

Mount Rule

Inspection report

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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

Mount Rule is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Mount Rule is registered for up to three people. At the time of our inspection there were two people using the service and there were no plans for a third person to move into the home. The home is in a large house in a rural location. Each person had their own bedroom, one en-suite. There was a large lounge and separate exercise and activity rooms. The home had a large accessible front garden.

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.

People were supported to have maximum choice and control of their lives 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.

People were supported to make choices about their daily lives through communication systems, for example the Picture Exchange Communication System (PECS). Staff worked with people to further develop their communication skills. Restrictions in place had been identified and agreed through a best interest meeting involving people's family and social worker.

Person-centred risk assessments and support plans provided detailed guidance and information about people's support needs and routines, including strategies if people became anxious. These were regularly reviewed and agreed with people's families and social care professionals. Staff worked in a consistent way, so people were able to learn new skills.

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.

People participated in a range of activities, both within the home and in their local community. We observed people were comfortable with their staff support. Families were very positive about the staff team and the support provided.

Staff had the training and support they needed to provide high quality and safe support. They said they felt well supported by the management team. Staff supported and prompted people to be independent where possible. Staff were safely recruited. Staff knew how to report any concerns they had.

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.

The inspection

About the service

Mount Rule 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.

Mount Rule had a manager in post who was registered with the Inspection and Registration Unit of the IoMDHSC. They were also the registered manager of another service and the provider's area manager and were not based at Mount Rule all the time. The senior support worker managed the home when the registered manager was not on site.

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 people living at the home were not able to verbally communicate with us. We looked at the environment of the home, with people's permission.

We spoke with four members of staff including the senior support worker and support workers. We reviewed a range of records. This included two people's care records and medication records. We had 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 spoke with one relative by telephone to seek further views about the service and their experience of the care provided. We also met with the registered manager and 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

Risks people may face were identified and guidelines were in place to manage these risks. Staff knew people's needs and how to mitigate the risks they faced. A detailed positive behaviour support plan provided clear guidance for the support people needed to manage their anxieties.

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 enough staff on duty to meet people's needs. Staff told us bank staff were used to cover the rota when needed. People had two staff supporting them when they went out. However,

if there was only one staff available, there were agreed activities that had been risk assessed as suitable for one experienced member of staff to provide support.

People's support needs had been re-assessed and additional waking night support had been agreed. The provider was in the process of recruiting to this role at the time of our inspection.

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

Using medicines safely

People received their medicines as prescribed. Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed.

Guidance was in place for medicines administered 'when required' (PRN). These clearly identified how the person would communicate, either non-verbally, through a communication system or through vocalisations, that they needed the PRN medicine to be administered.

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 and senior support worker 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.

Learning lessons when things go wrong

Records were written where staff had supported a person to reduce their anxiety without the person's behaviours escalating. These were called reactive approaches prevented (RAPs). Incident reports were also written when needed. These were reviewed by the senior support worker and registered manager to identify any patterns and what worked well and what did not. Staff told us they would discuss the incidents as a team to contribute ideas on how further incidents could be reduced.

Preventing and controlling infection

The home was clean throughout. Cleaning schedules were in place for staff to follow. Staff had completed training in infection control. A cleaning audit in May 2022 showed a high level of compliance.

Current guidance was being followed for the use of personal protective equipment. Staff took regular tests for COVID-19. We were assured that the provider's infection prevention and control policy was up to date. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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. Training in autism was part of the initial induction and the positive behaviour support training. All support staff were enrolled on a level three health and social care course when they had completed their probationary period. One support worker said, "I was given a lot of support and encouragement to do my training and I've now done my level three QCF (Qualifications and Credit Framework)."

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 people, their support needs and how they communicated.

Support workers said they felt well supported by the registered manager and senior support worker. There was a small staff team at Mount Rule and we were told the communication within the team was good. Regular team meetings were held, with staff discussing the support people needed and different strategies they could use in different situations to enable people to participate in the things they wanted to.

Formal supervision meetings were also held. The senior support worker was starting to complete these with staff with the support of the registered manager.

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.

One capacity assessment had been completed to cover the named restrictions in place at Mount Rule, for example locked front door and door sensors. This was regularly reviewed with involvement from people's family and social worker.

We observed staff offering people 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

People were supported to maintain their health and wellbeing. People's health needs had been identified and care plans provided guidance for staff for meeting these needs. Each person had a health action plan which detailed their health needs and documented all medical appointments.

Staff had worked with medical professionals to ensure people were able to attend appointments. For example, one person was supported to have a check-up at the dentist by prompting them to use their routine for brushing their teeth when at the dentist, which allowed the dentist to look at their teeth at the same time. People also had a hospital support plan, which detailed their communication and support needs if they needed to be admitted to hospital.

A bespoke pain indicator plan had been developed for one person to assist support workers in identifying when a person was in pain and what level the pain was. This then enabled the support workers to provide the appropriate level of pain relief.

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

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. Regular snacks were part of people's daily routines. We were told the selection of snacks available for people to choose from had been changed so they included more healthy snacks.

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

Mount Rule was a large house that had separate areas set up for different activities, for example an exercise room and an activity room for craft and educational activities. There were areas set up for people to reduce their anxieties, for example an indoor swing, large bean bags and weighted blankets.

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

Each person's needs were assessed and reviewed every six months or when there were any changes in people's needs or activities. People's family and social worker were involved in the reviews. Progress on achieving current goals was discussed as well as any new goals people wanted to work towards.

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

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

Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had.

People's cultural needs were identified, and people were prompted to complete their daily prayer as part of their daily routines.

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

We observed a consistent approach by all members of staff to providing people with a choice of what they wanted to do. This was part of people's support plans and daily routines. People were able to express what they wanted through a picture communication system. We saw people using this system to inform members of staff what they wanted to do next, including people initiating an activity by getting their communication book out and showing staff what they wanted.

Respecting and promoting people's privacy, dignity and independence

We observed support workers prompt and encourage people to do the things they were able to themselves, for example getting a drink and eating their meals. Support plans clearly identified where people were to be prompted to be independent and where they required more support.

The support workers explained how they respected people's privacy and dignity whilst providing support.

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.

People used the Picture Exchange Communication System (PECS) to communicate. 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.

An extensive number of pictures and symbols were used so a person could see what was planned each day and so they could make choices between different activities, both indoor and outdoor.

The PECS pictures were reviewed each month and new symbols introduced where needed. For example, if the person had visited a new place a photograph was taken so they could see where they had been and could use the photograph to choose to go again if they wanted to.

We saw support workers were working to increase the PECS symbols people recognised and could use. For example, the PECS symbol for medication was used before administering medicines and people were beginning to know when they saw this symbol that it was time to take their medicines.

We observed the PECS being used throughout our inspection. PEC strips were clearly displayed so people could see what was planned for the morning or afternoon. Support plans including where PECS was to be used as part of people's daily routines.

A relative said, "The staff have worked very hard on this (PECS communication) and it has improved and got better."

Positive behaviour support plans also detailed how people may communicate they were in pain or anxious and the strategies staff were to use to manage these.

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 had structured days with clear routines for different times of the day, for example in a morning and in the evening. Autistic people often need a structured day to reduce their anxieties. People had regular contact with their families. This was agreed so that the contact was at regular times of the day and week to maintain consistency.

Within this structure people were given choices of what they wanted to do using the PECs system. This included a wide variety of indoor and outdoor activities, for example going swimming, for a walk, doing a jigsaw, using an iPad or having 'time out'. When choices had been made a PECS strip was used so the person could refer to it and see what was planned for the day. Support workers monitored people's levels of anxiety and adapted the activity choices accordingly. We

observed people being supported to make a choice of what they wanted to do and then doing what they had chosen.

One support worker said, "We'll respect [Name's] choices if they're having a day where they don't want to do much one day. [Name] will ask for their activity timetable as they like doing different things."

One person had achieved their Duke of Edinburgh silver award and was clearly very happy about this. Their relative said, "[Name] had done the Duke of Edinburgh silver award. They're very proud of this and were very excited when they got their award." They were now planning how they could work towards their gold award.

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 people were able to do themselves, depending on their mood and levels of anxiety, and what support staff should provide.

People also had agreed support goals they were working towards. These were personalised goals agreed with the person, their family and social worker. For example, a goal for one person was to be able to spend more time at the family home. We saw progress was being made towards this goal.

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 people's relatives, which meant any issues could be resolved informally. A relative said, "We can talk to [registered manager] and things get sorted."

End of life care and support

At the time of our inspection no one was receiving end of life care. The people living at Mount Rule were young adults and so discussions had not taken place with people's 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 people had been doing, any incidents and staffing.

A 'responsible person' visit was completed by the area managers every six months. 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. Staff were confident in these roles.

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

The staff we spoke with were all enthused and committed to supporting people to develop skills, choices and activities they wanted to do. All staff were consistent in their support and communication which helped people to reduce their anxieties and increase their independence.

A 'quality of life' document recorded the successes people had had in gaining new skills since living at the home. These included being able to travel in the car with one staff without becoming anxious, washing themselves and tying their own shoelaces. One support worker said, "It's massively part of our philosophy to get people to do things for themselves."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Staff said they enjoyed working at Mount Rule and said they worked well together as a team. Staff felt well supported by the senior support worker and registered manager. Support workers were able to contribute ideas and openly discuss people's support and different strategies during the regular team meetings.

There was regular contact with families and communication between the staff and the families was positive. Relatives were positive about the support provided at Mount Rule. A relative said, "They (the staff team) work with us. We visit a lot, so the communication is good, and we feel involved."

The staff team had shared how they supported people at Mount Rule with people's families. For example, one person's evening routine was adopted at the family home when they stayed there overnight. A support worker said, "[Name] struggled to sleep at home as they were excited and wanted to spend more time with mum. We explained our evening routine; a bath with relaxing salts and so [Name] knows that after their bath they go to bed and it worked."

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 registered 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 each person's social worker, detailing updates in progression towards agreed goals, 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, including psychiatrists, pain clinic, dentist and GPs.