

Hutchinson Square

Inspection report

Adult Social Care Directorate

Murray House

Mount Havelock

Douglas

Isle of Man

IM1 2SF

Date of inspection: 16 August 2022

Date of publication: 21 September 2022

Our findings

Overall summary

We carried out this announced inspection on 16 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

Hutchinson Square is a residential care home providing personal care for up to four people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were two people using the service. Hutchinson Square is 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, maintenance of the building, provider oversight of the quality of the service and one aspect of medicines management.

People were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice however, further consideration should be given to any environmental restrictions within the service to ensure they are the least restrictive option available to mitigate any risks to people.

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice. Hutchinson Square was 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 families when appropriate, were involved in agreeing the support plans and goals, received person-centred support, were supported to be part of their local community and to be as independent as possible.

People were protected from the risk of abuse. Risks were assessed and support plans were in place to manage these risks. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence.

There were enough staff on duty to meet people's needs; however, there was a staff vacancy which needed to be filled. The manager was reliant on part time staff undertaking additional hours or using relief staff. Staff had received the training they needed for their roles; although some updates were needed. Staff said they felt supported by the manager, who was based on site.

People told us they were happy living at Hutchinson Square. Staff knew people and their needs well. Staff were able to explain 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.

People were supported to maintain their health and wellbeing. Nutritional needs were being met.

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

- Take action to ensure the service is fully recruited.

- 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.
- Arrange for redecoration of the bathroom walls and replace stair carpet.

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

- 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 Hutchinson Square.
- The provider needs to take action to improve their oversight of the service through checks made at service manager level of the organisation.

The inspection

About the service

Hutchinson Square 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.

Hutchinson Square had a manager in post who was not yet registered with the Inspection and Registration Unit of the IOMDHSC. It is a requirement of the IOMDHSC that all Manx Care services and managers are registered.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information 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 both people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Hutchinson Square.

We spoke with two members of staff including the manager and a support worker. We also received written feedback from a support worker who worked at the service.

We reviewed a range of records. This included both people's care and 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.

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.

There was a small team who worked at Hutchinson Square. The manager told us a new team member had recently moved from another service but there remained a part time vacancy to be recruited. At the time of our inspection, there were enough staff on shift to meet people's needs, however staff told us they often worked on their own. One staff member told us, "We are currently staff down and rely on relief staff."

The manager told us they were not always involved in the recruitment of new staff. They were aware of an ongoing recruitment campaign.

Using medicines safely

Daily temperature checks were not carried out in the area 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.

People received their medicines as prescribed. Systems were in place to ensure the safe management of controlled drugs. 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.

Assessing risk, safety monitoring and management

Routine checks on the environment and equipment were undertaken. Certificates were in place to demonstrate this. A fire risk assessment had recently been completed by an external contractor. The manager was able to explain improvements which had been made, or were in progress, in response to several recommendations made in the report.

People's needs were appropriately assessed; support plans had been developed to minimise any risk to people's health and wellbeing. Support plans and risk assessments were reviewed on a regular basis.

When appropriate, support plans contained detailed strategies to assist staff with one person through periods of anxiety or distress.

Preventing and controlling infection

People were protected from the risk of infection. Hutchinson Square was visibly clean; however, the bathroom needed to be redecorated as the paper was starting to come away from the wall. We discussed this with the manager and a person who lived at the service. The person told us they didn't want the room redecorating and said, "I like it the way it is."

Staff received training in infection, prevention and control. The provider's policy was up to date.

Staff had access to appropriate protective personal equipment, for example facemasks. There were adequate stocks available.

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 someone was being harmed or abused. One staff member said, "At one stage we reported a lot of safeguarding. There is a guide upstairs."

Staff also told us they felt confident any concerns would be treated seriously.

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 effective in accordance with CQC's inspection framework.

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

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.

People's needs had been assessed. Support plans reflected advice and guidance provided by other health and social care professionals.

One person who lived at the service was able to consent to the care and support they received. Their views and decisions about care were documented and respected.

When a person's capacity had been assessed it was clearly documented whether they had the capacity to make the decision in question. When the outcome was the person lacked capacity, a recorded decision had been made in their best interest.

At times, the kitchen door was locked; which is restrictive practice. We were told this was for health and safety reasons; but we could not see this had been agreed with people or been decided in people's best interest. We raised this with the manager and support worker and were told this would be reviewed to ensure this restriction was the least restrictive option available to mitigate any risk.

Staff understood the importance of seeking consent before providing people with aspects of care and we observed staff seeking people's consent.

Staff support: induction, training, skills and experience

The provider training records were not fully up to date, some staff needed to undertake refresher training. Access to face to face training was now becoming available with easements of restrictions imposed during the COVID-19 pandemic. One staff member told us they had been waiting to complete a qualification they had expressed an interest in completing, however it was

not made available. We had no concerns about staff skills and knowledge to meet the needs of people who lived at the service.

New staff received an induction to the service and had the opportunity to shadow experienced staff.

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

The living environment at Hutchinson Square met the needs of people living at the service. There were adequate hygiene and communal living facilities. However, areas of the service needed to be refurbished to ensure the suitability of the environment remained appropriate as people became older. For example, the carpet in the hallway and stairs was old and heavily patterned. It would be difficult for a person with failing eyesight to see the steps easily. The manager had already requested this be replaced. We received confirmation during the inspection replacement had been authorised by the provider's estates department.

People were encouraged to personalise their bedrooms through décor and with photographs and personal items. People were eager to show us their personal spaces within the service. One person told us, "I spend a lot of time up here."

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. Care plans reflected any preferences in meal choices and preferences.

People confirmed they were involved in making choices for their meals, supported to assist with meal preparation and spoke positively about the quality of the food. One person told us, "Staff do the cooking. They are alright. I like a joint [of meat]."

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. One person told us, "Staff would call the doctor."

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 members of staff. Staff were attentive and spoke to people in a respectful manner. People told us they liked living at Hutchinson Square.

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. For example, one person was encouraged to manage their own finances. Both were encouraged to open the front door to visitors.

Staff described ways in which they maintained people's privacy and dignity and understood the importance of promoting independence. One staff member told us, "I do things with people. Not for them."

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 aware of their support plans and had been involved in making decisions. Records demonstrated this. One person told us they chose not to have formal reviews but preferred to talk to staff with any changes they wanted to make to their support.

Where appropriate, family members were also invited to share their views and staff understood the importance of involving people. One staff member said, "All the care is about them and their needs, so the family should be involved if needed or informed of what's going on. Also, the service user needs to know as it is about them."

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; 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 told us they received personalised care and could make daily choices. Staff were familiar with people's needs and preferences and 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.

During our inspection we observed activities taking place. Support plans identified people's interests and hobbies, although one person told us they chose what they wanted to do each day. They didn't like to plan ahead. This person told us, "I go out a lot. I have got a car. I like [other person's Name] and we go out together."

People were supported to stay in touch and spend time with friends and family when they chose to.

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. Support plans contained information, when appropriate, to assist staff when working with people.

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

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint was available. Records were maintained.

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

End of life care and support

Support plans demonstrated personal wishes had been established in relation to this aspect of a person's 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 Hutchinson Square. Although routine health and safety checks were undertaken by staff, medicines audits were only formally completed once a year.

The manager completed an annual report on the quality of the service. This was shared with the provider and the Inspection and Registration Unit on request. However, the provider had little day to day involvement in the running of the service. There was a lack of auditing and monitoring at a provider level.

The manager described their line manager as 'supportive' and said they would attend the service if needed, were available by phone or they could access the local office for supervision, support and advice. We were told this lack of oversight had been since the start of the COVID-19 pandemic.

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 received a person-centred service. People told us they were happy living at Hutchinson Square. Staff told us they enjoyed working at the service and felt supported by the manager on site. One staff member said, "[manager's Name] is smashing. She is good. She is fair and will tell you if something is not right."

Staff had not had recent formal supervisions with their manager. Team meetings had taken place; but it was difficult to get the team together due to staffing shortages and lone working arrangements. The manager told us this was an ongoing challenge however ensured they had lots of informal conversations with staff.

Staff also confirmed they discussed issues regularly through handovers, which they described as an important source of communication for the team.

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.

Working in partnership with others

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