DHSC – CQC external quality regulation programme

Southlands Resource Centre

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 25 and 26 July 2022. The inspection was completed by a Care Quality Commission (CQC) inspector and was supported by an Isle of Man Registration and Inspection Unit inspector. A second Isle of Man Registration and Inspection Unit inspector shadowed the inspection on the second day.

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

Southlands Resource Centre (known as Southlands) is a residential care home providing accommodation with personal care for older people. Southlands is part of a larger building, which also has two other residential homes registered separately; and a day centre. Southlands has four separate units, one on the ground floor and three on the first floor. Bedrooms had an ensuite toilet,

and each unit had a shared lounge, dining room and shower rooms. There was an accessible garden and a large activity room on the ground floor.

42 people were living at Southlands at the time of our inspection. Up to 48 people could live at the home, with four rooms (one per unit) reserved for emergency respite admissions.

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 have identified areas of improvement and made recommendations in relation to the safe management of medicines, quality control procedures, repairs and maintenance and demonstrating the safe recruitment of staff.

There were no working baths in the home. Emergency maintenance was completed quickly, but the system for other repairs and the replacement of items and equipment took a long time for them to be completed.

People and relatives were generally positive about the care and support at Southlands. Staff liked working at the home and felt well supported by the seniors, unit managers and service manager.

People received their medicines as prescribed. Risks to people's health were assessed and guidelines were in place to manage these risks. Some of these needed to be reviewed to ensure they reflected people's current needs.

Incidents were recorded and reviewed to reduce the risk of a reoccurrence. A range of health and safety checks were completed; however, a formal Legionella assessment had not been completed and the water temperatures were not taken regularly to check they were within safe limits.

Staff had received the training they needed for their roles. Some refresher training was outstanding, and the service manager had arranged for staff to be made aware what was outstanding and was monitoring it was being completed.

There were enough staff on duty during the day to meet people's needs. Some concerns were raised about night time staffing, although the unit and service managers felt there were sufficient staff to meet people's current needs. A unit manager post was not being recruited to at the time of our inspection. We were not able to fully check staff recruitment at this inspection as the recruitment files were not available. The service manager was involved in the recruitment process.

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.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met.

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. However, evidence of capacity assessments and best interest decisions were not seen for all restrictions in place.

There was a quality assurance system in place. However, the provider did not have full oversight of the service and did not carry out their own audits.

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

- Implement current guidance for the management of medicines based on the findings in this report. This includes checking stock balances, ensure all medicines, whether re-ordered or not, are transcribed to the new MARs sheets, and recording the room temperature where medicines are kept so medicines are stored in accordance with manufacturer guidance.
- Review support plans to ensure they reflect people's current needs.
- Take action to review medicines and support plan audit procedures and timescales to comply with best practice guidance.
- Review procedures for locking the external door to the home.
- Ensure water temperatures are regularly taken to ensure they are within safe operating temperatures.
- Review where staff handovers are held so they can't be overheard.
- Review the provision of activities available for people to participate in.
- The provider to take action to enable the recruitment of unit managers to the current vacant post.
- The provider to take action to ensure suitable working bathing facilities are available for people to use.
- The provider to review the system for requests for repairs and replacement equipment so they are completed in a timely manner.
- Take action to review the provider's oversight of the service through checks made at service manager level of the organisation.
- Take action to review any restrictive practices in place which could deprive a person of their liberty. This review should be undertaken with full consideration of best practice guidance in relation to assessing mental capacity.

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 by a qualified assessor, 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.

The inspection

Service and service type

Southlands 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 home had a service manager 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 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 service manager. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and three relatives about their experience of the care provided at Southlands. We spoke with 15 members of staff including the service manager, unit managers, senior social care workers, support workers, the chef and housekeepers. We also spoke with one visiting medical professional. We reviewed a range of records, including nine 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 received written feedback from one relative and spoke with another relative for their feedback about the care and support provided at Southlands.

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

Medicines administration records (MARs) were fully completed. However, guidance was not always in place for how people would communicate, either verbally or non-verbally, that they required a 'when required' (PRN) medicine, for example pain relief, to be administered. Clear guidance was in place for PRN medicines prescribed if people became anxious.

Medicines were stored in the dining room of each unit. The temperature of the dining rooms was not recorded to monitor that the medicines were stored in accordance with the manufacturer's guidance. Dates when bottles of medicines and creams were opened needed to be routinely recorded on all units.

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

Where thickening products were prescribed to reduce the risk of choking, staff did not record when they added this to people's drinks. We discussed this with a senior support worker who said they would introduce a record for staff to sign when they had used the thickener.

One person had been prescribed a medicated cream. However, this was not on the current MAR sheet and staff had not been signing when they had applied the cream. We discussed this with the manager. The cream had not been re-ordered in the last medicines cycle as there was enough in stock for the following month. This meant the pharmacist had not included the cream on the MAR sheet and it had not been manually added by staff on the unit. The service manager said they would follow this up with the pharmacy and staff team.

Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed. We found 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 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.

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

People were able to leave each unit and the front doors of the home were also open until around 10pm. We were told this was not a risk as people who wanted to leave the home would inform staff on the unit they were going out. There were also reception staff and the duty managers office by the external door. However, we observed people leaving the units without telling staff and we also saw times when the reception area did not have any staff present.

The process for people to move to a nursing home if their needs increased, for example a person's dementia progressed and they walked with purpose, could take a long time. This could increase the risks of people leaving the home unobserved whilst the re-assessment took place. Two people had recently left the building during the period of waiting to move to a more secure environment, but staff had been alerted and were able to support them back into the building.

The reception area was staffed less after 8pm when the night staff were working. We discussed this with the service manager, who said they would look at locking the external doors to the home at 8pm when the night shift started as the duty manager was often supporting the staff on one of the units.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. Legionella bacteria live in water systems. A generic risk assessment for Legionella disease for all the provider's dementia services had been written. A Legionnaire's assessment for Southlands by a qualified person had not been completed. 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 not routinely made. We discussed this with the service manager who said monthly water temperature checks would be introduced.

Other risks people may face, for example falls and choking, were identified and guidelines were in place to manage these risks. We saw the risk assessments for some people needed to be reviewed to ensure they reflected people's current needs. We discussed this with the unit managers. Staff were aware of these risks and provided support and interventions to manage these risks.

Staff knew how to report and record any accidents or incidents. Reports were reviewed by the service manager and discussed with the unit managers and the staff team where needed, to ensure actions were taken to reduce the risk of a reoccurrence.

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 enough day staff on duty to meet people's needs. Our observations and feedback from members of staff and relatives confirmed this. The number of senior support workers had been increased, which meant each unit had a senior support worker on most shifts to manage the shift and support the staff team.

We received mixed feedback about the staffing levels on the night shift (from 8pm). The planned staffing was one member of staff per unit, with one floating staff across the home and a duty manager. We were told there was often no floating staff available. This meant there was only one staff available to administer night time medicines and support people to go to bed on each unit.

Unit managers felt the current staffing was suitable for the current dependency levels of the people living at Southlands. A unit manager said, "At the moment it's enough (staff at night). The team work well together, with the duty manager helping with those with higher needs and medicines. It's busy between 9 and11pm and then it's generally very quiet until 6am."

Concerns were raised around staffing if a person had an accident or became unwell. We were told there were also two managers on call in the event of an emergency who would come into the home in the event of an emergency.

One unit had not had a unit manager in post since January 2022. The service manager said they were unable to recruit to this post as the provider was in dispute with senior support workers in other parts of their service. This was affecting the running of Southlands.

The service manager was involved in interviewing job candidates and agreed the references were satisfactory. When the central HR department confirmed all pre-employment checks had been completed, the new member of staff could arrange a start date. The service manager also ensured staff disclosure and barring checks were completed at least every three years. However, full recruitment files were not available to view at the time of our inspection.

Systems and processes to safeguard people from the risk of abuse;

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 service and unit 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. Relatives felt people were safe living at Southlands. One relative said, "We are very confident our relative is safe in Southlands."

Preventing and controlling infection

People were protected from the risk of infection. Southlands 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.

Visitors wore appropriate PPE. 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 not always effective in accordance with CQC's inspection framework.

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

The adapted baths on each unit were not working and had been inoperable since 2020. The service manager said a business case had taken a year to be agreed, but when replacement baths were due to be fitted, they were too big for the bathrooms. This meant the installation of new baths has been further delayed, at least until the end of 2022 and people only had the choice of showers or body washes in bed.

The bathrooms were often being used as storage rooms on the units. It was recognised that there was a lack of storage facilities at the home, for example for commodes or moving and handling equipment. However, alternative arrangements were required so people could safely use the toilet facilities in the bathrooms, even though the baths themselves were not working.

We were told emergency repairs were completed in a timely way, however other maintenance requests, for example putting people's pictures up and redecorating rooms, took a long time to be done. One relative told us this had led to an accident where the person had fallen into pictures stored in their room waiting to be hung. The service manager said there was no planned replacement programme for the fixtures and fittings at the home. Therefore, a business case had to be written for all work and purchases. The service manager now met with estates to prioritise the jobs that needed to be completed.

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. 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 good practice on mental capacity.

Where required, capacity assessments and best interest meetings were part of the initial assessment process when people moved to Southlands. 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.

We found evidence of best interest decisions being made was not seen for other restrictions in place, for example the use of sensor mats when people were in bed.

We observed staff seeking people's consent before providing care.

Staff support: induction, training, skills and experience

Staff received the training and induction to carry out their roles. Staff were not up to date with all their refresher training courses. The service manager had arranged for support workers to be informed of the training they needed to refresh, and this was being monitored to ensure it was completed.

Classroom based 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 too many staff on the same day to attend a course. The majority of the support workers had achieved a recognised qualification in health and social care.

Staff said they felt supported by the unit and service managers. They said there was good communication within the staff team. Staff supervisions were also held, although these had sometimes been delayed due to a COVID-19 outbreak affecting staffing levels at the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
People's needs were assessed before they moved to Southlands. The service manager said the relatively new Southern Wellbeing Partnership was working well. This enabled all professionals, from district nurses, home care providers, medical professionals and social workers to contribute information to an assessment. We were told this was a quicker process then previously, as there was no longer a wait for a social worker to be allocated to complete an assessment.

People, and their family where appropriate, were invited to spend time at Southlands to discuss their care needs, add information to the assessment of needs and ensure Southlands was able to meet these needs.

Care plans were then written to provide guidance on how to meet these identified needs. These were reviewed every three months or when people's needs changed.

Supporting people to eat and drink enough to maintain a balanced diet
People's nutritional needs were assessed, and staff supported people with their meals where required. People's nutritional intake was monitored where needed and people at risk of weight loss were regularly weighed. People were referred to specialist professionals such as dieticians to support them with their nutritional needs when needed.

One person said, "There is plenty of choice with the food. The new chef has lifted the menu. It has made a difference."

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, GP and district nurse team. A visiting health professional said, "Staff are aware of people's needs and are good at following up any advice they're given." Relatives said they were kept informed of any medical appointments or changes in their relative's health or wellbeing. A relative said, "I am kept very informed about [Name's] condition."

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. A 'This is Me' booklet from the Alzheimer's Society was used to record information about people's life history, likes and dislikes. 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, "I am treated with respect here."

People's cultural needs were identified and recorded. A church service was held each week at Southlands. Staff had completed training in equality and diversity.

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. Relatives said communication with the home was good, with one saying, "The home keeps us well informed." However, another relative said they had not been involved as much as they wanted to be and had only seen their relatives support plans at the first review meeting after they had moved to Southlands.

We observed members of staff offering people day to day choices during the inspection. A support worker said, "I always try to give people options and choices."

Residents meetings were held on each unit to gain feedback from people, although these hadn't been regularly held during the COVID-19 pandemic. The feedback we saw from the last meetings in May 2022 was positive about the staff, food and cleanliness of the home.

Respecting and promoting people's privacy, dignity and independence
Staff explained how they respected people's privacy and dignity whilst providing support. Relatives felt people were treated with dignity and respect. We observed staff handovers taking place in the dining room on some units. Handovers discuss how each person is to ensure staff coming on shift are aware of any changes in people's support needs and wellbeing. These could have been overheard by people and visitors in the lounge and so were not confidential.

People were encouraged to complete things for themselves where possible. We observed staff give people the time to complete tasks. Care plans identified things people could do for themselves with encouragement. A support worker said, "I let people do as much as they can; we don't talk at people, we explain things."

Is the service responsive?

We found this service was not always 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
Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Some of these needed reviewing to ensure they reflected people's current needs. Regular checks were made to ensure all support plans had been written; however, these also needed to check the accuracy of the information contained in the plans. We noted issues

recorded in people's daily progress notes were not contained in the support plans. Staff knew people, and the support each person needed, well.

Most relatives said they were asked about people's care and support and had good communication with the home. One relative said, "The communication is good between our family and the care team." Care records included people's life history, likes and dislikes. Where required, guidance was in place where people may become anxious. Guidance from other professionals was incorporated within the care plans.

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

Some people went to local community activities independently. Relatives could visit the home whenever they wanted to and were required to follow the government COVID-19 policy regarding the use of PPE. People could go out with their relative if they chose to do so.

Southlands did not have an activity officer, with the support workers also responsible for arranging different activities within each unit. A large activity room was available on the ground floor where organised events could take place and people from all units could attend. One event took place during our inspection.

However, we did not observe activities being arranged on the separate units. Feedback from some people was that there was little for them to do and there was not enough staff to support them to go out into the garden. A unit manager said, "We need to look at more social engagement for people."

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's communication needs were identified in their care plans, for example if people wore hearing aids. The majority of people living at Southlands were able to communicate verbally.

Improving care quality in response to complaints or concerns

A formal complaints policy was in place. The service manager said that any issues were dealt with informally by the unit managers and no formal complaints had been received in the last 12 months. Relatives we spoke with said they would raise any concerns they had with the staff or unit manager.

End of life care and support

People's end of life wishes were recorded. The home worked closely with people's families, medical professionals and the Isle of Man hospice to enable people to stay at Southlands at the end of their life wherever possible.

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

A system was in place to monitor and review the quality of care and people's experience of living at Southlands. Senior support workers and unit managers completed audits in a range of areas, including infection control, fire systems and health and safety. However, further improvements were required for the management of medicines and ensuring support plans reflected people's current needs. These checks were overseen by the unit managers and service manager.

The service manager completed an annual report for the service. However, the provider did not carry out their own checks in the service to ensure the home was being well run and was meeting people's needs. Prior to the COVID-19 pandemic the provider made, and recorded, a number of checks during regular visits, but these had not taken place since 2018. The service manager said they felt well supported in their role; with regular supervisions and monthly managers meetings where managers could support each other and share learning.

Incidents and accidents were recorded and reviewed to ensure actions had been taken to reduce the risk of a reoccurrence. The unit managers discussed incidents with the staff team where appropriate.

All members of staff were clear about their roles within the home, who they needed to report any issues to and who was responsible for any assigned tasks.

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
Relatives said there was good communication with the home and felt people were well looked after. One person said, "The staff know what to do" and another told us, "There is a good camaraderie between staff."

Staff said they enjoyed working at Southlands and felt supported by the senior support workers and unit manager. They said the service manager was visible within the home and was approachable. They were able to speak with them if they had any ideas or concerns. One support worker said, "I am free to express my opinions" and another said, "The (unit) manager is very supportive."

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, district nurses, podiatrists and social workers.

The service 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.