

Glenroyd Bungalow

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 12 July 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

Glenroyd Bungalow is a residential care home providing personal care for up to five people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were five people using the service. Glenroyd Bungalow is located in Ramsey.

People had their own bedroom and access to shared facilities including bathrooms, kitchen and lounge areas. One person lived within a self-contained annexe which was also part of the service.

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

Glenroyd Bungalow was located in a residential area and there was no visible signage from the road or outside of the property to suggest people lived in a care home. People, and their relatives where appropriate, were involved in agreeing the support plans and goals.

However, the service was not always able to demonstrate how they were meeting the underpinning principles of culture, control and choice. We identified areas of improvement in relation to undertaking a review of one person's support needs, some aspects of risk and medicines management and areas of the service which required redecoration.

We also identified areas of improvement to ensure the service was working within best practice guidance for assessing mental capacity. The service could not demonstrate how they supported

people in the least restrictive way possible and in their best interests. The policies, documentation and systems in the service did not always support this.

Staff were safely recruited. There were enough staff on duty to meet people's needs; however, there had been recent difficulties in recruiting new staff and plans were in place to address this.

Staff had received the training they needed for their roles. Staff said they felt well supported by the registered manager.

People appeared happy and settled living at Glenroyd Bungalow. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence. People received their medicines as prescribed.

Staff knew people and their needs well. Staff were positive about working at the service. Family members spoke positively about the staff team.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met.

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

- Implement a system of room temperature checks to ensure medicines are stored in line with manufacturer instructions.
- Ensures thickening products prescribed for people at risk of choking are securely stored.
- Develop further information within support plans in relation to the administration of prescribed creams.
- Arrange for a scheme of redecoration of the communal areas and replace rusted radiator in bathroom.
- 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.

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

- One person required a full review of their needs to ensure their support plan accurately demonstrates how any agreed approaches to minimise risk are in the person's best interests and the least restrictive option available.

The inspection

About the service

Glenroyd Bungalow 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.

Glenroyd Bungalow had a manager in post 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 registered manager. We used all this information to plan our inspection.

During the inspection

We observed interactions between staff and people living at Glenroyd Bungalow.

We spoke with six members of staff including the registered manager, senior support worker, support workers and administrators.

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

After the inspection

We spoke with three relatives by telephone who shared further views about the service and their experience of the care provided.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Is the service safe?

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

Assessing risk, safety monitoring and management

People's needs were assessed; support plans had been developed to minimise any risk to people's health and wellbeing. This included when a person was at risk due to a diagnosis of epilepsy or had mobility needs. However, we identified areas which needed some improvement.

One person had a number of measures in place to reduce the risk to themselves or to others. This included a locked door and a listening device in their living area so staff could hear if the person needed support. We observed this person appeared content. Family also told us the person was happy. However, the person's risk assessments had not been formally reviewed for a number of years.

Each person had information within their support plans which described times when they may experience distress. One person's plan detailed a number of examples when physical restraint may be needed. Through discussion with staff it was apparent these measures were no longer needed. The support plan had not been updated to reflect this.

We discussed these issues with the registered manager who told us they would review support plans. They also told us they had already made a referral for a social worker to review people's current support needs. Routine checks on the environment and equipment were undertaken. Certificates were in place to demonstrate this.

Using medicines safely

People received their medicines as prescribed. There was a medicines policy in place and staff undertook appropriate training. In addition to this training, observations of practice were made on staff to assess competency.

However, we identified a number of improvements which were needed to ensure the safe storage and management of medicines.

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.

One person was prescribed a thickening product which needed to be added to drinks to reduce the risk of choking. This was not securely stored. This risk of people accessing the product accidentally was low. We raised this with the registered manager who told us the products would be immediately moved to a more secure location within the service.

Protocols were in place for people who required medication on an 'as required' basis. However, there was a lack of detail for prescribed creams. We raised the importance of ensuring this information was recorded to inform new or temporary (agency) workers when supporting people.

Preventing and controlling infection

People were protected from the risk of infection. Staff wore appropriate protective personal equipment (PPE) and there were adequate stocks available. Staff received training in infection, prevention and control. The provider's policy was up to date.

Staff told us they did their best to keep the service clean however felt the building would benefit from some updating. Our observations supported this. There was some redecoration needed to update painted areas in hallways and bathrooms. A radiator cover in the bathroom had rusted and needed to be replaced. We raised these issues with the registered manager.

Staffing and recruitment

Staff were safely recruited. Appropriate checks had been made before being offered employment. This included appropriate checks on agency workers.

At the time of our inspection there were enough staff rostered to meet people's needs. However, staff spoke about recent recruitment difficulties at the service. One staff member told us, "Staffing is difficult at the moment. We pick up what we can." We discussed recruitment with the registered manager who told us the provider had made some improvements to terms and conditions which meant they were now receiving an increased level of interest from job advertisements. There were currently new staff in the process of being recruited.

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 demonstrated they understood the actions they must take if they felt someone was being harmed or abused. Records were maintained when incidents had been reported to other agencies.

There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the manager and the provider also had oversight. This enabled an analyse of trends to be undertaken to identify any lessons learnt and to reduce the risk of incidents reoccurring

Is the service effective?

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

Ensuring consent to care and treatment in line with law and guidance

As far as possible, people should be enabled to make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under Manx legislation. Best practice in care homes, and some hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

We found these principles had been followed when a person had been unable to consent to particular medical procedures, including vaccinations; however, this approach had not been taken for other decisions.

For example, each person had a number of safeguards in place to protect them from the risk of physical harm. These safeguards included locks on external and some internal doors, lap straps on wheelchairs, specialised seatbelts when using the vehicle, listening monitors and bedrails. Some of these practices had been in place for a long time and there was evidence family members, and, in some cases, social workers had been involved in making these decisions. However, the restrictions were not always supported by assessments of the persons capacity or best interest decisions. Nor was there evidence of ongoing reviews of these practices. This meant the service was unable to demonstrate how they had determined the restrictions were in the persons best interests in the first place and whether the restrictions continued to be the least restrictive options available.

There was no evidence to suggest people were being unnecessarily deprived of their liberty; however, we discussed this area of support in detail with the registered manager who told us they would review the process and documentation for each person.

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

There had not been any recent admissions to the service. We found people's initial needs had been assessed and reflected advice and guidance provided by other health and social care professionals.

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

People's nutritional needs were assessed, and they were supported to maintain a balanced diet. People had the equipment they needed to eat and drink.

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

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

Staff worked with other agencies to ensure people received consistent, effective and timely care. Records demonstrated referrals were made to medical professionals and other services when appropriate.

Family members also told us they were kept informed about any medical appointments for people or any changes in a person's physical health. One told us, "Staff call if [Name] is unwell."

Staff support: induction, training, skills and experience

Staff received the training they needed to support people effectively. Staff also had access to supervision.

New staff received an induction to the service and had the opportunity to shadow experienced staff. One staff member told us, "My induction was good. I was not thrown in."

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

The living environment at Glenroyd Bungalow met the needs of people living at the service. There were adequate hygiene and communal living facilities. There was also ramp access outside so people could access the garden with ease.

People had the equipment they needed to be supported effectively and were encouraged to personalise their bedrooms through décor and with photographs and personal items.

Is the service caring?

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

We observed warm and friendly interactions between people and their staff team. Staff were attentive and spoke to people in a respectful manner.

Family members also told us they felt people were treated respectfully. Comments included, "I think its excellent. It can't be any better" and, "[Name] is happy, undoubtedly."

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

Staff encouraged people to do as much as they could for themselves. This was reflected in people's support plans.

Personal information was kept secure and confidential at all times.

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

Family members were consulted and involved in decisions about a person's care where appropriate. Regular reviews were undertaken. One family member told us, "I am involved in the support plan. We have two reviews a year or I can raise any queries I have in between. They keep me up to date. It got to stage I said they don't need to ring me all the time. I have set the guidelines."

Is the service responsive?

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

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

Staff were familiar with people's needs and preferences. Important information was recorded.

Each person had a 'key worker'. The key worker role ensured designated staff were identified to work closely with people around their needs and preferences.

Family members told us people were supported by staff who knew them well. One commented, "I have never had any problems or any issues. Staff know [Name] really well."

Meeting people's communication needs

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

The communication needs of people were assessed and understood. Care plans contained communication plans to assist staff when working with people.

One person used computer software system to communicate. We observed this in use, enabling the person to communicate with staff effectively.

Information about the service was available in different formats and languages upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

During our inspection we observed planned activities taking place. People appeared engaged and seemed to enjoy the social interaction and one to one support. Staff members told us, "We try and do one-one activities; however, some people prefer to do them all together."

Family members also told us people enjoyed the activities. One commented, "Covid didn't help but [Name] loves going out. [Name] likes to be active."

People were also supported to stay in touch and spend time with friends and family.

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. One family member told us, "I would complain to Praxis but never had to complain."

End of life care and support

Care plans demonstrated personal wishes had been established where people chose to share in relation to this aspect of a person's care.

Is the service well-led?

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

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

There were systems in place to monitor and review the quality of care and experiences of people receiving support at Glenroyd Bungalow. The provider visited regularly and had their own quality assurance system which was effective in identifying improvements to the service.

We have identified some improvements in this report, the registered manager was able to demonstrate actions they had already taken to address a number of the issues. Where improvements had not been identified through their own governance systems, we found the registered manager was receptive to feedback and committed to taking further actions to drive improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People had person-centred plans in place which were reviewed to ensure people could make plans for the future. The provider had a separate document used to record and monitor outcomes for people which aimed to show how people were becoming more independent. We reviewed this and found it wasn't always an appropriate tool to use with people who lack the capacity to understand the process. We raised this and were told this had already been recognised by the provider who was looking at alternative approaches.

Staff told us they enjoyed working at the service and felt well supported by the management team. Comments included, "Its good here. The manager is accommodating" and, "I love working for Praxis. I would recommend working here."

Family members also told us they were happy with the service. Family members also told us they could raise any issues of concern at any time. Comments included, "I think [the registered manager] is very good. Known her a long time. Very good at keeping me informed" and, "[The registered manager] is brilliant, approachable and easy to talk to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The manager demonstrated an understanding of their responsibilities under duty of candour. Family members told us they were well informed and felt comfortable with the care their loved one received. One told us, "They do keep me updated. I ring also for an update."

Working in partnership with others

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