their feedback about the care and support provided by Greenacres.

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.

Using medicines safely

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

Medicines were stored in the main office at the home. This office had no external ventilation and became very hot, especially in the summer months. We were told it had reached over 35 degrees centigrade last summer. Medicines should be stored below 25 degrees centigrade, in line with the manufacturer's instructions. Temperatures above this can affect the efficacy of some medicines. The room temperature was not taken daily, so there was no record of how many occasions the room was too hot for the safe storage of medicines.

Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed. However, the competency assessment did not check the staff knowledge of what to do in the event of an issue when administering medicines, for example if a tablet was dropped or a person refused their medicines. We discussed this with the SRSW, who said they would add 'what if' scenarios to the competency assessment.

Medicines administration records (MARs) were fully completed. Guidance was in place for some medicines administered 'when required' (PRN), but not all. We discussed this with the SRSW, who

said they would ensure all PRN medicines had guidelines for when they needed to be administered.

It was not possible to check whether the medicines stock levels were correct as the number of tablets carried forward from one month to the next were not recorded. Therefore, it was not known how many of each medicine was in stock at the start of the medicines cycle. Stock counts for the homely remedies used, for example paracetamol, were not kept.

The provider's medicines policy was up to date and gave clear guidance in the areas identified above. The service needed to ensure the policy was consistently followed.

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

Risks people may face were identified and guidelines were in place to manage these risks. Incidents and accidents were recorded electronically. All reports were reviewed by the SRSW to check any actions to reduce the likelihood of a reoccurrence had been taken.

An external fire risk assessment had been completed in June 2021. This identified actions for the whole building, including ensuring the roof space had the correct compartmentalisation to slow the spread of any fire. This had not been actioned. The SRSW told us discussions were currently ongoing between the provider and the original building contractor as to who was responsible for the work. In the meantime, the fire risks at Greenacres were increased.

Personal emergency evacuation plans (PEEPS) were in place for each person and were easily accessible in the case of an emergency.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. However, portable appliance testing (PAT) (or equivalent) had not been carried out since 2019. PAT checks ensure electrical appliances are safe to use. The provider's estates department were responsible for arranging the PAT tests.

A formal risk assessment for Legionella disease was not completed. Legionella bacteria live in water systems. Annual tests for Legionella bacteria were carried out by an external company. Weekly water temperature checks were made.

Systems and processes to safeguard people from the risk of abuse

Relatives thought people were safe when staying at Greenacres. Staff had completed training in safeguarding vulnerable people. They knew the signs of potential abuse and how to report this. Staff were confident the SRSW 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.

Staffing and recruitment

There were a large number of vacancies at Greenacres. The SRSW spent a lot of their time trying to cover the vacant shifts, through overtime and relief staff. A member of staff said, "I usually do two extra shifts per week, but it can be too much."

We were told that the rota was usually covered, which meant the impact on the people living at Greenacres was minimised. One member of staff said, "It's a popular house for relief staff to work, so we can usually get cover. The guys don't miss out on their planned activities."

The SRSW told us they were going to be involved in the next round of interviews for new staff. However, if they were not interviewing, they would not be involved in the decisions of which new staff would work in which property.

At the time of our inspection, individual staff recruitment files were not available for us to view. We therefore could not determine if safe recruitment practices had been followed.

Preventing and controlling infection

Greenacres was visibly clean throughout. We observed support workers using the appropriate personal protective equipment (PPE).

Staff had completed training in infection control. An annual infection prevention and control self-audit had been completed in April 2022, with a high level of compliance.

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 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.

Some best interest decisions had been evidenced, for example the need for one person to drink a specified amount each day. Reasons for some other restrictions were also recorded, for example the need for sensors to alert night staff if a person got up. However, this was not consistent for all decisions made on people's behalf or all restrictions. Routine capacity assessments and best interest decisions were not completed for all decisions.

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

Staff support: induction, training, skills and experience

Staff received the training to carry out their roles, including specific training and information to meet the needs of people living at Greenacres, for example managing epilepsy. Face to face training had been more limited during the COVID-19 pandemic. Course dates were now becoming available for staff to book onto, although too many staff couldn't attend the same course as the rota had to be covered. On-line training courses had continued to be available.

Support workers said they felt well supported by the SRSW. There was a small staff team who communicated regularly with each other and the SRSW at daily handovers. Formal supervision meetings and team meetings were held. Support workers said they were able to speak with the SRSW informally whenever they wanted to. A support worker said, "I feel supported, the doors always open for [SRSW Name]; they're really good and will try sort something for you if they can."

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

Each person's support needs were assessed and reviewed at least every six months or when new activities started. Annual person-centred reviews were held with the person and their family, where appropriate. These agreed the support people needed and identified the goals the person wanted to achieve in the coming twelve months.

It was planned for one person to move to another house. A planned transition programme was in place to support the person to move and settle into their new home.

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. Staff were knowledgeable about one person's specialised dietary requirements. Records of people's fluid intake were made where needed.

One person said they enjoyed the food and they were involved in planning their meals.

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

All bedrooms and bathrooms had a ceiling track hoist, enabling people to safely transfer directly from their bedrooms to their bathroom. All bathrooms had adapted baths and accessible showers.

Specialised beds, for example beds where the height could be altered, were in place where required. All rooms and the garden were wheelchair accessible.

People had personalised their rooms, with photographs and personal effects.

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

People were supported to maintain their health and wellbeing. People's health needs had been identified and care plans provided guidance for staff for meeting these needs. Information about people's specific conditions, and how these affected them, was available for staff to read. The staff were knowledgeable about people's health conditions and needs.

Staff supported people to arrange and attend medical appointments when needed. Records of each appointment were made on an electronic system, which all staff could access. Referrals to medical professionals and specialist services, for example the falls nurse, were made appropriately. Some specialist learning disability services were not always available on the Isle of Man, and had to be sourced from the UK, for example learning disability psychologist. This had caused a delay in obtaining specialist assessments for one person but was outside of the control of the home.

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

Staff knew people and their individual needs well. Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had. One person said, "The staff are good, I can talk to them." A relative said, "Staff know [Name] well, they've lived there a long-time and the staff know them from when they were young." A relative told us, "Everyone we've met has been kind and helpful."

A profile had been written for each person which gave a brief summary of their support needs, likes, dislikes and how they communicated. This gave a good overview of people's needs for any relief staff covering a shift at Greenacres.

People's cultural needs were identified. Staff supported people to access to their local community.

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

Person centred plans were reviewed annually with people and their family where appropriate, although this had been more difficult during the COVID-19 pandemic.

Staff explained how they tried new activities or meals and gauged people's reactions as to whether they enjoyed it or not. One staff member said, "We know if they like something or not through the noises they make."

Respecting and promoting people's privacy, dignity and independence

Staff explained how they prompted and encouraged people to do the things they were able to, for example when bathing and eating. A member of staff said, "[Name] will do a lot for themselves. We encourage them to butter their toast and to help prepare their meal once a week."

The support staff explained how they respected people's privacy and dignity whilst providing support.

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

Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Staff knew people, and the support each person needed, well. Staff were allocated as key workers for named people. The keyworkers were responsible for ensuring the support plans were updated if there were any changes needed. A support worker said, "We review the files every six months. We get input from the rest of the team as well."

Annual person-centred reviews were held with the person and their family, where appropriate. These agreed the support people needed and identified the goals the person wanted to achieve in the coming twelve months.

Support plans included a personal intervention plan which detailed possible triggers for people being upset or distressed and how staff should support them at this time. Staff we spoke with were able to describe how they would support people if they were upset or distressed.

Meeting people's communication needs

Best practice guidance (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.

People's communication needs had been assessed and were identified in their support plans. People had a communication passport which would be made available to other health professionals in the event a person was admitted to hospital. This provided brief details of people's communication and support needs.

Staff described how they would observe people's facial expressions and different noises made to know whether they liked something or wanted staff to stay with them or not. One member of staff said, "We get to know people's looks. [Name] uses sounds and eye contact if they're looking for reassurance or if they're happy."

One person liked to listen to audio books they borrowed 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

People had a range of planned activities each week. Staff said they now supported people to more activities within the community as day service provision had been reduced over the COVID-19 pandemic. A support worker said, "We get out a lot, to do things they like. We've tried some things and they've not worked out, so we tailor activities to what they want to do."

The person we spoke with said they were happy with the activities they had. However, one family felt there was not enough structured time or activities to keep their relative engaged. This was currently the subject of a complaint and review, with an agreement of a new placement for the person which the family felt would be better able to meet his needs.

Improving care quality in response to complaints or concerns

The provider had a formal complaints policy in place. Most concerns were dealt with informally directly between people, their families, the support staff and SRSW.

There had been one recent complaint. We saw this had not been resolved to the complainant's satisfaction. An independent investigator had been appointed, who had made a number of recommendations. These were in the process of being actioned, although some, for example completing a specialist assessment, were outside the control of the SRSW.

End of life care and support

At the time of our inspection no one was receiving end of life care. Support staff had discussed, and recorded, people's end of life wishes where people or their relatives had wanted to do so.

Is the service well-led?

We found this service was not always 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

The quality assurance system did not always follow best practice guidance. Regular checks were made of people's finances and of the fire and emergency systems. However other audits, for example infection control were only completed on an annual basis. An annual medicines audit was completed; however, this did not check stock quantities. Regular medicines checks were not made at the home.

The service manager for Greenacres rarely visited the home. They did not make any checks or audits at the home. This meant the service manager had little oversight of the quality of the support provided at the home. Since January 2022 the SRSW also managed another home on the same site. They had not received any additional support to manage the two homes. We were told staff were not always able to contact the service manager by telephone when they had tried.

The SRSW and support workers were clear about their roles and responsibilities. Staff took turns to be the lead on each shift, ensuring all tasks had been completed. Staff were also allocated as keyworkers and knew what they had to do within this role.

When required we were told the service manager would update all SRSWs with learning from an issue in another of their services, via email or telephone calls. Supervisions for the SRSW had not always been completed during the COVID-19 pandemic and notes from the supervisions had not been made available. There had been a recent SRSW meeting which had been the first one since before the COVID-19 pandemic.

Incidents were reviewed by the SRSW to check steps had been taken, where possible, to reduce the risk of the same issue reoccurring.

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

Support workers said they enjoyed working at Greenacres, felt well supported and were able to speak with the SRSW whenever they needed to. They said the SRSW would respond to any concerns or ideas they raised. One support worker said, "I feel supported; we have team meetings, supervisions and [SRSW name's] door is always open. [SRSW name] will try to sort something for you if they can."

People had active lives and our observations showed they were comfortable with the staff support they had. People and their families, where appropriate, were involved in discussing and agreeing people's support plans. Goals were agreed at the person-centred planning meetings and people were supported to achieve these goals. Relatives said there was good communication with the staff team, and they were informed about any changes.

We were told the provider had staff surveys; however, the support workers we spoke with did not feel that any action was taken from the survey results.

Working in partnership with others

The home worked with medical professionals, social workers and families to ensure people's needs were being met. There was a lack of specialist learning disability services on the Isle of Man, for example learning disability speech and language specialist. This had delayed obtaining specialist assessments for one person but was outside the control of the home.

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