DHSC – CQC external quality regulation programme

May Green

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 30 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
May Green is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. May Green is registered for up to three people. One person was living there at the time of our inspection and there were no current plans for anyone

else to move in. The home is in a residential part of Douglas. The person had their own bedroom and en-suite shower room. There was a kitchen / dining room and two lounges.

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 how they were meeting the underpinning principles of culture, control and choice.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Restrictions in place had been identified and agreed through the six-monthly reviews involving the person's family and social worker.

The person participated in a range of activities, both within the home and in their local community. There were staff vacancies at May Green, which meant permanent support workers had to work the sleep-in shifts. Some nights they had disturbed sleep, which impacted on them the next day as they had to work the early shift.

We observed the person was comfortable with their staff support. The person living at May Green had mental health needs as well as an autism diagnosis. Staff completed training, although it had not been adapted to recognise the person's mental health needs. We were told that mental health training for managers was being arranged.

Staff said they felt well supported by the registered manager. Staff knew the person well and prompted them to be independent where possible, dependent on their mood at the time. Staff were safely recruited. Staff knew how to report any concerns they had.

The person was supported to make choices about their daily life through communication systems, for example using photographs and objects of reference. Staff were working to further develop the person's communication skills.

Relatives were very positive about the staff team and the support provided, saying staff were able to read the person's mood and hence the level of support they needed. They also felt the staff team worked well with them.

Person-centred risk assessments and support plans provided detailed guidance and information about the person's support needs and routines, including strategies if they became anxious. These were regularly reviewed and agreed with the person's family and social care professionals.

People received their medicines as prescribed and these were regularly reviewed. People were supported to maintain their health and wellbeing and their nutritional needs were being met.

A quality assurance system was in place, with audits and checks being made by the staff team and at a provider level. A home improvement plan identified actions from these. Incidents and reactive approaches prevented, (where people had been supported to reduce their anxiety before an incident occurred) were recorded and reviewed to identify any learning from them for future support strategies.

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

- Take action to recruit to the current vacancies and reduce the pressure on staff working multiple sleep-ins each week and having to cover shifts.
- To review the staff training so that it is person centred and takes into account the person's mental health needs.

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

- Complete the re-assessment of the person's needs and work with provider to meet their changing needs.

The inspection

About the service

May Green 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.

May Green had a manager in post who 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 spent time with the person and observed the support provided throughout our inspection as they were not able to communicate with us. We looked at the environment of the home, with permission. We spoke with one relative about their views about the service and their experience of the care provided.

We spoke with three members of staff including the registered manager and support workers. We reviewed a range of records. This included one person's care and medication records. We looked at eight staff files at Autism Initiatives head office in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We 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 safe in accordance with CQC's inspection framework.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

Risks the person may face were identified and guidelines were in place to manage these risks. Staff knew the person's needs and how to mitigate the risks they faced. A positive behaviour support (PBS) plan provided guidance for the support the person needed to manage their anxieties. However, due to the person's additional mental health needs, they did not follow the patterns of escalation typically associated with people's anxieties. A support worker said, "We have our pro-active approaches to try to stop [Name] escalating, but they can be awake for couple of days, so it doesn't fit the usual PBS plan."

Records were written where staff had supported the person to reduce their anxiety without their behaviours escalating. These were called reactive approaches prevented (RAPs). Incident reports were also written when needed. These were reviewed by the registered manager and discussed within the staff team to identify any patterns and what worked well and what did not.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. External risk assessments for Legionella disease and fire had been completed. Any issues identified had been actioned.

Staffing and recruitment

There were staffing vacancies at May Green. Bank staff were used to cover the rota where possible, however, bank staff did not work on their own. This meant the permanent members of staff had to work all the evenings, sleep-ins and early shifts. A support worker said, "You can do three sleep-ins per week and so you get tired, especially if it's a disturbed night. This increases the risk of mistakes and your patience reduces." The registered manager also covered shifts, which meant they did not get their allocated management time.

There were very few occasions where there was not a second member of staff on duty during the day, which meant the person was able to go out if they wanted to.

Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

Using medicines safely

The person received their medicines as prescribed. Assessments identified the support they needed to take their medicines. Guidance was in place for medicines administered 'when required' (PRN). Staff had annual medicines administration training and a competency assessment was completed.

Medicines were regularly reviewed by a psychiatrist.

Systems and processes to safeguard people from the risk of abuse

Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the registered manager 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.

The relative said, “[Name] is safe living here; the environment in house suits their needs and they can wander safely around the house.”

Preventing and controlling infection
The home was clean throughout. Daily and monthly cleaning schedules were in place for staff to follow. Staff had completed training in infection control.

Current guidance was being followed for the use of personal protective equipment. We were assured that the provider’s infection prevention and control policy was up to date.

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 for their roles. However, the person living at May Green had mental health needs, in addition to their autism. Staff had not had formal training for these needs, although we were told some mental health training for managers was in the process of being arranged at the time of our inspection. A support worker said, “The main issue with [Name’s] moods is their mental health. The PBS training hasn’t been tweaked for [Name’s] different needs and could be improved.” The registered manager told us, “[Name’s] support needs vary on how they are presenting; it alters with their mental health not autism. The take a break strategy doesn’t work as [Name] can be in a low mood for days.”

Face to face courses were being re-introduced following the COVID-19 pandemic when training moved to on-line meetings. Training in autism was part of the initial induction as well as positive behaviour support training.

New staff completed a week-long induction, completing the required training, and then shadowed experienced staff for two weeks. This meant they could get to know the person, their support needs and how they communicated. All support staff were enrolled on a level three health and social care course when they had completed their probationary period.

Support workers said they felt well supported by the registered manager and colleagues. There was a small staff team at May Green and we were told the communication within the team was good. A support worker said, “We’re a small team so we talk to each other all the time and any issues are addressed straight away.”

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.

Restrictions in place at May Green were discussed and agreed at the six-monthly reviews with the person's family and social care professional that they were in the person's best interests. However, there was no evidence of a corresponding capacity assessment for these restrictions.

We observed staff offering day to day choices and options about their care and support throughout the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

The person was supported to maintain their health and wellbeing. Health needs had been identified and care plans provided guidance for staff for meeting these needs. The person had a health action plan which detailed their health needs and documented all medical appointments.

Staff had worked with medical professionals to ensure the person was able to attend appointments. For example, GPs, psychiatrist and community nurse. The relative said, "The dentist is excellent at making appointments to suit [Name]; it's the same dentist, the same room with an appointment in the lunch hour so it's quiet."

A monthly report was sent to the person's social worker, which included information about what they had done, any health issues, incidents and changes in support needs.

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. Staff knew the person liked their food to cool down before eating it, so staff prepared the food and plated it up, allowing it to cool, before prompting the person to come for their meal. This meant they did not have to wait at the table for their food, reducing their anxiety.

A snack box was used so the person could choose their own snack, depending on their mood at the time.

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

May Green was a large house, with all bedrooms being en-suite. Equipment, for example a bath seat and a frame around the toilet, were in place where required. A smaller lounge had been created just off the kitchen. This included the person's toys, a bladeless fan and TV. This meant the person could relax, and the staff were able to observe them and be close by if they wanted support.

This meant the large lounge was rarely used and was used as a storage area with a double bed used by staff if they were having a disturbed night on the sleep-in shift. There had been a leak from the roof in this lounge. We were told the area was currently drying out before the landlord re-decorated.

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

The person's needs were assessed and reviewed every six months or when there were any changes in their needs or activities. Their family and social worker were involved in the reviews, although we were told the social worker was not always able to attend. Progress on achieving current goals was discussed as well as any new goals the person wanted to work towards.

The registered manager told us the person's needs had changed with the person needing support during the night more often than they used to, resulting in the support workers having disturbed sleep-in shifts. They had requested a re-assessment of their needs in 2019. The social worker had done this and gone through it with the family and registered manager in September 2021, with a lot of revisions needed. However, they had not seen an updated assessment since this meeting, which meant there was continued pressure on the permanent staff team having disturbed sleep-in shifts.

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

Staff knew the person and their individual needs well. A comprehensive 'All About Me' document provided details of their likes, dislikes, communication, personal history and the routines of a typical day. This provided a clear overview of the person's support needs.

Staff clearly explained how they supported the person with dignity and respected their privacy. We observed positive interactions between the person and members of staff throughout the inspection. They were comfortable with the staff support they had. The relative was positive about the support at May Green, saying, "The staff are very good here; they're good at picking up [Name's] moods and learn quickly about their needs."

Staff explained how they adapted their support depending on the person's mood. A support worker said, "Some days the support [Name] needs changes due to their mood. Some days we make breakfast for them and do more personal care, other days we can encourage them to do more for themselves." Support plans clearly identified where the person was to be prompted to be independent and where they required more support.

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

We observed staff supporting the person to make choices about what they wanted to do, both verbally and through picture communication systems. This involvement was clearly identified within their support plans and daily routines.

Is the service responsive?

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

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 person's communication needs were assessed. The staff team used objects or photographs of places and items to offer the person choices. Staff were aware that the person needed time to make a decision and this varied depending on their mood. The person has also started to use a sign to signal 'yes' to a simple question. We observed staff using both of these communication methods during the inspection, patiently giving the person time to respond and make their choice.

The Picture Exchange Communication System (PECS) was used to show the person what was planned. PECS is a way for autistic people to communicate without relying on speech. To communicate, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions.

The person's body language was also very important in them communicating what they wanted or didn't want. They would lead staff to what they wanted or get something, for example a DVD, and hand it to staff to indicate they wanted to watch it.

A support worker said, "Day to day we let [Name] show us what they want and then they tap their chin when we ask if that is what they want". [Name] can make choices from two items. We take photos when we go out to new places as this works better than trying to use a symbol." The relative told us, "Staff follow [Name's] needs. As they're non-verbal staff pick up a lot from body language. They go at [Name's] pace; sometimes they need more processing time."

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 person had clear routines for different times of the day, for example in a morning and in the evening. Activities offered each day were dependent on the person's mood at the time. A support worker said, "We've got an activity planner, but it is assessed on [Name's] mood on the day."

We observed the person being given a choice to go out for a drive and a walk. When they had chosen where they wanted to go using photographs, staff prompted them to pack a bag with drink and some favourite toys. Records showed the person chose to go out most days.

Within the house the person would bring staff items they wanted or lead staff to them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Detailed person-centred support plans were in place and were regularly reviewed. These provided step by step guidance for support workers for different routines and activities. The support plans identified what the person was able to do themselves, depending on their mood and levels of anxiety, and what support staff should provide.

The person also had agreed support goals they were working towards. These were personalised goals agreed with them, their family and social worker. For example, to use public transport and making more choices.

Improving care quality in response to complaints or concerns

The provider had a complaints policy in place. There had been no formal complaints made in the last year. There was regular communication with relatives, which meant any issues could be

resolved informally. A relative said, “If I have an issue I’d speak with [registered manager] informally; she’s a person I can chat to.”

End of life care and support
At the time of our inspection no one was receiving end of life care. Discussions had not yet taken place with families about any end of life wishes or decisions.

Is the service well-led?

We found that this service was well-led in accordance with CQC's inspection framework.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
A quality assurance system was in place. Regular audits were made of the care files, medicines. and health and safety. A monthly service report was written detailing what the person had been doing, any incidents and staffing.

The registered manager felt supported by the area manager, although they didn’t visit the home too often. They said they were able to contact them by telephone if they needed to and they would visit if asked to.

A ‘responsible person’ visit was completed by the area managers. This was meant to be every six months, but there had been nine months between the responsible person visits for May Green. This checked files were up to date, medicines, staffing and looked at the environment. Peer to peer reviews were also completed by the manager of a different Autism Initiatives home, which looked at a range of areas within the home. A house action plan was written to identify all actions needed. These were seen to have been completed.

All staff were clear about their roles at the service. There was a delegation of tasks to named members of staff. A daily and weekly task list was also used to ensure all checks and task were completed.

The provider held a monthly meeting with the area managers to discuss all Autism Initiatives homes on the Isle of Man. This enabled learning from one home to be shared with other homes. They also had regular meetings with colleagues based in England and were able to access specialist support in mental health through Autism Initiatives.

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 staff were all positive about working at May Green and the support they received from the registered manager. They said they worked well together as a team and were able to contribute ideas and openly discuss the person’s support and different strategies. One support worker said, “[Registered manager] is a good manager. We have a good team dynamics and work well together.”

A ‘quality of life’ document recorded the successes the person had in gaining new skills since living at the home. These included making day to day choices about what they wanted to do or wear.

There was regular contact with families and communication between the staff and the families was positive. Relatives were positive about the support provided at May Green. A relative said, “I believe it is a team around [Name] (family and staff). The more we work together the better it is for them. There’s very good communication with the staff at the home.”

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 knew the types of incidents that needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.

Working in partnership with others
A monthly report was sent to the person’s social worker, detailing updates in progression towards agreed goals, the number of disturbed nights, changes in health and any incidents. The social worker was also involved in the six-monthly reviews. The service worked with a range of professionals, for example psychiatrist, dentist, community nurse and GP.