

# Manx Care Learning Disability Supported Living Service

## Inspection report

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## Our findings

### Overall summary

We carried out this announced inspection on 13 and 14 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. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Service and service type

Manx Care Learning Disability Supported Living Service is a domiciliary care agency providing personal care and support to people with a learning disability and autistic people. At the time of our inspection there were 38 people using the service.

Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating.

### **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 and provider oversight of the quality of the service.

Although we identified these improvements, the service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice. The service had successfully supported a number of people to move out of residential care accommodation and continued to provide safe and effective support. This enabled people to maintain their independence within their own homes.

Staff knew people and their needs well. People were happy with the support they received from Manx Care Learning Disability Supported Living Service. Support plans were detailed and developed with the full involvement of people who used the service. Risks were assessed and guidelines were in place to manage these risks. People were supported to maintain their health and wellbeing. People's nutritional needs were being met.

People were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice. People were protected from the risk of abuse. Incidents and accidents were recorded and reviewed to reduce the risk of a reoccurrence.

There were enough staff employed to meet people's needs. Staff had received the necessary induction and training they needed for their roles and felt well supported by the manager.

### **We have 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 Manx Care Learning Disability Supported Living Service.
- 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Manx Care Learning Disability Supported Living Service has 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 seven people who used the service about their experience of the care and support provided.

We spoke with three members of staff including the manager and two support workers.

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

### After the inspection

We also received written feedback from four members of staff and three professionals who worked with the service. This enable us to gather further views about the service and their experience of the care provided.

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

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

## Is the service safe?

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

### Staffing and recruitment

We were unable to determine if full safe recruitment practices had been followed. Individual staff recruitment files were not available for us to view as they were held centrally by the provider's human resources team. However, the manager was able to demonstrate staff had undertaken Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At the time of our inspection there were enough staff rostered to meet people's needs. One person told us, "I think the support is brilliant. When they say they will come, they come."

Staff also told us they felt there were enough staff to complete all care visits and did not feel rushed. One staff member commented, “As a team we are flexible and help each other out if needed.”

### **Using medicines safely**

At the time of our inspection there were limited records to review, as most people managed this aspect of their support themselves. Although records were limited, we found systems and appropriate records were in place to ensure the safe administration of medicines. There was a medicines policy in place and staff undertook appropriate training.

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

Systems were in place to protect people from the risk of abuse. Staff received training and demonstrated they understood the actions they must take if they felt someone was being harmed or abused. Records were maintained when incidents had been reported under safeguarding procedures.

Professionals who worked with the service felt confident staff would raise concerns. One professional told us, “The team are aware of safeguarding procedures and have reported multiple concerns about one of my clients.”

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. 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.

### **Assessing risk, safety monitoring and management**

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.

People had the equipment they needed to keep them safe at home. For example, one person had pendant alarm in case of a fall. This meant they could call for assistance in an emergency.

### **Preventing and controlling infection**

Systems were in place to manage risk and to prevent and control the risk of infection. Staff had access to appropriate personal protective equipment (PPE) and completed regular training.

We observed staff wearing appropriate PPE during our inspection.

## **Is the service effective?**

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

### **Staff support: induction, training, skills and experience**

Staff received the training they needed to support people effectively. Staff spoke positively about the training they received.

A number of staff felt they would benefit from additional training around mental health conditions. We shared this feedback with the manager who told us this training was available to access through the provider’s on-line training system.

Staff also confirmed they had received an induction to the service and had the opportunity to shadow experienced staff before supporting people on their own. One staff member said of the induction process, "My induction was thorough and comprehensive, with open communication and discussion encouraged. It included shadowing other staff with each service user I now support a minimum of twice before I supported them one to one."

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

Initial assessments were undertaken and were used to develop appropriate support plans. Support plans also reflected advice and guidance provided by other health and social care professionals.

People who used the service were able to agree to the support provided. Their consent was clearly documented in support plans.

The manager told us the provider had recently shared a new policy about how to demonstrate best practice principles on mental capacity. This was available to use should the ability to consent of people change.

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

Staff were aware of people's nutritional needs and had clear information with regards to this. Most people using the service were able to cook for themselves. The service offered cooking sessions where a person needed additional support.

### **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 support. Records demonstrated referrals were made to medical professionals and other services when appropriate. People confirmed this, with one person saying, "They will come with me to appointments, if I ask."

## **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**

We observed warm and friendly interactions between people and the support staff. Staff spoke to people in a respectful manner. One staff member told us, "During home visits I am always mindful that I am a guest in their home."

People spoke positively about the support they received. Comments included, “I like their company” and, “I would recommend the staff. You can have a laugh with them. They are polite. They are just brilliant.”

Religious and cultural needs were identified when developing support plans and providing support. One person described their personal situation and told us, “The support is great” and said, “The staff were respectful to me.”

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

People confirmed they were aware of their support plans and had been involved in making decisions. Some people chose not to have support plans stored in their home. This decision was recorded. One person told us, “I do have a support plan. It is kept at the office. I have been involved and I know what is in it.”

### **Respecting and promoting people’s privacy, dignity and independence**

Staff encouraged people to do as much as they could for themselves. One staff member told us, “I am very proud to be in this job. I genuinely feel that we make a difference and enable [people using the service] to lead a more independent life.”

People also described how they were supported to be as independent as possible. Comments included, “They come to check I am okay. The rest of the time I am independent” and “I can do most things myself, but staff will help if I need.”

One person described the support they needed to maintain their home. They told us, “I thought I would always need help, but since I have been encouraged, I have learnt a lot.”

There was very little personal care being provided for people at the time of our inspection. We observed staff knocking before entering people’s homes. Staff introduced us to people and checked people were happy to have us visit them in their homes.

Personal information was kept secure and confidential at all times.

## **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; 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.

Staff were familiar with people’s needs and preferences. Important information about people’s support needs was recorded. One staff member told us, “Our service is service user led and based around being person centred. We develop strategies and support plans to each individual service user to ensure their package is bespoke to them, this enables us to support each service user to the best of our abilities.”

People confirmed they were supported in a way which met their needs and preferences. Comments included, “It’s important to me for them to come. Without their support, this place would

be a bomb site” and, “They have done a good job. We get what we need. We are okay, we are so grateful. Without staff we would struggle.”

The communication needs of people were assessed and reflected in their support plans.

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**

The people using the service told us of a number of ways they were supported to follow their interests, seek employment opportunities and reduce the risk of isolation. One person told us, [Staff Name] is amazing. [Name] is ace.”

One professional who worked with the service told us, “I have also been able to get to know a variety of the service users in the supported living programme through various meetings and events over the past year. They are regularly seen out on activities or in town enjoying themselves often with their support workers, and those who feel comfortable to talk to me always seem relaxed and confident in the care they are receiving.”

### **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 to people.

People confirmed they knew how to raise a complaint and who they would complain to. One person told us, “I would speak to [manager Name] if I was unhappy but I don’t have any problems.”

### **End of life care and support**

The service doesn’t not provide end of life care and support. However, the manager was able to describe how they would work with other agencies should a person find themselves in need of this type 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**

The manager completed audits and checks on support plans and completed an annual report on the quality of the service. This was shared with the provider and the Inspection and Registration Unit on request. The annual report also captured feedback from people who used the service. The manager told us this feedback was shared with people and used to make improvements.

However, there were limited systems in place for the provider to monitor and review the quality of care and experiences of people supported by Manx Care Learning Disability Supported Living Service. One staff member commented, “I cannot recall the last meeting or visit from our service management team.”

The manager told us the provider did visit if needed to resolve a particular issue or if invited to attend team meetings. There was a lack of auditing and monitoring at a provider level. The



manager told us their line manager was available by phone or they could access the local office for support and advice. We were told there had been this lack of oversight since the start of the COVID-19 pandemic.

### **Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics**

Information contained within support plans demonstrated the staff worked in partnership with other agencies. One professional told us, "It's been a real privilege to get to know [manager Name] and meet some of the team."

All of the professionals who gave us feedback spoke positively about the staff team; however, some expressed frustration at the limitations of the support the service could provide. Professionals told us they would like to see the service developed further so additional emotional and wellbeing support could be offered to the people they support. We shared this feedback with the manager.

Staff had access to regular team meetings and all staff told us they felt engaged and well supported. Comments included, "The support from my senior is brilliant" and, "We have staff meetings and individual supervisions one to one with our manager, both every six to eight weeks. However, if I have any concerns, I can ask my manager for an additional supervision, as and when."

### **Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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**

People who used the service told us the staff team supported them well. Comments included, "I would recommend them" and, "I don't think the service could improve."

Support plans were outcomes focused and regularly reviewed with the person to ensure changes were made when needed. One staff member told us, "Our service users can tell us if there is an area of their lives they need support in to learn to do something for themselves, where possible, but also any wishes or aspirations we can support them to work towards, for example, going on holiday."

Professionals who worked with the service felt it was well led by the manager. One commented, "I believe the team is well led by [managers Name] who has a good knowledge of every person the team support. The team appear to respect them and seek their views on matters they are unsure of."

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