DHSC – CQC external quality regulation programme

Queens Valley

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 13 July 2022. The inspection was led by a Care Quality Commission, (CQC), inspector.

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

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

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

About the service

Queens Valley is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Queens Valley is a bungalow in a residential area of Ramsey and is registered for up to three people. At the time of our inspection one person was living at the home and there were no current plans for anyone else to move in.

The person had their own bedroom and en-suite shower room. There was a kitchen / dining room, a large lounge and conservatory. The home had a large garden to the rear, including a big paved area.

People's experience of using this service and what we found

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.

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.

Our key findings

We identified areas of improvements in relation to staffing levels, staff training, communication at all levels of the provider's organisation with the person's family, staff recruitment and provider oversight of the service.

Although we identified these improvements the service was able to demonstrate how they were meeting most of the underpinning principles of culture, control and choice. The person's family were involved in discussing the support plans and goals. However, there were ongoing differences in views between the staff team and the person's family about what was in the person's best interests.

The person was supported to have maximum choice and control of their life and to make everyday decisions. However, documentation was not always in place to demonstrate how any restrictions had been agreed to be the least restrictive option for the person or in their best interests. Decisions had sometimes been made without the full consultation and agreement of the person's family.

Due to staffing issues, there was not always the agreed two staff on duty at all times. Safeguarding referrals had been raised about this issue.

Our observations showed the person was comfortable with their staff support. Staff knew the person and their needs well. Staff supported the person to make choices and decisions where possible and clearly explained how they supported the person to maintain their privacy and dignity. The person led an active life, and they were supported to be as independent as possible.

Risks were assessed and guidelines were in place to manage these risks. Incidents were recorded and reviewed to reduce the risk of a reoccurrence. The person received their medicines as prescribed.

Improvements were needed in the quality assurance process. The service manager did not have full oversight of the quality of the care at the home. They did not visit the service very often now there was an acting Senior Residential Support worker (SRSW) in post. We were told they were always easily contactable and the acting SRSW felt well supported in their role.

Staff were positive about working at Queens Valley and supporting the person living there. Staff said they felt well supported by the acting SRSW and communication within the team was good through daily handovers and staff meetings.

Staff had received the training they needed for their roles, although some refresher training was required. We were not able to check staff recruitment at this inspection as the recruitment files were not available.

The person was supported to maintain their health and wellbeing. Nutritional needs were being met. Staff knew how they communicated through facial expressions and different sounds.

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

- Continue to work with social care professionals and the person's family to improve communication and positive working relationships at all levels of the provider organisation.
- Take action to ensure medicines are stored in a temperature-controlled space that is monitored to be below 25 degrees centigrade in line with the manufacturer's instructions.
- Take action to ensure sufficient staff are available to cover all shifts and reduce the pressure on staff working additional shifts or reducing to one staff on duty.
- Ensure staff complete all due refresher training.
- Ensure all restrictive practices are reviewed and evidenced as being in the person's best interest. This review should be undertaken with full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity.
- Take action to review the provider's oversight of the service through checks made at service manager level of the organisation.

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

- Recruitment records need to be accessible and audited to ensure robust, safe recruitment procedures are being followed.
- Review the need to undertake a Legionella risk assessment in social care settings, having regard to best practice guidance, for example The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.

The inspection

Service and service type

Queens Valley is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Both were looked at during this inspection.

Queens Valley had an acting Senior Residential Support Worker (SRSW) who managed the home. They were 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 we asked providers to send to us for our inspections with key information about their service, what

they do well, and improvements they plan to make. We reviewed health and safety information provided by the acting SRSW. We used all this information to plan our inspection.

During the inspection
We interacted with the person living at Queens Valley and observed the support provided throughout our inspection as they were unable to communicate with us. We looked at the environment of the home.

We spoke with three support workers. We reviewed a range of records, including one person's care and medication records. A variety of records relating to the management of the service, including quality assurance, complaints and incident reports were reviewed.

After the inspection
We spoke with the acting SRSW and a social care professional. We also phoned the service manager of the learning disability service and contacted the person's relatives by email for their feedback about the care and support provided by Queens Valley.

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
There were some shifts where there was only one member of staff on duty instead of two. The acting SRSW said the staff team covered additional shifts, but it was hard to get relief staff to work at Queens Valley as it is a distance from the provider's other homes and staff didn't always want to travel.

We were told that the rota was always covered in a morning so the person could visit their family and go out for an activity. There were times when there was only one staff on duty in the afternoon and evening instead of two. The family had raised a safeguarding concern about this, and a social worker was due to complete a re-assessment of the person's needs.

Staff told us having one staff worked well in the afternoon. The person was often more settled with only one other person in the house. They also said the bungalow worked a lot better than the previous two storey house. The person was able to move freely around the house and would now choose to spend a short time on their own in their bedroom, where they never did this before. A support worker said, "[Name's] behaviours are better here than at the previous house. They are sleeping better as well."

However, the person's current assessment was for two staff to be on duty at all times. A social care professional felt it would only take an incident to happen when one staff was on duty and the staff may not be able to call for assistance. After our inspection we were told the number of occasions there was only one staff on duty had reduced and risk assessments had been updated for when this did happen. The staff informed the person's family if there was going to be one staff on duty and the family supported the person at home if possible.

At the time of our inspection, individual staff recruitment files were not available for us to view. We therefore could not determine if safe recruitment practices had been followed.

Systems and processes to safeguard people from the risk of abuse

Staff had completed training in safeguarding vulnerable people. They knew the signs of potential abuse and how to report this. Staff were confident the acting SRSW 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.

Using medicines safely
The person received their medicines as prescribed. We identified a number of improvements were needed to support the safe management of medicines.

Medicines were stored in the kitchen at the home. Medicines should be stored below 25 degrees centigrade, in line with the manufacturer's instructions. Temperatures above this can affect the efficacy of some medicines. The room temperature was not recorded, so it was not known if the kitchen was too hot for the safe storage of medicines.

Assessments identified the support the person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed. However, the competency assessment did not check the staff knowledge of what to do in the event of an issue when administering medicines, for example if a tablet was dropped or a person refused their medicines.

Medicines administration records (MARs) were fully completed. Guidance was in place for some medicines administered 'when required' (PRN), but not all. We discussed this with the acting SRSW, who said they would ensure all PRN medicines had guidelines for when they needed to be administered. These were sent to the inspector after the inspection. Stock sheets had been introduced for PRN medicines.

The provider's medicines policy was up to date and gave clear guidance in the areas identified above. The service needed to ensure the policy was consistently followed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
Risks people may face were identified and guidelines were in place to manage these risks. We found a separate positive behaviour support (PBS) plan was not in place. Information about strategies staff could use if the person became anxious was contained in an assessment document. We discussed this with the acting SRSW who said a separate PBS plan would be written so the information was easily accessible. This was sent to the inspector after the inspection.

Staff told us there were few incidents at the home, with a support worker saying, "It's very rare there's an issue. There would be a reason why [Name] was doing it, for example if they're in pain."

Incidents and accidents were recorded electronically. All reports were reviewed by the acting SRSW to check any actions to reduce the likelihood of a reoccurrence had been taken.

A personal emergency evacuation plan (PEEP) was in place and was easily accessible in the case of an emergency.

Queens Valley had opened in February 2022. Staff completed fire systems checks. All water checks had been carried out prior to the person moving in following extensive work on the water system. A formal risk assessment for Legionella disease had not been completed. Legionella bacteria live in water systems. Weekly water temperature checks were made.

Portable appliance testing (PAT) (or equivalent) had not yet been completed. PAT checks ensure electrical appliances are safe to use. The provider's estates department were responsible for arranging the PAT tests.

Preventing and controlling infection

Queens Valley was visibly clean throughout. We observed support workers using the appropriate personal protective equipment (PPE).

Staff had completed training in infection control. An annual infection prevention and control self-audit had been completed in June 2022, with a high level of compliance.

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 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.

Some best interest decisions had been evidenced, for example for the person's move to Queens Valley in February 2022 and the sharing of information with the person's family. However, there were differences in views in relation to aspects of the person's support between the person's family and the staff team as to what was in their best interests. The person had a social worker who supported the family and the staff team to seek solutions to any differences in opinion.

We found no evidence of any further capacity assessments or best interest decisions being made on the person's behalf. For example, some items belonging to the person were locked away at times, depending on the person's mood on the day. There was no evidence the person was unnecessarily being deprived of their liberty, however the lack of documentation meant we could not establish if this practice had been considered as the least restrictive option for the person.

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

Staff support: induction, training, skills and experience

Staff received the training to carry out their roles, although some refresher training needed to be completed. Face to face training had been more limited during the COVID-19 pandemic. Course dates were now becoming available for staff to book onto, although too many staff couldn't attend the same course as the rota had to be covered. A support worker said, "I was booked on some courses, but we were short staffed, so I didn't go."

Support workers said they felt well supported by the acting SRSW. There was a small staff team who communicated regularly with each other and the acting SRSW at daily handovers. Support workers said they were able to speak with the acting SRSW informally whenever they wanted to. A support worker said, “I feel able to go to [acting SRSW Name]. We've got a good team here.” Team meetings were regularly held, but formal supervision had not yet been arranged by the acting SRSW.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law
Each person’s support needs were assessed and reviewed at least every six months or when new activities started. Annual person-centred reviews were held with the person, their family and a social care professional. These agreed the support the person needed and identified the goals they wanted to achieve in the coming twelve months. The person’s family did not feel that the last review had been well run but did not provide any further detail.

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. Detailed guidance was in place for mealtimes to support the person to eat their meals. The person was regularly prompted to drink and was offered a choice of snacks when they wanted them. A referral to the dietician had been made and the advice given incorporated into the guidance.

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 staff were knowledgeable about the person’s health conditions and needs.

Staff and the person’s family supported them to arrange and attend medical appointments when needed. Records of each appointment were made on an electronic system, which all staff could access. A health action plan was in place which provided brief details of the person’s support needs in the event they needed to be admitted to hospital. Referrals to medical professionals were made appropriately.

Adapting service, design, decoration to meet people’s needs
The person had moved into Queens Valley in February 20022 from a previous home. Work had been completed on the bungalow prior to them moving in. A support worker said, “This is a brighter, lighter house. It’s bigger and all one level so [Name] can move around it better. [Name] is coping better being inside now than at the last house.”

There was minimal décor as this is what the person preferred. In house activity items, for example craft items, dressing up costumes were kept locked away until the person wanted to use them. This enabled staff to assess the person’s mood and how much stimulation and activity they were able to cope with before getting things out. On the day of our inspection the person had free access to these items.

Is the service caring?

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

Ensuring people are well treated and supported; respecting equality and diversity

Staff knew the person and their individual needs well. Staff clearly explained how they supported them with dignity and respect. We observed positive interactions between the person and members of staff throughout the inspection. The person was comfortable with the staff support they had.

A profile had been written which gave a brief summary of the person's support needs, likes, dislikes and how they communicated. This gave a good overview of people's needs for any relief staff covering a shift at Queens Valley.

Cultural needs were identified. Staff supported the person to access to their local community.

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

Person centred plans were reviewed every six months with the person and their family. The person's family were very involved in the person's care and support. A communication diary was used to ensure information was passed on by staff whenever the person visited the family home. We were told the information provided verbally did not always match with the written information in the communication book.

Staff explained how they gauged the person's reactions to things as to whether they enjoyed it or not.

Respecting and promoting people's privacy, dignity and independence

Staff explained how they prompted and encouraged the person to do the things they were able to, for example when bathing, eating and doing their laundry. A member of staff said, "I've seen changes in [Name] over the years; they're now better than they've ever been."

The support staff explained how they respected privacy and dignity whilst providing support.

Is the service responsive?

We found 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

Support plans identified the person's support needs and provided guidance for staff on how to meet these needs. Staff knew the person well, with staff having supported the person over several years. Staff were allocated as key workers and they were responsible for ensuring the support plans were updated if there were any changes needed. A support worker said, "We discuss [Name's] support needs, new risk assessments and any ideas we have for changes in activities, during our team meetings."

Meeting people's communication needs

Best practice guidance (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 had been assessed and were identified in their support plans. Staff explained how they looked at the person's body language to establish what they were communicating, as they were not able to verbally communicate. A checklist had been devised of

what different behaviours could mean. We observed staff giving the person a choice of two items and they pointed at the one they wanted.

Staff said they had tried to use pictures and photographs of places to give the person choices about where they wanted to go out to, but these had not worked. The speech and language team had been involved at this time. A support worker said, "[Name] doesn't understand a picture of an object, we have to use the actual item."

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 a range of planned activities each week. This included visiting their family, hiking, going for a drive and going to a local adventure centre twice a week. A support worker said, "[Name] has a very busy and outdoors timetable that they enjoy. We do lots of fun things."

Information about various walks was available, including whether the walk includes steep slopes, slippy parts and any sections of road walking. Staff would assess the person's mood each day and select a suitable walk to go on.

There were also a range of activities that the person liked to do at home, including riding their bike in the back garden, dressing up and listening to music; although this had to be female vocalists only.

Improving care quality in response to complaints or concerns

The provider had a formal complaints policy in place. The acting SRSW said they had a good relationship with the person's family. However, the person's family had raised a number of issues and safeguardings, which were being investigated as part of a multi-disciplinary team.

End of life care and support

At the time of our inspection no one was receiving end of life care.

Is the service well-led?

We found this service was not always well led in accordance with CQC's inspection framework

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's family were very involved in their care and support. We were told there had been historical relationship issues between family, the staff team and the Isle of Man learning disability services. Communication between the family and the provider's senior management team was reported to be neither good or positive. We were told decisions had sometimes been made without the full consultation and agreement of the person's family.

A social care professional told us their communication with the staff team had improved with the support of the acting SRSW and this was now good. Regular meetings were now being held with the family, social care professional and the acting SRSW. The acting SRSW had built up a good relationship with the family and had regular communication with them.

Support workers said they enjoyed working at Queens Valley, felt well supported and were able to speak with the acting SRSW whenever they needed to. They said the acting SRSW would

respond to any concerns or ideas they raised. The person living at Queens Valley had an active life and our observations showed they were comfortable with the staff support they had.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The quality assurance system did not always follow best practice guidance. Regular checks were made of people's finances and of the fire and emergency systems. However other audits, for example infection control were only completed on an annual basis. An annual medicines audit was completed.

The service manager for Queens Valley had been very involved with the service when there was no SRSW in post and had regularly visited the home during this time. Since the acting SRSW had been in post they had not visited as much. The acting SRSW said they felt well supported by the service manager, who was available to speak with whenever they needed to. The service manager was still involved in meetings about the service, including any safeguarding meetings and would review new risk assessments before they were implemented. The acting SRSW also contacted another of the providers SRSW's for advice when needed.

The service manager did not make any checks or audits at the home. This meant the service manager did not have full oversight of the quality of the support provided at the home.

The acting SRSW and support workers were clear about their roles and responsibilities. Staff were allocated tasks within the house, for example weekly and monthly checks and keyworkers. They knew what they had to do within this role.

When required we were told the service manager would update all SRSWs with learning from an issue in another of their services, via email or telephone calls. Incidents were reviewed by the acting SRSW to check steps had been taken, where possible, to reduce the risk of the same issue reoccurring.

Working in partnership with others

The home worked with medical professionals and social workers. As described above the person's family was heavily involved in the person's care and support but did not always have a positive relationship with the staff team and especially the senior management within the Isle of Man learning disability service.

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