

Southlands Gansey Unit

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 28 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 Gansey Unit (known as Gansey) is a residential care home providing accommodation with personal care for older people living with dementia. Gansey is part of a larger building, which also has two other residential homes registered separately; and a day centre. Gansey is on the ground floor of the building and is registered for up to 12 people. Nine people were living at Gansey 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 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 positive about the care, support, staff and communication at Gansey. Staff liked working at the home and felt well supported by the seniors and acting manager.

People received their medicines as prescribed. 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.

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. Course dates had been booked for some face to face refresher training. There were enough staff on duty 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 acting 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 of variable dose medicines.

- Take action to review medicines and to comply with best practice guidance.
- 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.
- 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

Gansey 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 an acting manager in place. The manager was due to return to work a few weeks after our inspection. The manager 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 acting manager. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided at Gansey. We spoke with six members of staff including the acting manager, 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 two relatives for their feedback about the care and support provided at Gansey.

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 completed. Where a variable dose had been prescribed, for example one or two tablets, we found it was not always recorded how many tablets had been administered on each occasion. 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.

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.

Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment were 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 Gansey 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 acting 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. Staff were aware of these risks and provided the support and interventions to manage these risks.

Staff knew how to report and record any accidents or incidents. Reports were reviewed by the acting 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 staff on duty to meet people's needs. Our observations and feedback from members of staff and relatives confirmed this. A relative said, "Generally the staffing seems to be okay."

The acting 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. We were told this process could take a long time to complete. 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 acting 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 Gansey. One relative said, "Mum says to me that she's very happy and that she feels safe when I ask her."

Preventing and controlling infection

People were protected from the risk of infection. Gansey 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 acting manager said, "Some prefer to have baths. They will eventually have a shower but would have more frequent baths."

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 actioned.

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 Gansey 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. Courses had been booked for the outstanding face to face refresher training required. Many of the support workers had achieved a recognised qualification in health and social care.

Staff said they felt supported by the acting manager. They said there was good communication within the staff team. Staff supervisions and team meetings were also held, although these had sometimes been delayed due to COVID-19 outbreaks in the home. A support worker said, "We have monthly meetings to share what's good for people and the unit. We can all give our point of view."

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

The acting 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. Coloured and adapted crockery and cutlery was available to support people to eat independently. 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. We observed most people finished their lunchtime meal saying the food had been good.

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. Relatives said, "Staff are very good at calling the GP" and, "Staff offer to take Mum to appointments if the family can't."

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. Relatives said, "The staff respond to each person individually and support them all" and, "The staff are fantastic; they're very patient."

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, "I'm kept informed about any changes; they'll give me a ring or text." We observed members of staff offering people day to day choices during the inspection. A support worker said, "I ask if people want assistance and encourage them if they do things themselves."

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 try to keep people's independence where I can."

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.

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. A relative said, "We have review meetings on a regular basis. We run through a whole questionnaire; we go through and see if it's still suitable for mum to live in Gansey."

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.

Gansey did not have an activity officer, with the support workers also responsible for arranging different activities within each unit. An activity plan was in place, but this was flexible depending on what people wanted to do. We observed members of staff sat engaging with people, especially in the afternoon. Relatives said there were a series of activities people could take part in if they wished. One said, "There are activities, they have things on like videos or ball games."

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 Gansey were able to communicate verbally.

Improving care quality in response to complaints or concerns

A formal complaints policy was in place. The acting 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 acting 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 Gansey 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 Gansey. Senior support workers and the acting 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.

The acting 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 2019. The acting 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. A relative said, "They very much keep me informed. On the whole I'm very pleased with care and attention mum gets."

Staff said they enjoyed working at Gansey and felt supported by the senior support workers and acting manager. They said the acting 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, "[acting manager Name] is very good and things and run smoothly. The staff all pull together and support each other."

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 acting 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.