DHSC – CQC external quality regulation programme

Spring Meadows

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 26 May 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**.**

About the service

Spring Meadows is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Spring Meadows is located on the first floor of a purpose built two-storey building which can support up to five people. At the time of our inspection five people were living at the home.

Each person had their own fully accessible room and connecting adapted bathroom. There was a shared kitchen and lounge, with access to a large garden via the lift.

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.

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.

Our key findings

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice. People, and their relatives where appropriate, were involved in agreeing the support plans and goals. People received person-centred support and made choices and decisions about what they wanted to do.

Our observations showed people were comfortable with their staff support. People said they liked living at Spring Meadows. Relatives felt people were safe living at the home. Risks were assessed and guidelines were in place to manage these risks. Incidents were recorded and reviewed to reduce the risk of a reoccurrence. People received their medicines as prescribed, however we have made recommendations for improving the management of medicines and controlling the temperature of the room where medicines are stored.

We have also made a recommendation about ensuring work identified in the fire risk assessment is completed in a timely manner.

Improvements were needed in the quality assurance process. For example, internal audits for medicines needed to be regularly completed following best practice guidance. The service manager did not have full oversight of the quality of the care at the home. They rarely visited the service, and we were told they were not always easily contactable.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff prompted and encouraged people to do the things they were able to do for themselves. Staff were positive about working at Spring Meadows. Relatives spoke positively about the staff team, with one relative saying, "I would just like to add that [Name] is very well cared for, the staff treat her with respect and dignity."

There were staff vacancies at the home. Shifts were usually covered by staff working extra shifts or relief staff. This took a lot of the senior residential support worker's (SRSW) time to sort out. There were days when not all shifts could be covered, which affected the activities people were able to do.

Staff had received the training they needed for their roles. Information about people's specific health needs was available. We were not able to check staff recruitment at this inspection as the recruitment files were not available.

Staff said they felt well supported by the SRSW and communication within the team was good through daily handovers, formal supervisions and staff meetings.

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. Some of these restrictions were evidenced as being in the person's best interests, but not all. Formal capacity assessments were not recorded; the policies and systems in the service supported this practice.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met. Staff knew how people communicated through facial expressions and different sounds. Communication aids, for example 'then and now cards', were used where appropriate.

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

- Implement current guidance for the management of medicines. This includes guidance for when to administer all 'as required' medicines, robust checking of staff knowledge and recording stock balances between medicines cycles.
- Take action to ensure medicines are stored in a temperature-controlled space that is monitored to be below 25 degrees centigrade in line with the manufacturer's guidelines.
- Take action to review medicines audit procedures and timescales to comply with best practice guidance.
- Take action to ensure all restrictive practices in place, which could deprive a person of their liberty, are evidenced as to why they are in a person's best interest. This review should be undertaken with full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity.
- Review staffing levels and staff availability to ensure the rota is fully covered and planned activities are able to take place.
- Take action to review the provider's oversight of the service through checks made at service manager level of the organisation.
- Improve the availability and timeliness of portable appliance testing.

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

- Ensure actions from fire risk assessments (and all other risk assessments) are completed in a timely manner.
- 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, having regard to The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.

The inspection

Service and service type

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

Spring Meadows had a Senior Residential Support Worker (SRSW) who managed the home. They were 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 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 SRSW. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service. Some people used gestures to communicate with us. We observed the support provided throughout our inspection as not everyone living at the home was able to communicate with us. We looked at the environment of the home, with people's permission.

We spoke with four members of staff including the SRSW, and support workers. We reviewed a range of records, including two people's care records and medication records. A variety of records relating to the management of the service, including quality assurance, complaints and incident reports were reviewed.

After the inspection
We contacted five relatives by email for their feedback about the care and support provided by Spring Meadows. We received three responses.

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 were stored in the main office at the home. This office had no external ventilation and became very hot, especially in the summer months. We were told it had reached over 35 degrees centigrade last summer. Medicines should be stored below 25 degrees centigrade, in line with the manufacturer's instructions. Temperatures above this can affect the efficacy of some medicines. The room temperature was not taken daily, so there was no record of how many occasions the room was too hot for the safe storage of medicines.

Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed. However, the competency assessment did not check the staff knowledge of what to do in the event of an issue when administering medicines, for example if a tablet was dropped or a person refused their

medicines. We discussed this with the SRSW, who said they would add 'what if' scenarios to the competency assessment.

Medicines administration records (MARs) were fully completed. Guidance was not in place for medicines administered 'when required' (PRN). We discussed this with the SRSW, who said they would ensure all PRN medicines had guidelines for when they needed 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 counts for the homely remedied used, for example paracetamol, were not kept.

We saw that medicines errors were reported and investigated, with actions taken to reduce the risk of further errors being made. Following a recent error, a second member of staff now witnessed the medicines being administered and double checked that all had been administered as prescribed.

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

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

Risks people may face were identified and guidelines were in place to manage these risks. Incidents and accidents were recorded electronically. All reports were reviewed by the service manager to check any actions to reduce the likelihood of a reoccurrence had been taken.

An external fire risk assessment had been completed in June 2021. This identified actions to be completed. Work to ensure all fire doors sealed properly was being completed during our inspection; however, this was 11 months after the fire risk assessment was written. The fire risk assessment also identified that work was needed to ensure the roof space had the correct compartmentalisation to slow the spread of any fire. This had not been actioned. The SRSW told us discussions were currently ongoing between the provider and the original building contractor as to who was responsible for the work. In the meantime, the fire risks at Spring Meadows were increased.

Personal emergency evacuation plans (PEEPS) were in place for each person and were easily accessible in the case of an emergency.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. However, portable appliance testing (PAT) (or equivalent) had not been carried out since 2019. PAT checks ensure electrical appliances are safe to use. The provider's estates department were responsible for arranging the PAT tests.

A formal risk assessment for Legionella disease was not completed. Legionella bacteria live in water systems. Annual tests for Legionella bacteria were carried out by an external company. Weekly water temperature checks were made.

Systems and processes to safeguard people from the risk of abuse

Relatives thought people were safe when staying at Spring Meadows. A relative said, "Yes, I think [Name] is very safe at all times." Staff had completed training in safeguarding vulnerable people. They knew the signs of potential abuse and how to report this. Staff were confident the SRSW 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.

Staffing and recruitment

There were 1.5 full time vacancies at Spring Meadows. The SRSW said this was manageable through the use of relief staff and Spring Meadows staff working additional shifts. However, there were occasions when there were only two staff on shift, especially in the afternoons. This limited the activities that could be supported as some people living at Spring Meadows required two staff to support them at times. One member of staff said, “It can be difficult to do all the activities we would like to. We do things in house instead.”

The SRSW told us they were going to be involved in the next round of interviews for new staff. However, if they were not interviewing, they would not be involved in the decisions of which new staff would work in which property.

At the time of our inspection, individual staff recruitment files were not available for us to view. We therefore could not determine if safe recruitment practices had been followed.

Preventing and controlling infection

Spring Meadows was visibly clean throughout. We observed support workers using the appropriate personal protective equipment (PPE).

Staff had completed training in infection control. An annual infection prevention and control self-audit had been completed in March 2021, with a high level of compliance.

We were assured that the provider’s infection prevention and control policy was up to date. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

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

Ensuring consent to care and treatment in line with law and guidance

As far as possible, people should be enabled to make their own decisions and are helped to do so when needed. When they lack 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.

Best interest decisions were evidenced for a range of restrictions, for example the need for bedrails and for staff to administer medicines. However, capacity assessments to assess if the person was able to agree to such restrictions were not in place.

We observed all members of staff offering people day to day choices and options about their care and support throughout the inspection.

Staff support: induction, training, skills and experience

Staff received the training to carry out their roles, including specific training and information to meet the needs of people living at Spring Meadows, for example managing epilepsy. Face to face training had been more limited during the COVID-19 pandemic. Course dates were now becoming available for staff to book onto. On-line training courses had continued to be available.

Support workers said they felt well supported by the SRSW. There was a small staff team who communicated regularly with each other and the SRSW at daily handovers. Formal supervision meetings and team meetings were held. Support workers said they were able to speak with the SRSW informally whenever they wanted to. A support worker said, "[SRSW Name] has an open-door policy. If there's anything I'm worrying about then they're available, they've always got time to discuss anything."

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

Each person's support needs were assessed and reviewed at least every six months or when new there were any changes in people's needs or activities. Annual person-centred reviews were held with the person and their family, where appropriate. These agreed the support people needed and identified the goals the person wanted to achieve in the coming twelve months.

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. Adapted plates and cutlery were used to support people to maintain their independence when eating.

One person said they enjoyed the food and they were involved in planning their meals. Two other people gave a big 'thumbs up' when asked about the food at Spring Meadows.

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

All bedrooms and bathrooms had a ceiling track hoist, enabling people to safely transfer directly from their bedrooms to their bathroom. All bathrooms had adapted baths and accessible showers.

Specialised beds, for example beds where the height could be altered, were in place where required. All rooms were wheelchair accessible and the garden was accessed via a lift.

People were keen to show us their bedrooms and had personalised them with photographs and personal effects.

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. Information about people's specific conditions, and how these affected them, was available for staff to read. Very clear guidance was in place for managing people's epilepsy. The staff were knowledgeable about people's health conditions and needs.

Staff supported people to arrange and attend medical appointments when needed. Records of each appointment were made on an electronic system, which all staff could access. Referrals to medical professionals and specialist services, for example, epilepsy nurses, were made appropriately. One relative said, "The staff are excellent at acting immediately when medical intervention is needed for [Name]."

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. Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had. We received several 'thumbs up' gestures when asking people about the staff team and their support. A relative said, "[Name] likes all the staff and is happy to return to Spring Meadows after a home visit."

A profile had been written for each person which gave a brief summary of their support needs, likes, dislikes and how they communicated. This gave a good overview of people's needs for any relief staff covering a shift at Spring Meadows.

People's cultural needs were identified. Staff supported people to access to their local community.

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

Person centred plans were reviewed annually with people and their family where appropriate, although this had been more difficult during the COVID-19 pandemic. One relative said, "We have a PCP meeting once a year, where we discuss [Name's] needs and care plan."

Staff explained how they used facial expressions and body language to judge whether people liked something or not. One staff member said, "You can tell what [Name] is meaning from the way they look at you."

Respecting and promoting people's privacy, dignity and independence

Staff explained how they prompted and encouraged people to do the things they were able to, for example when bathing and eating. A member of staff said, "We try to get people involved in tasks around the home. [Name] helps to make her own sandwich." We observed members of staff prompting and encouraging people to be involved in daily tasks.

The support staff explained how they respected people's privacy and dignity whilst providing 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. Staff knew people, and the support each person needed, well. Staff were allocated as key workers for named people. The keyworkers were responsible for ensuring the support plans were updated if there were any changes needed. One support worker said, "As [Name's] keyworker I keep their files up to date and do the annual review. All staff chip in to any changes and know everything that's going on."

A relative said, “The staff are first class in knowing [Name’s] needs even though she is nonverbal.” Another relative agreed but was less sure about relief staff who did not regularly work at Spring Meadows, saying, “Staff do know her needs but I get anxious when bank staff or unfamiliar staff are present.”

Annual person-centred reviews were held with the person and their family, where appropriate. These agreed the support people needed and identified the goals the person wanted to achieve in the coming twelve months.

Support plans included a personal intervention plan which detailed possible triggers for people being upset or distressed and how staff should support them at this time. Staff we spoke with were able to describe how they would support people if they were upset or distressed.

Meeting people’s communication needs

Best practice guidance (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 had been assessed and were identified in their support plans. People had a communication passport which would be made available to other health professionals in the event a person was admitted to hospital. This provided brief details of people’s communication and support needs.

Where appropriate, communication aids were used, for example an eye gaze device, to assist people to say what they wanted to. Eye gaze is a way of accessing a computer or communication aid using a mouse that is controlled with your eyes.

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

People had a range of planned activities each week. Staff said they now supported people to more activities within the community as day service provision had been reduced over the COVID-19 pandemic. A member of staff said, “We do more activities now and we’re in the community a lot more. For some people it’s great there’s less day services, but for others it can be hard to find things to do.”

However, from the daily progress notes we saw that there were days when activities outside of the house were not available for people to be involved in. We recognised, that due to some people’s complex support needs, daily activities were not always in their best interests.

Improving care quality in response to complaints or concerns

The provider had a formal complaints policy in place. Most concerns were dealt with informally directly between people, their families, the support staff and SRSW. A relative said, “If there are any problems I will speak to the manager, or [Name’s] keyworker. Action is always taken.”

End of life care and support

At the time of our inspection no one was receiving end of life care. Support staff had discussed, and recorded, people’s end of life wishes where people or their relatives had wanted to do so.

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

The quality assurance system did not always follow best practice guidance. Regular checks were made of people's finances and of the fire and emergency systems. However other audits, for example infection control were only completed on an annual basis. An annual medicines audit was completed; however, this did not check stock quantities. Regular medicines checks were not made at the home.

The service manager for Spring Meadows rarely visited the home. They did not make any checks or audits at the home. This meant the service manager had little oversight of the quality of the support provided at the home. Since January 2022 the SRSW also managed another home on the same site. They had not received any additional support to manage the two homes. We were told staff were not always able to contact the service manager by telephone when they had tried.

The SRSW and support workers were clear about their roles and responsibilities. Staff took turns to be the lead on each shift, ensuring all tasks had been completed. Staff were also allocated as keyworkers and knew what they had to do within this role.

When required we were told the service manager would update all SRSWs with learning from an issue in another of their services, via email or telephone calls. Supervisions for the SRSW had not always been completed during the COVID-19 pandemic and notes form the supervisions had not been made available. There had been a recent SRSW meeting which had been the first one since before the COVID-19 pandemic.

Incidents were reviewed by the SRSW to check steps had been taken, where possible, to reduce the risk of the same issue reoccurring.

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

Support workers said they enjoyed working at Spring Meadows, felt well supported and were able to speak with the SRSW whenever they needed to. They said the SRSW would respond to any concerns or ideas they raised. One support worker said, "We're able to raise what we want, and everyone is respectful of each other's opinions. We come to a consensus on how we'll work going forward. We'll try things and see how they work."

Our observations showed people were comfortable with the staff support they had. People and their families, where appropriate, were involved in discussing and agreeing people's support plans. Goals were agreed at the person-centred planning meetings and people were supported to achieve these goals. Relatives said there was good communication with the staff team, and they were informed about any changes.

Working in partnership with others

The home worked with medical professionals, social workers and families to ensure people's needs were being met.

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 SRSW knew the types of incidents they needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.