

Griffindale

Inspection report

Adult Social Care Directorate

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Our findings

Overall summary

We carried out this announced inspection on 23 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

Griffindale is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. The accommodation consists of a house which can support five people with four connected flats for more independent living. At the time of our inspection four people were living in the house and two people were living in the flats.

Within the house, each person had their own bedroom with en-suite shower / bathroom. People shared the kitchen, lounges and lounge / dining room. The flats were self-contained single bedroom flats.

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 not always able to demonstrate how they were meeting the underpinning principles of culture, control and choice. People were not always supported to have maximum choice and control of their lives. Formal capacity assessments and best interest decisions were not recorded.

One person living at Griffindale wanted more independence. Their choices potentially created risks for the other people living at the home. Staff had worked with them on the support they would accept that was the least restrictive possible and in their best interests. A re-assessment of their needs was being undertaken and the decision about where they lived was currently out of the control of the Senior Residential Support Worker (SRSW).

Staffing levels were not always sufficient to support people to go out or attend their activities due to issues with covering the shifts needed. We were told this had impacted one person's mental health. This was subject of a complaint and review. Additional activities had been agreed through this process.

People, and their relatives where appropriate, were involved in agreeing their support plans and goals. People received person-centred support and made choices and decisions about what they wanted to do. People were supported to be part of their local community.

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.

We have also made recommendations for improvements in the quality assurance process. The service manager did not have full oversight of the quality of the care at Griffindale. They rarely visited the service, although we were told they were always available to contact if needed.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff supported people to be involved in their own care and to make day to day choices. Staff were positive about working at the home. We received mixed feedback from relatives about the care and support at Griffindale.

Staff had received the training they needed for their roles. However, additional training in mental health was needed. 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, team meetings and supervisions.

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 current guidance for the management of medicines. This includes robust checking of staff knowledge and recording stock balances between medicines cycles.
- Take action to review medicines audit procedures and timescales to comply with best practice guidance.
- Review staffing levels and staff availability to ensure the rota is fully covered and planned activities are able to take place.
- Source suitable staff training in mental health.
- 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.
- 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.

- 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 a comprehensive re-assessment of needs is completed for one person, taking into account their accommodation needs and the potential impact their choices have on the other people living at Griffindale.

The inspection

Service and service type

Griffindale 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.

Griffindale 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 we had 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 three people 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 three members of staff including the SRSW, and support workers. We reviewed a range of records, including three 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 contacted three relatives for their feedback about the care and support provided by Griffindale.

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.

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.

Medicines administration records (MARs) were fully completed. Guidance was in place for medicines administered 'when required' (PRN). This clearly identified how the person would communicate, either verbally or non-verbally, that they needed the PRN medicine 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.

If an 'as required' medicine was not re-ordered because the home had sufficient in stock, the details of the medicine were not printed on the MARs sheet by the pharmacy. This did not follow

best practice guidance and meant staff had to remember to write the full details on the MARs sheet themselves.

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. However, one person made choices which could have a potential impact on the other people living at the service. Social workers had been involved in re-assessing the person's needs for several years, however consideration of the impact and potential risks for the other people living at Griffindale had not been part of the re-assessment. A more suitable home for the person had not been agreed. The person had agreed with the staff team on the support that would be offered to manage the potential risks. We have raised our concerns with the IoM DHSC.

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.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufacturer's guidance. However, portable appliance testing (PAT) (or equivalent) had not been carried out since 2018. 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.

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

Systems and processes to safeguard people from the risk of abuse

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 was a small staff team at Griffindale. However, it was not always possible to find the relief staff needed to cover the rota. Staff said this happened on average twice a week and had an impact on people being unable to take part in their planned activities.

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

The house at Griffindale was clean throughout. People were responsible for cleaning their own flats, with staff support. 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 December 2020, 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.

An external psychologist had been engaged to complete an in-depth capacity assessment for one person living at Griffindale. People's capacity had been externally assessed for having the COVID-19 vaccination. However, routine capacity assessments and best interest decisions were not completed for other 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. Face to face training had been more limited during the COVID-19 pandemic. Course dates were now becoming available for staff to book onto. On-line training courses had continued to be available.

However, specific training in mental health had not been made available for the staff team. One member of staff said, "We've been asking for training in mental health, but it's not happened. We're getting more people with mental health issues now."

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 were held when needed, with support workers able to speak with the SRSW informally whenever they wanted to. A support work said, "I definitely feel supported; [SRSW Name] is really good, if I've any problems I go to them, they're really approachable."

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

Currently there were no plans for people to move in to Griffindale, even though there were vacancies. This was to enable a re-assessment of needs to be completed for one person and decisions to be made about how best to meet these needs.

Social workers were also in the process of completing a compatibility assessment for each person living at Griffindale. This was because each person's support and wellbeing needs were different. The assessment would be used to assess if Griffindale was the best home to meet their needs. At the time of our inspection two compatibility assessments had been completed.

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 said they enjoyed the food and they were involved in planning the meals and doing the food shopping.

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 were made appropriately.

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

Four bedrooms in the house had an accessible en-suite shower. The other bedroom had an en-suite bath. There was no lift in the home and so people had to be able to walk up the stairs to their rooms.

Two flats were ground floor access and two were via an external staircase. These flats met the needs of people who were semi-independent.

People had decorated their own rooms with their personal belongings and photographs.

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 and there were a lot of smiles throughout the inspection.

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 working at Griffindale.

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

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

Regular residents' meetings were held, and people were encouraged to discuss what they would like to have on the menu, activities and other household issues, for example moving the table into the lounge next to the kitchen. People were supported to choose what they wanted to do each week and to plan a weekly menu.

Person centred plans were regularly reviewed with people and their family where appropriate. People were encouraged and supported to participate in the reviews.

Respecting and promoting people's privacy, dignity and independence

Staff explained how they prompted and encouraged people to maintain their independence and be involved in their own care. For example, people assisted with the shopping for the house and support plans identified what people were able to do for themselves and where they needed support from the staff. One member of staff said, "I encourage people to try to do as much for themselves as they can."

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

Is the service responsive?

We found 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

People had a range of planned activities each week. The staff also arranged one to one trips out. However, current staffing pressures had created difficulty to support people to attend all their planned activities. A member of staff said, "It happens quite a lot (having two staff on shift in the morning). Sometimes the guys have to miss their activities."

People we spoke with said they were happy with the activities they had. However, one family felt there were not enough activities to keep their relative engaged. This was in part due to the day service provision being withdrawn by Manx Care during the COVID-19 pandemic. Some additional hours had been provided for the house to support more activities, but as previously described, not all shifts were able to be covered to enable this to happen. We were told this had had a negative impact on the person's mental health. Meetings and discussions had been held with the home and service manager, but issues remained, with a difference of opinion as to the best solutions for the person. This family concern was currently the subject of a complaint and review.

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. 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 relative said, "The staff know [Name] well. They can see when [Name] is getting on edge and can pre-empt it."

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 show people two different items so they could make a choice about what they wanted, for example when choosing what to have for lunch.

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, which the SRSW was in the process of investigating at the time of our inspection.

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.

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 Griffindale. One said, "It's really good, we're busy all the time. There's lots of activities. We support [Name] to go to work and you don't get that in other houses (run by the provider)."

Support workers said they were well supported by the SRSW. There were regular staff meetings where the team discussed people's support needs and were able to contribute ideas or raise concerns.

People had a range of planned activities and seemed comfortable with the staff support. Annual review meetings with the person and, where appropriate, their families were held, and goals agreed.

However, as stated in the safe and responsive domains, the people's outcomes were not always positive. One person made choices that could have an impact on other people living at Griffindale. Their individual housing needs had not been re-assessed in a timely way.

One person's mental health had been affected, in part, by a reduction in their weekly activities, meaning they had more time on their own at home. There was some disagreement between the home, the person's family and social worker about the causes and solutions for the decline in their mental health, which were currently part of a re-assessment of needs and review.

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 Griffindale 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. We were told that the service managers were available by telephone if required.

Working in partnership with others

The home worked with families and a range of medical and social care professionals to agree and meet people's support needs.

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.