DHSC – CQC external quality regulation programme

Rearyt Ny Baie

Inspection report

7 Albert Terrace
Douglas
IM1 3LQ

01624 662499

Date of inspection: 9 and 10 May 2022

Date of publication: 20 May 2022

Our findings

Overall summary

We carried out this announced inspection on 9 and 10 May 2022. The inspection was completed 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

Rearyt Ny Baie is a residential care home providing accommodation with personal care for older people, some of whom lived with dementia. 33 people were living at Rearyt Ny Baie at the time of our inspection. Up to 45 people could live at the home.

Rearyt Ny Baie provides accommodation over three floors. Each room has an en-suite toilet, with shared lounges, dining room, baths and shower facilities on each floor.

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.

Our key findings

We identified areas of improvement in relation to security of the building, staff levels, activities, some aspects of medicines management and quality assurance. We have made a number of recommendations to the provider and the resource manager about this.

There were not enough social care staff to be able to spend time with people. Due to vacancies, social care staff also completed laundry tasks and arranged activities. There were regular occasions when the rota was not fully covered. Additional senior social care staff were needed to complete all quality assurance checks and support the staff team.

The building layout at Rearyt Ny Baie did not always meet people's mobility needs. A new care home was currently being built that would address these issues. People and relatives had been consulted about the plans for the new home. External stores were not locked, and no risk assessments were in place to manage this.

Risks to people's health were assessed and guidelines were in place to manage these risks. Incidents were recorded and reviewed to reduce the risk of a reoccurrence. People received their medicines as prescribed.

Staff had received the training they needed for their roles. We were not able to fully check staff recruitment at this inspection as the recruitment files were not available. Staff said they felt well supported by the senior social care workers and duty managers. Staff meetings were held. Staff supervisions were completed, although some had been delayed due to a COVID-19 outbreak and staff shortages.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff supported people to be involved in their own care and to make day to day choices. Relatives spoke positively about the staff team, saying they were kind and caring.

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. Capacity assessments for each identified risk followed best practice guidance.

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

- Review the policy for having the front and back doors locked. Undertake individual risk assessments for each person and also for the risk of intruders.
- Implement current guidance for the management of medicines. This includes 'as required' (PRN) protocols, robust checking of staff knowledge, and recording stock balances between medicines cycles.
- Seek further involvement of duty pharmacist to resolve re-ordering issues.

- Take action to review medicines audit procedures and timescales to comply with best practice guidance.
- Review staffing levels for social care workers, senior social care workers and activity co-ordinators. Recruit to the identified vacancies.
- Improve the availability and timeliness of portable appliance testing and general repairs.

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

- We have escalated our concerns found during the inspection regarding staff and building security to the IoMDHSC.
- The proposal for new staff to start work prior to obtaining a new DBS check needs to be agreed with the DHSC Regulation and Inspection Unit prior to being implemented.
- 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 by a qualified assessor, having regard to The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.
- Review the mental capacity assessment tab in the electronic care planning system, RIO, so it follows best practice guidance.

The inspection

Service and service type

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

The service had a resource manager who was responsible for managing the home. They were not yet registered with the Inspection and Registration Unit of the IoMDHSC. It is the intention of the IoMDHSC that all Manx Care services and managers will become 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 we had 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 resource manager. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with eight members of staff including the resource manager, duty managers, senior social care worker, social care workers, housekeeper and the chef. We reviewed a range of records, including four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance, complaints and incident reports.

We observed the support provided throughout our inspection and viewed the environment of the home.

After the inspection

We contacted five relatives for their feedback about the care and support provided at Rearyt Ny Baie.

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.

Assessing risk, safety monitoring and management

The front and back doors of Rearyt Ny Baie were unlocked during the day, and at times access to the service was unsupervised. This meant people could enter the building, and then access any floor of the home, without staff being aware. Relatives told us they would sign the visitors log at the front door and then go and see their relative without always seeing a member of staff.

This also meant people living at Rearyt Ny Baie could leave the building without staff knowing. Many people could come and go from the home independently, but not all were safe to do so, either due to the risk of getting lost or due to not being able to walk longer distances without support.

We were told it was the policy of the home to have the doors unlocked during the day. However, no assessment of the risks of intruders or of people leaving the building who needed support to do so had been made.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. However, portable appliance testing (PAT) (or equivalent) had last been carried out between September and December 2020. PAT checks ensure electrical appliances are safe to use. The provider's estates department were responsible for arranging the PAT tests.

Legionella bacteria live in water systems. A risk assessment for Legionella disease had been written by the resource manager. However, they had not received formal training in managing Legionella and had relied on briefings made by the provider and personal contacts to write the risk assessment. Annual tests for Legionella bacteria were carried out by an external company and outlets that were not in use were regularly flushed. Water temperature checks were made, however the sentinel water outlets (typically a tap closest to and furthest away from the boiler or water tank) had not been identified or monitored.

Other risks people may face were identified and guidelines were in place to manage these risks. Personal emergency evacuation plans (PEEPS) were in place for each person and were accessible in the case of an emergency.

Staffing and recruitment

There were not enough staff on duty to fully meet people's needs. A dependency tool was used to calculate how many staff were needed. However, we were consistently told by all staff we spoke with that staffing was an issue. During the day there were three support staff on each floor in a morning, reducing to two staff per floor at three o'clock. Our observations showed staff were busy and were not able to spend time with people. Care staff also had to support people to administer medicines, attend appointments, review and update care plans.

There had also been a vacancy for a laundry member of staff for 18 months. During this time social care staff had been fulfilling this role, which took them away from their caring duties. A part time laundry staff was due to start work which would reduce the amount of laundry the social care staff needed to do.

One member of staff said, "People's needs have increased but we have the same staffing levels. We've no time to talk with people; we check they're okay but can't stay to talk with them." Another

said, “Moral not been great here. We’ve struggled with a lack of staff; long-term vacancies as well as COVID.” A relative told us, “The only issue is around meals; they don’t have staff to sit one to one with people to support them to eat.”

The home needed to use relief members of staff to cover the monthly rota. The use of relief staff increased when regular staff had annual leave, were sick or on training. Staff told us there were regular occasions that the staffing on a floor would drop to two in a morning due to not being able to cover a shift or short notice sickness.

Each floor had a designated senior social care worker and duty manager. The senior social care worker had to work shifts as well as lead the staff team on their floor. The seniors and duty managers were on a rota to be the duty manager for the whole home. This meant there were shifts where a floor did not have access to their own senior or duty manager. We were shown a plan to increase the number of senior social care workers, however this had not been authorised by the provider.

The resource manager was involved in interviewing candidates and had copies of their application forms and interview notes on file. They also received the log number for the Disclosure and Barring Service (DBS) checks and were told when suitable references had been obtained from the providers human resources department. Full recruitment files were not available to view at the time of our inspection. A newly appointed member of staff told us they had to wait until the DBS and references had been received before being able to start work.

We were told this process took a long time to complete and had resulted in potential new staff not continuing with their application to work at Rearyt Ny Baie. This contributed to the staffing issues highlighted above. A plan had been agreed for new staff to be able to start, under supervision, prior to all checks being received. However, this had not been agreed with the DHSC Regulation and Inspection Unit and would be a breach of DHSC regualtions.

Using medicines safely
People received their medicines as prescribed. However, we identified a number of improvements to support the safe management of medicines.

Assessments identified the support each 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. The resource manager compiled a list of possible scenarios to use in future competency assessments during our inspection.

Medicines administration records (MARs) were fully completed. However, we noted that there were some medicines that were out of stock at the start of the new medicines cycle.

We were told there were ongoing issues with the GP and pharmacy. Sometimes the prescription would not cover the full amount of medicines needed for the month and there were also delays in the delivery of some medicines from the pharmacy. A duty manager said, “We’re having some issues with the pharmacy and GP in getting the medicines in that we’ve ordered. Things aren’t communicated to us and we’ve been left short of medicines sometimes.”

The resource and duty managers said they had previously involved the duty pharmacist to try to resolve these issues, however they were ongoing.

Guidance was not in place for medicines administered ‘when required’ (PRN). Guidance is needed to identify how the person would communicate, either verbally or non-verbally, that they needed the PRN medicine to be administered.

It was not possible to check whether the medicines stock levels were correct as the number of tablets or patches carried forward from one month to the next was not recorded. Therefore, it was not known how many of each medicine was in stock at the start of the medicines cycle.

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

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 had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the resource or duty managers 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.

People said they felt safe living at Rearyt Ny Baie. Relatives agreed, with one saying, "I feel [Name] is very safe; they love it there."

Incidents and accidents were recorded electronically. All reports were reviewed by the duty manager and the resource manager had an oversight of all incidents. This checked any actions to reduce the likelihood of a reoccurrence had been taken and trends could be analysed.

Preventing and controlling infection

People were protected from the risk of infection. Rearyt Ny Baie was clean throughout. Cleaning schedules were used to ensure all areas of the home were regularly cleaned. Staff were observed using the appropriate personal protective equipment (PPE). Staff had completed training in infection control. Annual infection control audits were undertaken for each floor.

Visitors had to wear PPE and take their temperature on entering. However, this was not always overseen by a member of staff. We were assured that the provider's infection prevention and control policy was up to date.

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 the 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. In care homes, and some hospitals, this is usually through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards. An equivalent of this Act is currently under discussion by Tynwald.

We checked whether the service was working within the principles of good practice on mental capacity.

Each risk assessment included a capacity assessment, which followed best practice guidance. If a risk was identified the capacity assessment was completed to determine if the person was able to make an informed decision whether they would follow the identified steps to reduce the risk or not.

For example, one person had been advised to have thickened drinks to reduce the risk of choking but had the capacity to choose not to do so.

However, the specific mental capacity assessment tab on the electronic care planning system did not follow best practice guidance for assessing capacity. The resource manager said they would stop using this assessment and only use the capacity assessments included in each risk assessment.

Staff support: induction, training, skills and experience

Staff received the training to carry out their roles. Online and classroom-based training was used. The classroom training had been put on hold during the COVID-19 pandemic. Course dates were now becoming available but were sometimes difficult to book due to a high demand and the home was unable able to release many staff on the same day to attend a course. The majority of the staff team had achieved a recognised qualification in health and social care.

Staff said they felt supported by the senior social care workers and duty managers. They would speak with a senior or duty manager from another floor if their own were not on shift. Staff meetings were held for each floor every three months. Staff supervisions were also held, although these had not all been completed in 2022 due to a COVID-19 outbreak at the home.

A duty manager told us they did not have time to make observations of care practice on their floor and relied on the senior social care workers to do this on their behalf. They felt social care staff would speak with them if they had a concern about a colleague's practice and this would then be addressed through supervision meetings and discussion during team meetings.

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

People's needs were assessed prior to moving to Rearyt Ny Baie to ensure that their needs could be met. A social worker completed a fair access to care assessment and made a referral to the home. A duty manager or senior social care worker then completed a pre-admission assessment with the person, their family where appropriate and other professionals involved in the person's care and support. Due to the environment at the home, careful attention was paid to people's mobility needs to ensure they could be met.

Care plans written to provide guidance on how to meet these identified needs. Social care workers reviewed these plans every three months. Relatives said they had been involved in the assessments and regular reviews. One relative said, "We've had meetings to review [Name's] support plans."

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

People's nutritional needs were assessed. People's nutritional intake was monitored where needed and people at risk of weight loss were regularly weighed. The chef was knowledgeable about any modified diets people required and their likes and dislikes.

People said they liked the food and were able to make choices about what they had to eat. One person said, "The food's good, they know what I like and don't like." We observed the mealtime and received positive feedback from everyone we spoke with.

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.

Timely referrals were made to medical professionals for example, speech and language team, GP or district nurse. We were told the GPs often preferred to hold consultations by telephone rather than visiting due to the pandemic. Video calls had been tried but the lack of a reliable Wi-Fi system at the home meant this was not possible. Staff supported people to attend medical appointments when required.

Relatives said they were kept informed of any medical appointments or changes in their relative's health or wellbeing. A relative said, "They will get medical help if it's needed. [Name] had to go to hospital and they phoned me to let me know what happening. They organised everything as it was in lockdown and I couldn't visit them."

Adapting service, design, decoration to meet people's needs
A new care home to replace Rearyt Ny Baie was being built at the time of our inspection. This was in recognition of the limitations in the current building to support people with mobility issues and the small size of some bedrooms and en-suite toilets. The new home was due to open in 2023. People and their relatives had been consulted about what was important to them to be included in the new build. These had been accommodated in the plans for the new home wherever possible.

Accessible bathing facilities were available on each floor. There was limited signage around the home, however most people were able to orientate themselves within the home at the time of our inspection. There were multiple communal spaces on each floor for people to use if they wanted to. People were able to personalise their rooms with photographs and personal 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 people, and their individual needs well. We observed positive interactions between people and members of care staff throughout the inspection. People and their relatives told us the staff were kind and caring. One person said, "The staff are ace, they're always polite and pleasant." A relative also told us, "The staff are very supportive and helpful."

People's cultural needs were identified and recorded. People were able to attend local church services if they wished and local vicars visited people at the home on an individual basis.

Supporting people to express their views and be involved in making decisions about their care
People, and their relatives where appropriate, were involved in discussing and agreeing their support and wellbeing needs.

Regular residents' meetings were held to seek feedback from people about the home and any changes people may want. The chef attended these meetings to gain feedback on the menu and food preferences. The chef also spoke with all new people moving to the home to discuss the menu, people's dietary needs and their likes and dislikes.

A residents' survey had recently been completed. The resource manager was due to review the results and would follow up any ideas, suggestions or concerns raised.

Respecting and promoting people's privacy, dignity and independence
The care staff explained how they respected people's privacy and dignity whilst providing support. Relatives felt their relative was treated with dignity and respect.

People were encouraged to complete things for themselves where possible. Care plans identified things people could do for themselves with encouragement.

Is the service responsive?

We found this service was not always responsive in accordance with CQC's inspection framework.

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
Few planned activities took place at Rearyt Ny Baie. There was no activity co-ordinator employed at the home, which meant all activities had to be organised by the social care staff. As described in the safe domain of this report, the social care staff did not have time to do this regularly. One person said, "Activities; no, I sit quietly, read and watch TV" and another told us, "There's no activities, they don't organise any."

We saw a chair-based exercise class was arranged for one day, which people enjoyed. However, in May the only planned activities were two trips out, the chair-based exercise and a bibliotherapy session. We noted May's activities had been reduced due to the recent COVID-19 outbreak; however, there were only usually three planned activities per week which people could join in with if they wanted to.

A scheme had been introduced where one member of staff per floor was nominated to spend half an hour with one person, either supporting an activity or talking with them. Staff said it was not always possible for them to do this.

Relatives could visit the home whenever they wanted, and some people were able to go out on their own locally if they chose to do so.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. A summary of care needs was printed out for easier access for staff to refer to if required. Staff knew people, and the support each person needed, well.

Social care staff were allocated as key workers for named people and were responsible for reviewing and updating people's care plans.

Relatives said they were asked about people's care and support and had good communication with the home. One relative said, "We have meetings to review [Name's] support plans; how they are feeling" and another told us, "They (the staff) will get in touch when there's something to pass on."

Meeting people's communication needs
Best practice in communication, including 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's communication needs were identified in their care plans. Easy read information was available, as well as using large print for resident meeting minutes. Larger print books and talking books were available through the local library network.

A hearing loop system was included in the design for the new build home currently under construction.

Improving care quality in response to complaints or concerns
A formal complaints policy was in place. No formal complaints had been received in the last 12 months. Previous complaints had been investigated and responded to appropriately. Concerns that had been raised had been dealt with informally by the duty manager, preventing the need for a formal complaint to be made.

Relatives we spoke with said they would raise any concerns they had with the staff on the relevant floor of the home or one of the duty or resource managers. They were confident they would be listened to and the issue addressed. One relative said, "I've not had a concern, but would speak with manager. I got the complaints procedure in the contract when [Name] moved in."

End of life care and support
People's personal wishes at the end of their lives had been discussed with them. Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were clearly recorded in care plans and visible to staff in the event of a medical emergency.

Is the service well-led?

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

Continuous learning and improving care
A system was in place to monitor and review the quality of care and people's experience of living at Rearyt Ny Baie. Regular checks and audits were completed. However, due to the pressure on senior social care workers and duty managers not all checks, staff supervisions and appraisals had been completed. We have identified areas for improvement in the management of medicines and the security of the building.

The resource manager completed an annual report for the service. The provider made regular visits; however, these were currently not documented. Prior to the COVID-19 pandemic the provider made, and recorded, a number of checks during their visit.

Incidents and accidents were recorded and reviewed to ensure actions had been taken to reduce the risk of a reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
Senior social care workers and duty managers were clear about their roles within the home. However; because of the limited number of seniors, they did not always have the time to complete all their tasks. For example, duty managers were not able to spend much time on the floor observing and supporting the staff teams. Seniors worked shifts and also had to complete pre-admission assessments and so did not have time to check care plans had been reviewed and accurately recorded people's needs.

The resource manager was also leading the project for the new build home, and was due to do this role full time going forward. The position of resource manager had been advertised but as yet remained unfilled. If the resource manager took up their new role without a replacement being found, this would add even more pressure on the duty managers and seniors.

A new role of 'developing senior' had been created to train and support social care workers who wanted to progress to be a senior social care worker. This was seen as a positive move by the staff we spoke with.

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
People said they liked living at Rearyt Ny Baie. Relatives said there was good communication with the home and felt their relative was well looked after. One relative said, "[Name] is much better now they've moved in. They've put on weight and look happier; the staff have done great."

Surveys and resident meetings were used to gain feedback from people about the home. These were analysed and actions taken in response to any areas of concern.

Staff said they enjoyed working at Rearyt Ny Baie and felt supported by the seniors and duty managers. They were able to speak with them if they had any ideas or concerns. Regular staff meetings were held, where open discussions about people's support and how the staff team supported each other took place. One member of staff said, "If there's an issue on the floor, I feel supported. I'd go to the duty manager, if the senior was not working on my floor."

Working in partnership with others; 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
Records showed the staff worked with a range of professionals as needed, for example GPs, occupational therapists and dieticians.

The resource manager was aware of their responsibilities and notified the Registration and Inspection Unit of events that occurred within the service.

Relatives said they knew how to raise any concerns and were confident these would be addressed.