

Kensington Road

Inspection report

17 Kensington Road

Douglas

Isle of Man

IM1 3EP

01624 617 409

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Our findings

Overall summary

We carried out this announced inspection on 15 June 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Service and service type

Kensington Road is a residential care home providing personal care and support for up to four people. The service model is based on developing people's independent living skills with the ultimate aim of enabling people to move into their own accommodation; with or without additional support. The service provides support to people with a learning disability and/or autistic people.

At the time of our inspection there was one person using the service. Kensington Road is located in Douglas. The 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

The service was able to demonstrate in a number of areas how they were meeting the underpinning principles of culture, control and choice. Kensington Road was located in a residential area and there was no visible signage from the road or outside of the property to suggest it was a care home. The person, and their family, were involved in agreeing their support plans and goals. The person received person-centred support, was supported to be part of their local community and to be as independent as possible.

The person appeared happy and settled living at Kensington Road. Risks were assessed and guidelines were in place to manage these risks. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence. Systems were in place to safely manage medicines.

Staff knew the person and their needs well. This included ensuring the person's health, including oral health, and nutritional needs were being met.

We identified areas of improvement in relation to safe recruitment, health and safety, fire safety and provider oversight of the quality of the service.

We also identified areas of improvement to ensure the service was working within best practice guidance for assessing mental capacity. Although the person was supported to have maximum choice and control of their lives, the service could not demonstrate how they supported the person in the least restrictive way possible and in their best interests. The policies, documentation and systems in the service did not always support this.

There were enough staff on duty to meet the person's needs although the service was currently experiencing a period of staff absence which meant they relied on a regular team of bank staff to support the person. Staff had received the training they needed for their roles.

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

- 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
- Arranges immediate portable appliance testing of electrical equipment and legionella testing of the water supply at Kensington Road.
- Take action to arrange redecoration of the ground floor ceilings in the service.

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 Kensington Road.
- 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

Kensington Road 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.

Kensington Road 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 observed the support provided throughout our inspection as the person living at the service chose not to speak directly with us. We looked at the environment, with the person's permission. We also spoke with the manager who was the staff member on duty.

We reviewed a range of records. This included one person's care and medication records. We looked at one staff file in relation to 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 one relative to seek further views about the service and their experience of the care provided. We received written feedback from one member of staff about their experiences of working at the service. We also reviewed a variety of records relating to health and safety and staff training.

You can find information about how we carry out our inspections on our website:
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Is the service safe?

We found that this service was 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 only one person living at Kensington Road. As a result, the staff team was small. At the time of inspection, the manager was utilising bank staff to cover staff absence at the service. We were told arranging suitable staffing could take a significant amount of the managers time. One staff member also told us this had caused periods of low morale within the team due to the need to cover additional shifts.

Although we received these comments, a family member told us the person had adequate staffing to meet their needs and was supported by staff who knew them well. They said, "[Name] knows [their] staff. If there are hiccups [the manager] has used staff who know [Name] well."

We discussed recruitment with the manager. They explained they were not currently directly involved in the recruitment process as this was undertaken by more senior managers.

Assessing risk, safety monitoring and management

Recommendations from a recent fire risk assessment had not been fully actioned by the provider. Portable appliance testing (PAT) (or equivalent) had not been carried out since 2020. PAT checks ensure electrical appliances are safe to use. The provider's estates department were responsible for arranging the PAT tests.

Legionella testing had also not been undertaken since 2020. Legionella bacteria live in water systems.

The manager was able to demonstrate these issues had been raised on a number of occasions with the provider's maintenance department.

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

The person's needs had been appropriately assessed; care plans had been developed to minimise any risk to health and wellbeing. Care plans were stored in paper and electronic format and care records were made on the provider's electronic care planning system.

A detailed handover system was in place to ensure important information was shared.

Using medicines safely

The person received their medicines as prescribed. At the time of our inspection there were limited records to review as the person only had medicines prescribed on an 'as required basis'. Clear guidance was in place based on prescriber instructions.

Although records were limited, we found systems were in place to ensure the safe administration of medicines should the person's needs change or new people were to move to the service. 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.

Safe systems were also in place for any person who would be able to administer their own medication, with lockable facilities for medicines storage in each bedroom.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems were in place to protect the person from the risk of abuse. Staff received training and understood the actions they must take if they felt the person was being harmed or abused.

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.

Preventing and controlling infection

The person was protected from the risk of infection. Kensington Road was visibly clean; staff received training in infection, prevention and control. The provider's policy was up to date and a recent audit of practice had been completed.

There were adequate stocks of protective personal equipment (PPE) available. Staff also completed regular testing for COVID-19.

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 by professionals involved in the person's support, for example when decisions were made about moving to the service and COVID-19 vaccinations; however, this approach had not been taken for other decisions.

For example, the person received 24-hour support. This meant if they chose to leave the service, they would always be supported by a member of staff; even if this was not their wish. The manager was unable to demonstrate how they had determined the restriction was in the person's best interests and the least restrictive option 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 manager who told us they would review the process and documentation for the person.

Staff understood the importance of seeking consent before providing people with aspects of care. We also observed consent being sought during our inspection.

Staff support: induction, training, skills and experience

Staff received the training they needed to support the person effectively. The manager told us, "I keep an eye on my teams training records and advise them when they are due for renewal. I give

them time on rota to undertake on-line training. See if they want to do any specific ad hoc training that they want to do for their personal development.”

Records confirmed new staff also received an appropriate induction to the service.

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

The living environment at Kensington Road met the needs of the person living at the service. There were adequate hygiene and communal living facilities.

The person was encouraged to personalise their bedroom through décor and with photographs and personal items.

We did identify some areas of redecoration were required to ceilings following a previous water leak. We discussed this with the manager who explained they were waiting for the provider maintenance department to make the necessary repairs.

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

The person’s 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

Nutritional needs were assessed, and the person was supported to maintain a balanced diet.

The person was offered choice and encouraged to be as independent as they were able to prepare their own meals. Their care plan 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 the person received consistent, effective and timely care. Care records demonstrated referrals were made to medical professionals and other services when appropriate.

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 and respectful interactions between the person and the member of staff on duty. The person’s needs were considered when developing care plans and planning social events and activities.

Staff encouraged the person to do as much as they could for themselves. We observed this to be the case during our inspection.

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

Records confirmed people were supported to make decisions about their own care. Family members were also consulted and involved where appropriate.

Staff understood the importance of involving people in decisions about their care. One staff member said, "Relatives have an excellent knowledge of what the person is like and can share their knowledge with us. It also empowers families too as they can as such be part of their loved one's care and this empowers 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

Staff were familiar with the person's needs and preferences. Important information was recorded. The member of staff on duty ensured we were also familiarised with the person's needs and preferences to reduce any unnecessary anxiety to the person. This included requesting a particular gender of inspector prior to the inspection visit to the service.

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 the person were understood. The care plan contained communication information to assist staff when working with the person. Visual boards were in place to help the person understand which member of staff would be supporting them each day as well as planned activities and important routines.

Information about the service was available in different formats. We reviewed the service user guide and transition plan used when the person's move to the service was planned. These had been personalised to meet the person's communication needs and assist them to understand the process.

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 a planned activity taking place. The person was looking forward to going out. The person's family member described the staff as, "very good" and described examples of the activities the person was supported to access which were important to them. This included a range of social and leisure events, including volunteering opportunities.

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.

End of life care and support

The service does not currently provide this aspect of 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 the person living at Kensington Road. The provider had little day to day involvement in the running of the service. There was a lack of on-site visiting, auditing and monitoring at a provider level. The manager did tell us their line manager was "very helpful", and available by phone for support and advice whenever needed. We were also told they would visit upon request; but this was not routine.

At a service level, routine health and safety checks were undertaken by staff. The manager also completed an annual report on the quality of the service. This was shared with the provider and the Registration and Inspection Unit on request. However, it was not clear how the provider used the annual report to improve care.

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

The person had a person-centred plan in place. This was regularly reviewed which meant the person, with family support was able to make plans for the future.

Staff received supervision and team meetings were in place. In recent months this had been impacted by staff absence however the manager was committed to ensuring staff felt engaged and supported in their role.

The person's family member told us they were happy with the service and the person received person-centred care. They also told us they could raise any issues of concern at any time. Their comments included, "[The staff] are excellent. Any little upsets or niggles, they will let me know."

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. The person's family member told us they were well informed and felt comfortable with the care their loved one received. They said, "[Name] is the manager. They are very good and informative."

Working in partnership with others

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