DHSC – CQC external quality regulation programme

Glen Darragh House

Inspection report

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

Phone 01624 852146

www.autisminiatives.org

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Our findings

Overall summary

We carried out this announced inspection on 16 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
Glen Darragh House is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Glen 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 and back garden.

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 prompts and communication systems, for example the Picture Exchange Communication System (PECS).

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. They were 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. There was only one driver working at Glen Darragh House, which could limit when the person was able to go out in their car. Staff supported and prompted them to be independent where possible. Feedback from families and social care professionals was positive about the support provided, especially since the current service manager was in post.

Staff had the training and support they needed to meet the person's needs. 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.

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

- Ensures the home co-ordinates with the nearby house, Darragh House, to ensure the availability of drivers so the person is able to access the community when they wish to.

The inspection

About the service

Glen 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.

Glen 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 observed the support provided throughout our inspection as the person living at the home was not able to verbally communicate with us. We looked at the environment of the home, with the person's permission.

We spoke with two members of staff including the service manager and a support worker. 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.

After the inspection

We contacted two relatives and a health and social care professional by email and spoke with one support worker 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

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. We observed a support worker following the PBS guidance during our inspection.

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
There were staff vacancies at Glen Darragh House. It was planned for two staff to be on shift at all times, however we were told that two or three times a month there was only one staff available. Bank staff were used to cover the rota when needed. The service manager said, “As soon as we have annual leave or sickness it can be difficult to cover the shifts.” One more member of staff was due to start work at the home shortly after our inspection.

If there was only one staff available, there were agreed in-house activities that had been risk assessed as suitable for one experienced member of staff to provide support. In the event of an emergency staff could call a nearby house managed by the provider for support if they were on their own. The staff told us they had not had to do this.

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.

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 registered manager and 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.

Learning lessons when things go wrong
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 and registered 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, “After the bigger ones (incidents), we speak within the team about what happened and see if anyone has got any ideas about if we could do things differently next time.”

A social care professional said, ““Currently [Name] appears settled and there has been a reduction in incidents. The house manager is working well with the staff team to identify [Name’s] signs and indicators for potential changes and triggers that could impact on their behaviour changing.”

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 CVOID-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. One support worker said, "We have face to face and eLearning; it's really good," although some face to face training had been postponed during the COVID-19 pandemic. 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.

Support workers said they felt well supported by the service manager. There was a small staff team at Glen 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.

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 Glen 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. However, we saw that following a small operation the hospital had not provided the six-week follow up appointment as was usual. The service manager had to ring the hospital to ensure a suitable follow up appointment was made.

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. A range of healthier snacks was available to support the person to maintain their weight.

Adapting service, design, decoration to meet people's needs
Glen Darragh House was a large house that had plenty of space. There were areas set up for the person to reduce their anxieties, for example an indoor tent, balance balls and weighted blankets. There were photographs of activities the person had done, as well as communication aids on the walls.

The kitchen required repairs to be completed. The registered manager told us that quotes had been agreed and a date for completion was to be agreed.

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.

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. A social care professional said, "I observed [Name] to be relaxed and content. [Name] appeared to have a positive relationship with the staff on shift, in particular with the house manager."

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. On the day of our inspection staff used verbal communication and a picture communication system to prompt and encourage the person. We were told that sometimes, if the person was more anxious, they would communicate more by using vocalisations and signs.

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 example getting a drink and getting their own breakfast. 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.

Whilst the person living at Glen Darragh House was non-verbal, they were able to understand simple sentences and would respond with a few vocalisations which the staff team were able to understand.

They also used the Picture Exchange Communication System (PECS) to communicate, as well as some Makaton signs. 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. PECS strips and boards were located around the house to aid communication and remind the person about routines, for example when going for a bath. The PECS pictures were reviewed each month and new symbols introduced where needed.

A support worker said, "[Name] is patient with new staff. They'll go to their PEC book and give PEC to the staff to show what they want if the staff don't understand. Established staff know what they mean from the signs they use."

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. A support worker said, "We've put things in place such as specific times to get dressed, all staff prompting [Name] in the same way. They've responded better and they're significantly more independent now around the house."

The person had regular contact with their families. A picture clock was used to show the time the family would be visiting and what time it currently was. This allowed the person to manage their anxieties whilst waiting for their family to visit.

Within this structure the person was given choices of what they wanted to do, although we were told that they often did not want to go out. Records showed this was the case, but we also saw a range of photographs from trips out, which the person clearly enjoyed.

Only one member of the staff team was able to drive the person's mobility car. This limited how often the person was offered to go out as they did not use public transport. A support worker said, "[Name] loves swimming but we've not always got staff on duty who can drive so we don't ask them if they want to go on these days." When there were no drivers on shift, local walks were offered as an outdoor activity.

The registered manager said that a member of staff who could drive was due to move to Glen Darragh House. When the current service manager moved to another house, this would still only leave one driver working at Glen Darragh House. We were also told that in future it was hoped that the staff team at a nearby house, Darragh House, would be able to be flexible and assist with driving when the person wanted to go out.

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 work towards having lunch with their mother and another was for increasing their independence with personal care.

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, they would be able to contact the service manager if they had a concern and were confident it would be resolved.

End of life care and support

At the time of our inspection no one was receiving end of life care. The person living at Glen Darragh House was a young adult and so discussions had not taken place with people's families 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 (who was also the registered manager) every six months. This checked files were up to date, medicines, staffing and looked at

the environment. However, they did not visit Glen 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 service manager had recently delegated different tasks within the staff team, for example, writing and reviewing support plans. The support staff we spoke with were happy with this change. A relative said, “Since [Service Manager Name] has been there [Name] is doing so much better and they have made the house look lovely. The staff seem more engaged in meeting [Name’s] needs.”

The service manager was due to move to a different home with the same provider. It was not known who would manage the home after this. Some support workers said this was unsettling for them. This would also mean there would be no members of staff able to drive within the current team, which would affect the person’s ability to take part in activities away from the home.

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. They 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

The staff we spoke with enjoyed working at Darragh House and clearly had a good relationship with the person living there. The team were positive about how the person was now able to complete a range of tasks for themselves. A support worker said, “It’s really good; [Name’s] made a lot of progress in the past year. [Name] was stuck in his chair; wouldn’t get drinks or snacks for example. They’ve come out of shell more and so are significantly more independent now.”

A ‘quality of life’ document recorded the successes the person had in gaining new skills since living at the home. These included being able to go out for walks and making their own drinks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Staff said they enjoyed working at Glen Darragh House and said they worked well together as a team. 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.

There was regular contact with families and communication between the staff and the families was positive.

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 podiatrist, dentist and GPs.