

Southlands Bradda Unit

Inspection report

Church Road
Port St. Mary
Isle of Man
IM9 5NL

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Our findings

Overall summary

We carried out this announced inspection on 27 July 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

Southlands Bradda Unit (known as Bradda) is a residential care home providing accommodation with personal care for older people living with dementia. Bradda is part of a larger building, which also has two other residential homes registered separately; and a day centre. Bradda is on the ground floor of the building and is registered for up to 14 people. 14 people were living at Bradda at the time of our inspection. Bedrooms had an en-suite toilet, and each unit had a shared lounge,

dining room and shower rooms. There was a small enclosed patio area and a separate small enclosed garden 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.

Our key findings

We have identified areas of improvement and made recommendations in relation to the safe management of medicines, quality control procedures, a lack of working baths and demonstrating the safe recruitment of staff.

People and relatives were very positive about the care, support, staff and communication at Bradda. Staff liked working at the home and felt well supported by the seniors and 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 contained sufficient detail and 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 face to face refresher training was outstanding. There were enough staff on duty during the day to meet people's needs. We were not able to fully check staff recruitment at this inspection as the recruitment files were not available. The 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. This includes checking stock balances, ensuring guidance is in place for when 'as required' medicines are needed and recording the room temperature where medicines are kept so medicines are stored in accordance with manufacturer guidance.
- Take action to review medicines and support plan audit procedures and timescales to comply with best practice guidance.
- Review support plans to ensure they contain sufficient detail and reflect people's current needs.
- Ensure water temperatures are regularly taken to ensure they are within safe operating temperatures.
- The provider to take action to ensure suitable working bathing facilities are available for people to use.
- 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

Bradda 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 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 manager. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided at Bradda. We spoke with seven members of staff including the manager, senior social care worker, support workers, the chef and housekeeper. We also spoke with one visiting medical professional.

We reviewed a range of records, including two 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 spoke with three relatives for their feedback about the care and support provided at Bradda.

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. Detailed 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 or if they became anxious, to be administered.

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. Stock quantities of homely remedies, for example paracetamol, were not recorded.

The temperature of the medicines room was not recorded to monitor that the medicines were stored in accordance with the manufacturer's guidance.

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

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 Bradda 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 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 guidance for some people needed to be reviewed to ensure they contained sufficient detail and reflected people's current needs. We discussed this with the manager who said these would be reviewed and updated. 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 manager and discussed 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. A member of staff said, "We can take people out in the daytime with this level of staffing, for example for a coffee."

The 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. Full recruitment files were held centrally by HR and 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 senior support workers and manager 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 Bradda. One relative said, "[Name's] safe there, we're very happy with care mum receives."

Preventing and controlling infection

People were protected from the risk of infection. Bradda 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 effective in accordance with CQC's inspection framework.

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

The adapted bath on the unit was not working and had been inoperable since 2020. A business case for all baths across the three homes within Southlands 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. This meant people only had the choice of showers or body washes in bed. The manager said, "There's some issues as some people prefer baths to showers."

The decorations and signage in the home were designed to meet the needs of people living with dementia. Facilities such as signage and colour co-ordination were dementia friendly. Items for people to touch and fiddle with were available in the corridors.

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 Bradda and if people needed medicines administered covertly. 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.

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 up to date with their e-learning refresher training. There was some outstanding face to face refresher training courses to complete. Course dates were becoming available after being postponed during the COVID-19 pandemic. The manager had identified when each member of staff required to complete refresher training so they could discuss and monitor through the staff supervision meetings. The majority of the support workers had achieved a recognised qualification in health and social care.

Staff said they felt supported by the manager. They said there was good communication within the staff team. Staff supervisions and team meetings were also held. A senior support worker said, "Communication is most important on the shift so we can deal with everything."

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 Bradda. People, and their family where appropriate, were involved in the initial assessment of their needs.

The 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 than previously, as there was no longer a wait for a social worker to be allocated to complete an assessment.

Care plans were 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, "I have a choice of food; I get the vegetarian option." A relative said, "[Name] has put weight on; so the food's okay and they're eating more."

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. Relatives said they were kept informed of any medical appointments or changes in their relative's health or wellbeing. A relative said, "They (staff) would call the GP and then let me know."

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, "The staff are very good, I can talk with them like family." A relative said, "The girls (staff) there have a kind of intuition for [Name]; they're natural for the job."

People's cultural needs were identified and recorded. 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, "All the staff are really approachable and listen to me. They're also very good letting me know if there are any issues or problems." We observed members of staff offering people day to

day choices during the inspection. A support worker said, "It's about asking people and not telling them."

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.

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 encourage people to do as much as they can for themselves and always ask before I give them 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

Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Some of these needed more detail to ensure they fully reflected people's support needs.

Care records included people's life history, likes and dislikes. Guidance from other professionals was incorporated within the care plans. Relatives said they were asked about people's care and support and had good communication with the home. One relative said, "I'm involved in review meetings every few months. I feel listened to, we go through how mum's been in the last few months and any changes. They keep me well updated on everything."

Where required, guidance was in place where people may become anxious. Additional advice for the staff team was available through the nursing team at another of the provider's dementia homes.

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

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.

Bradda did not have an activity officer, with the support workers also responsible for arranging different activities within each unit. One member of staff said, "We try to do some activities every day, such as games, chair exercises to Youtube or nail care." Relatives said there were a series of activities people could take part in if they wished. One said, "There are things to do; a quiz or a sing song. There's activities most of time I go."

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 Bradda were able to communicate verbally.

Improving care quality in response to complaints or concerns

A formal complaints policy was in place. The manager said that any issues were dealt with informally 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 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 Bradda 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 Bradda. Senior support workers and the manager 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.

The 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 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. 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. Regular reviews were held with people and their relatives. Relatives said, "It always seems to be calm and there's enough staff; which is ideal for dementia patients" and, "All the staff are really approachable."

Staff said they enjoyed working at Bradda and felt supported by the senior support workers and unit manager. They said the 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 feel supported by [manager Name] and the seniors; there's a good rapport within the team."

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 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.