

# Rosebank B

## Inspection report

Adult Social Care Directorate

Murray House

Mount Havelock

Douglas

Isle of Man

IM1 2SF

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## Our findings

### Overall summary

We carried out this announced inspection on 28 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.

### Service and service type

Rosebank B is a residential care home providing personal care for up to four people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were four people using the service. Rosebank B is located in Braddan and accommodates people in a large, detached house which had shared bathrooms, kitchen and lounge facilities.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### **Our key findings**

We identified areas of improvement in relation to safe recruitment, one aspect of medicines management and provider oversight of the quality of the service.

The service was able to demonstrate in a number of areas how they were meeting the underpinning principles of culture, control and choice. Rosebank B was located in a residential area and there was no visible signage from the road or outside of the property to suggest people lived in a care home. People were involved in agreeing the support plans and goals, received person-centred support, were supported to be part of their local community and to be as independent as possible.

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

There were enough staff on duty to meet people's needs; however, staffing levels were currently low as a result of staff absence. The manager was reliant on staff undertaking overtime shifts or using relief staff. Staff had received the training they needed for their roles; although some updates were needed. Staff said they felt supported by the manager who was based on site.

People told us they were happy living at Rosebank B. Staff knew people and their needs well. Staff were able to explain 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.

People were supported to maintain their health and wellbeing. Nutritional needs were being met.

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

- Take action to ensure areas of the service used to store medicines have recorded temperature checks to demonstrate medicines are safely stored in line with the manufacturer's instructions.

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

- The provider needs to take action to ensure the manager is able to readily access staff recruitment records to demonstrate safe recruitment practices have been followed prior to offering a person employment at Rosebank B.
- The provider needs to take action to improve their oversight of the service through checks made at service manager level of the organisation.

## The inspection

### About the service

Rosebank B 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.

Rosebank B had a manager in post who was not yet registered with the Inspection and Registration Unit of the IoMDHSC. It is a requirement of the IoMDHSC that all Manx Care services and managers are registered.

### Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

### What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Rosebank B.

We spoke with two members of staff including the manager and a support worker.

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

### After the inspection

We received written feedback from three members of staff who shared further views about the service. We also 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 not always safe in accordance with CQC's inspection framework.

### Using medicines safely

Daily temperature checks were not carried out in the areas of the home where medicines were stored. This meant we could not be assured medicines were being safely stored in line with manufacturer's instructions.

People received their medicines as prescribed. Where appropriate, people were supported to manage their medicines independently. One person told us, "I take my own medicines. They are kept in my room in a box. I don't need any help."

Systems were in place to ensure the safe management of controlled drugs. There was a medicines policy in place and staff undertook appropriate training. In addition to this training, observations of practice were made on staff to assess competency.

Regular checks of medicines records were completed.

### **Staffing and recruitment**

Individual staff recruitment files were not available for us to view as they were held centrally by the provider's human resources team. This meant we were unable to determine if safe recruitment practices had been followed.

At the time of our inspection, there were enough staff on shift to meet people's needs. However, the manager told us they were currently reliant on staff to undertake overtime shifts or relief staff to cover shifts due to ongoing staff absence. The provider was in the process of recruiting new staff.

Staff told us they worked closely as a team to ensure people's needs were met. One staff member said, "We work together to ensure all service users get the support they need at the time they require it."

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

Routine checks on the environment and equipment were undertaken. Certificates were in place to demonstrate this. All actions from the most recent external contractor fire risk assessment had been addressed.

People's needs were appropriately assessed; support plans had been developed to minimise any risk to people's health and wellbeing.

Support plans and risk assessments were reviewed on a regular basis.

### **Preventing and controlling infection**

People were protected from the risk of infection. Rosebank B was visibly clean; staff received training in infection, prevention and control. The provider's policy was up to date and a recent audit of practice had been completed.

Staff wore appropriate protective personal equipment, for example facemasks and there were adequate stocks available.

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

Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused. Staff told us they felt confident to raise any concerns with the manager. One staff member said, "I feel confident I would be supported."

There was a system in place to record and monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the manager and the provider also had oversight. This enabled an analyse of trends to be undertaken to identify any lessons learnt and to reduce the risk of incidents reoccurring.

## **Is the service effective?**

We found that 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.

People who lived at the service were able to consent to the care and support they received. When a person's capacity had been assessed it was clearly documented they had the capacity to make the decision for themselves. For example, when deciding whether to accept a vaccination against COVID-19.

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

Staff received the training they needed to support people effectively. Where staff needed refresher training, this had been impacted by availability during the COVID-19 pandemic. Access to face to face training was now becoming available.

New staff received an induction to the service and had the opportunity to shadow experienced staff.

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

The living environment at Rosebank B met the needs of people living at the service. There were adequate hygiene and communal living facilities.

People were encouraged to personalise their bedrooms through décor and with photographs and personal items. People were eager to show us their personal spaces within the service. One person told us, "Staff helped me to decorate my bedroom."

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

People's needs had been assessed. Support plans reflected advice and guidance provided by other health and social care professionals. The manager explained how they were involved in the process to ensure the service would be able to meet the needs of a person moving to Rosebank B.

### **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. Care plans reflected any preferences in meal choices and preferences.

People confirmed they were involved in making choices for their meals and spoke positively about the quality of the food. Comments included, "Staff do a lot of the cooking. I prefer it this way" and, "Staff do the cooking. Its home made. They know what I like."

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

Staff worked with other agencies to ensure people received consistent, effective and timely care. Records demonstrated referrals were made to medical professionals and other services when appropriate.

One person told us, "Staff would call the doctor if I needed them to and go to appointments with me."

## 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**

We observed warm and friendly interactions between people and members of staff. Staff were attentive and spoke to people in a respectful manner.

People told us they liked living at Rosebank B. Comments included, "It is good. It is like a family here," "It's fantastic" and, "Its good here. I like the staff."

Religious and cultural needs were identified when developing support plans and planning social events and activities.

Staff encouraged people to do as much as they could for themselves. People told us, "I take a bath independently. If I am stuck, I will shout them" and, "I get the bus into town own my own, without staff."

Each person chose a dedicated task which they had responsibility for around the home. For example, emptying the bins or cleaning an area of the home. One person told us, "My job is to wipe down the kitchen and empty the dishwasher."

Personal information was always kept secure and confidential.

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

People confirmed they were aware of their support plans and had been involved in making decisions. Records also demonstrated this. One person told us, "I have a support plan, it is like a book." When invited by the person, family members were also invited to share their views.

Staff understood the importance of involving people in decisions about their care. One staff member said, "This is their life. The service user is the main person when reviewing the care required."

## Is the service responsive?

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

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

People told us they received personalised care and could make daily choices. Staff were familiar with people's needs and preferences and important information was recorded. One person told us, "When [COVID-19] came over from China, staff stayed with us when we locked down. I loved that. We would do art, cooking, pamper days."

Each person had a 'key worker'. The key worker role ensured designated staff were identified to work closely with people around their needs and preferences. One person told us, "My keyworker is fantastic. I have no complaints."

### **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 communication needs of people were assessed and understood. Support plans contained information, when appropriate, to assist staff when working with people.

Information about the service was available in different formats and languages upon request.

### **Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them**

During our inspection we observed activities taking place. Support plans identified people's interests and hobbies. The people living at Rosebank B had formed friendships and often chose to go out together to see shows and attend other social events such as parties.

People appeared engaged and appeared to enjoy the social interaction within the service. People also had the opportunity to go out alone with or without staff support. Comments included, "I am going out shopping today. I went to a party last night," "I went to see Buddy Holly the other night and to the pub" and, "I watch my television, use my iPad, do my office work."

People also supported to maintain their employment and sporting interests. One person told us, "I am a cleaner at the National Sports Centre. I also did the Special Olympics. I came second this year [in swimming]. I have 38 medals."

People were encouraged to stay in touch and spend time with friends and family.

### **Improving care quality in response to complaints or concerns**

A complaints policy was in place and information on how to make a complaint was available. Records were maintained.

People confirmed they knew how to raise a complaint and who they would complain to. One person told us, "I would speak to [staff Name] if I was upset."

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

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

## **Is the service well-led?**

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

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

There were systems in place to monitor and review the quality of care and experiences of people living at Rosebank B. Routine health and safety checks and medicines audits were undertaken by staff. The manager had oversight and checked the quality of support plans.

The manager completed an annual report on the quality of the service. This was shared with the provider and the Inspection and Registration Unit on request. However, the provider had little day to day involvement in the running of the service. There was a lack of auditing and monitoring at a provider level.

The manager described their line manager as 'supportive' and said they were available by phone or they could access the local office for support and advice. We were told this lack of oversight had been since the start of the COVID-19 pandemic.

**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 received a person-centred service and were fully involved in the way their support was delivered and supported to make their own decisions. One staff member said, "I treat [each person] fairly so they have the ability to fulfil their potential at their own pace."

People told us they were happy living at Rosebank B. One person said, "I like everything about living here. I wouldn't change a thing."

The manager was also responsible for managing another service which was located next door. They told us, "I love managing the services." Staff told us they enjoyed working at the service and felt supported by the manager on site. Staff had received regular supervisions and regular team meetings were held.

**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 demonstrated an understanding of their responsibilities under duty of candour.

**Working in partnership with others**

Information contained within care plans demonstrated the staff at Rosebank B worked in partnership with other agencies.