

Glendale

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 08 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

Glendale 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. Glendale is located in Douglas. Each person had their own bedroom and shared access of bathrooms and living facilities.

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, staff training and staffing levels, safe management of risk people may face, 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. Glendale was located 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. However, the property was poorly maintained; and 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; however, there were not enough staff on duty to always meet people's needs.

Staff had received the training they needed for their roles but needed to attend a number of refresher courses. Staff did not have the opportunity to discuss their role with their manager through supervision or team meetings on a regular basis.

People told us they were happy living at Glendale. Risks were assessed and guidelines were in place to manage these risks. This included ensuring people's health and nutritional needs were being met. However, these were not always updated as people's needs changed.

There was a lack of provider oversight at the service. We were told the provider's senior management team rarely visited the service. No external audits on the quality of the service had been undertaken since the start of the COVID-19 pandemic.

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

- Take action to improve the availability and timeliness of portable appliance testing.
- Take action to ensure all prescribed medicines administered on an 'as required' basis are supported by clear guidance for staff to refer to.

- Take action to ensure areas of the service used to store medicines have recorded temperature checks to demonstrate medicines are safely stored in line with the manufacturer's instructions.
- 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.
- Take action to ensure staff have received the necessary training updates needed to support people well.

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

- The needs of people living at the service need to be reviewed to ensure there are adequate staffing levels to meet both people's support needs and to be able to maintain an appropriate level of cleanliness at Glendale.
- The provider needs to undertake a full review of the environment and develop a plan of repairs and redecoration.
- 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 Glendale.

The inspection

About the service

Glendale 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.

Glendale had a manager in post who was not yet registered with the Inspection and Registration Unit of the IOMDHSC. The manager was due to leave Glendale. A new manager would be in charge of running the service, who was also not registered. 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 two people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Glendale.

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 four medication records. We looked at two 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 relatives and one person who used the service 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

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.

The staff team at Glendale was small. On most days, there was one lone working member of staff working on shift. People living at the service had varying levels of independence. Some people were able to go out or stay at the service without staff support. Others needed staff support at all times, or to attend activities and appointments. One staff member told us, "We are fire-fighting at the moment. We have issues with staffing. Single staffing is the norm."

Family members also shared concerns about the staffing levels at Glendale. Comments included, "Staff are doing a lot of back to back shifts and I don't think it is good for them. There used to be two staff on shift. It changed to one staff 12 months ago" and, "[Name] can stay in on their own for about an hour or two. But others can't and if they don't want to go out it affects the others."

We discussed staffing levels with the manager who told us they had already requested additional staffing for the service due to changes in people's needs. However, this had not been authorised at the time of our inspection. We have escalated our concerns to the IOMDHSC.

Assessing risk, safety monitoring and management; Preventing and controlling infection

Recommendations from a recent fire risk assessment had not been fully actioned. 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.

Other routine checks on the environment and equipment were undertaken. Certificates were in place to demonstrate this. However, some checks were not effective as we found several areas which were not safe and could cause a risk to people's physical health.

We observed one person's bedroom was very dusty and unclean. Their bed base needed to be replaced as it had broken drawers which were stuck out. There was a risk of the person or a member of staff could injure themselves. A bay window in another bedroom needed to be repaired. The window had dropped out of position which meant it couldn't be fully closed to ensure it was secure and draught free.

One person had a locked storage area in the eaves of their bedroom. This was full of old furniture including a bicycle and paperwork which needed to be archived. Outside of this person's bedroom there was a storage area housing hot water pipes which was not secure. We found plastic bags had been thrown in there, close to the hot pipes. This was a potential fire risk.

Areas of the service had damp on internal walls. We observed one person needed to use a dehumidifier in their bedroom to prevent condensation building up.

Wallpaper covered areas of the service where the plasterwork had blown and come away from the wall. On the staircase there was a large hole in the wall which needed repair. One family member told us this hole had needed to be repaired for more than three years.

The kitchen was dirty and needed to be replaced. Not all cupboards had doors fitted as they had broken and been removed. There was a significant build-up of debris behind kitchen appliances including large pieces of dust, old food items and papers.

The bath panel in one bathroom needed to be replaced as it was worn; and paint was coming away.

We escalated these issues to the IOMDHSC. The manager told us the provider's estates department was currently undertaking a review of the property. Staff also told us they found it very difficult to maintain the cleanliness of the service due to lone working and meeting the other needs of people living at the service.

People had risk assessments and support plans in place. One person's risk assessments and support plan had not been reviewed since 2019.

In recent weeks there had been a significant change in needs for one person. The staffing levels were insufficient to always provide the person with an appropriate level of support. Another person had several risks identified and had detailed support plans in place to mitigate the risk to the person and others. However, these had not been reviewed for a number of years. The manager told us both people currently had a social worker involved in reassessing their support needs.

Using medicines safely

People received their medicines as prescribed. Medicines were stored in the kitchen. One person used a sharps bin to store used needles. This was placed on a raised corner shelf. It was full and not secure. There was a risk it could fall on people and cause a needle stick injury. We raised this and the manager told us they would remove the sharps bin to a more secure location.

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

Some people required medicines to be administered on an 'as required' basis. There was not always additional guidance for staff to follow to demonstrate staff understood when it would be appropriate to offer the medicine.

There was a medicines policy in place and staff undertook appropriate training. This included training by a medical professional to assist one person to safely manage their diabetes. Annual audits were completed. The manager told us the provider had introduced an improved medicines audit which would be completed by staff on a regular basis.

Safe systems were also in place for any person who would be able to administer their own medication, with lockable facilities for medicines storage in each bedroom.

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 the person was being harmed or abused.

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 analysis 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 not always effective in accordance with CQC's inspection framework.

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.

Some people living at Glendale were able to consent to the support they received. They were fully involved in reviewing their own support and support plans reflected advice and guidance provided by other health and social care professionals. We observed consent being sought during our inspection.

We found two people needed a number of restrictions in place due to historical or current risks. We were told one person had agreed to conditions imposed by another agency, although lacked the capacity to fully understand these conditions. The other person's risks had not been formally reviewed for a number of years. The manager was unable to demonstrate how the restrictions for the second person were in their best interests or remained the least restrictive option available. Both were in the process of having their needs reassessed by the social work team.

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. We raised this with the manager and discussed the need to focus on this as an area of improvement.

Records confirmed new staff also received an appropriate induction to the service.

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

Areas of the environment were poorly maintained and needed redecoration and repairs. One family member told us, "It's a very old house and had issues, [the provider is] always fixing things."

People were supported to personalise their bedrooms through décor and with photographs and personal items.

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 the person received consistent, effective and timely care. We were told by staff of one occasion when a person needed to attend a medical appointment and another person who received support had to also go and wait in the waiting room. This was because there was only one staff on duty.

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

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

Nutritional needs were assessed, and support plans reflected this. People were offered choice and encouraged to be as independent as they were able to prepare meals. One family member expressed a concern these were not always healthy choices. We shared this feedback with the manager.

People living at service spoke positively about the food and the support they received. Comments included, “[Staff Name] is a good cook” and, “Sometimes I help staff cook. I like doing things for myself. I like some cooking more than others.”

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, friendly and respectful interactions between people and staff members on duty. People told us they liked living at the service. Comments included, “Staff are really nice,” “It's fine living here” and, “I do like Glendale it is my home.”

Family members also spoke positively about the support people received. One told us, “I tell staff they are heroes and they do the best they can do.”

Staff encouraged people to do as much as they could for themselves. We observed this to be the case during our inspection. For example, we observed people prepare meals and tidy the house.

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 supported to make decisions about their own care. Family members were also consulted and involved where appropriate. One family member told us, “[Name] has a [review] meeting coming up. Can bring up any problems them. [Name] organises these themselves. They choose who come. They are in charge of it.”

Is the service responsive?

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

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

The manager described people as ‘compatible.’ However, each person had their own support needs which could cause issues as there was only one staff member on duty. Some people were able to remain at home unsupported for short periods; and go out independently, however this was not the case for everyone. We were told examples of times when people may choose not to go

out; which then impacted on the entire household. One family member told us, “No I don’t think [Name] does enough things as there’s not enough staff. [Name] needs staff to support them to go out.”

During our inspection we observed people did have a range of activities they enjoyed. This included volunteering and employment and one person enjoyed football matches. Recent changes in their support meant they needed a staff member to accompany them. It was only possible for them to attend this activity if another person who could not stay at home unsupported attended also. We were also told the length of time away from the house this activity required meant the person would then have to return home with staff during the half time period to check the people who remained at home were safe before they could return to watch the end of the game. We have raised this example with the IOMDHSC as an example of staffing level concerns as this was impacting on people’s social support.

People were supported to stay in touch and spend time with friends and family. At the time of the inspection people were enjoying visits to the family home and family holidays.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 were familiar with people’s needs and preferences. Important information was recorded.

The communication needs of people were also understood. Support plans contained communication information to assist staff when working with people.

Information about the service was available in different formats.

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 in the service. Records were maintained.

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

End of life care and support

The service does not currently provide this aspect of care.

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 limited systems in place to monitor and review the quality of care and experiences of people living at Glendale. The provider had little day to day involvement in the running of the service. There was a lack of on-site visiting, auditing and monitoring at a provider level. The manager did tell us their line manager was available by telephone for support and advice whenever needed. We were also told they would visit upon request; but this was not routine.

At a service level, routine health and safety checks were undertaken by staff. However, we found the property was in a state of disrepair and needed refurbishment. Numerous improvements were required to ensure the service was safe, secure, clean and met the needs of people who lived at Glendale.

The manager completed an annual report in April 2022 which provided a summary about the quality of the service. This states the service was 'tired and in desperate need of repairs' and had been raised with the provider's estates department and senior management team.

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 detailed support plans in place. Not all had been reviewed or been updated to fully reflect changes in people's support needs. Where plans had been reviewed, the involvement of people was clearly evidenced.

Current staffing levels made it difficult to fully ensure people were able to achieve outcomes which were important to them, such as pursue their leisure interests.

All people told us they liked the staff and enjoyed living at the service.

During our inspection we were told the manager was leaving and a new manager would be starting at Glendale. Family members confirmed they had met the new manager.

Staff had not received recent supervisions or had the opportunity to share their views through team meetings. One staff member told us, "It is difficult to have team meetings because of the one staffing level."

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; Working in partnership with others

The manager demonstrated an understanding of their responsibilities under duty of candour.

Information contained within support plans demonstrated the staff at Glendale worked in partnership with other agencies.