

Ingladene

Inspection report

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Date of inspection: 11 July 2022
12 July 2022

Date of publication: 07 September 2022

Our findings

Overall summary

We carried out this announced inspection on 11 and 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

Ingladene is a residential care home providing personal care for up to four people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were three people using the service. Ingladene is a large detached house located in Ramsey. Each person had their own bedroom and access to shared facilities including bathrooms, kitchen and lounge areas.

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 medicines management, aspects of the service which required refurbishment and redecoration and ensuring 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.

The service was able to demonstrate how they were meeting other aspects of the underpinning principles of culture, control and choice. Ingledene 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.

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 told us they were settled and happy living at Ingledene. 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.

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:

- Ensure the planned scheme of redecoration of the bathroom areas is completed and the shower chair is immediately replaced.

- Implement a system of room temperature checks to ensure medicines are stored in line with manufacturer instructions.
- Develop further information within support plans in relation to the administration of prescribed creams.
- Take action to clear old furniture and excess stored items from laundry area.
- 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.

The inspection

About the service

Ingledene 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.

Ingledene 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 spoke with two people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Ingledene.

We spoke with three members of staff including the registered manager, a support worker and the administrator.

We reviewed a range of records. This included two people's care and medication records. We looked at two 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 received written feedback from four members of staff who provided their 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.

Preventing and controlling infection

The service had two bathrooms, however only one was currently used by people to take a shower. This room was not well maintained and unclean. The flooring was badly stained and in a state of disrepair. The shower chair was also rusted and needed to be replaced. During our inspection the landlord's maintenance team was on site. We were told this room would be fully refurbished and all equipment replaced.

In other aspects of support, people were protected from the risk of infection. The rest of the service was clean. 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.

Staffing and recruitment

Staff were safely recruited. Appropriate checks had been made before staff were 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, there had been recent recruitment difficulties at the service. The registered manager told us, "It has been difficult to recruit; however, the provider has made changes to the staff terms and conditions, and we now have new starters in pre-employment checks or waiting to be interviewed."

To reduce the impact of staffing difficulties on people using the service, the registered manager explained they shared one large staff team with a nearby service; staff were allocated to each home to ensure consistency.

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 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.

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 agency workers when supporting people.

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 eating, drinking or mobility needs.

Routine checks on the environment and equipment were undertaken. Certificates were in place to demonstrate this.

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. Staff were confident any concerns raised would be addressed. One commented, "I know my management team are trustworthy and will deal with allegations professionally."

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 registered 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.

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

Not all areas of Ingledene were fully accessible. Laundry facilities were located in an outside building. This area was also used for storage of old furniture and equipment and needed to be cleared. We raised this with the registered manager.

Bedrooms and bathrooms were located on each floor of the building. However, one bathroom was not fully utilised due to the individual needs of people who lived at Ingledene. This meant people had no access to a bath, however people told us they preferred to take a shower. The landlord was in the process of replacing the bath on the first floor with an accessible shower.

There were adequate communal living facilities. This enabled people a choice whether they spent time together or alone.

People were encouraged to personalise their bedrooms through décor and with photographs and personal items. One person told us, "I am going shopping to buy new bedding."

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, people had safeguards in place to protect them from the risk of physical harm including lap straps on wheelchairs. Equipment used in this way also restricted people's freedom of movement. Decisions to use lap straps were not supported by assessments of the persons capacity to consent. Documentation did not demonstrate how this decision had been made in a person's best interests.

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

We observed staff seek consent before providing support and staff understood the importance of seeking consent. One staff member told us, "We will always explain what is happening or about to happen to the service users, giving them the opportunity to agree or decline. This is important as it gives the service users an element of control and independence in their lives."

Staff support: induction, training, skills and experience

Staff received the training they needed to support people effectively. Staff also had access to supervision. One staff member told us, "The training we receive from Praxis is comprehensive."

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

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

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. People spoke positively about the food. One person commented, "The food is good. I can choose what I eat."

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. Annual health checks and medical appointments were recorded.

People confirmed they were supported to access healthcare services. One person said, "I would go to the doctor. The staff would ring for me."

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.

People told us they were well treated; and their privacy was respected. Comments included, "I like it here, the staff are nice" and, "Staff will knock on my door."

Staff understood the importance of supporting people well. One staff member told us, "We ensure dignity and respect by remembering that we work in their home. They do not live in our workplace."

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

Regular reviews of people's support were undertaken. People were fully involved, alongside family members and professionals, where appropriate. One staff member told us, "The more people, professionals and relatives, involved in the review of care is a lot better for the individual as you can gather a lot more information leading to a better standard of care."

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. One person told us, "[Staff Name] is my keyworker. He is good."

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 staff member told us, "Staff use Makaton signs and symbols to reinforce what is being spoken verbally."

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. People also told us they enjoyed their activities. One person told us about their volunteering role.

One staff gave an example of how they helped one person learn a new hobby. They said, "I support an individual who enjoys fishing. I taught them step by step; how to put on bait, how to cast and how to fight a fish. Which lead to the biggest smile on both our faces."

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 person told us, "I would speak to [the registered manager] if I wanted 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 Ingledene. 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 these 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. In some cases, it had not been completed correctly. 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. One staff member told us, "I can go to my management with any concerns I have and every time the problems I have encountered are sorted immediately."

Staff also told us they had regular supervision and team meetings. Comments included, "We have staff meetings monthly and regular supervisions, all staff are given opportunities to discuss any issues during staff meetings and supervisions" and, "I always express my views."

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

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

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