

Sweetbriar

Inspection report

Thie Meanagh Unit 2

Manor Woods

Farmhill

Douglas

Isle of Man

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Our findings

Overall summary

We carried out this announced inspection on 09 August 2022. The inspection was led by a Care Quality Commission (CQC) inspector and supported by an inspector from the Isle of Man Registration and Inspection Unit.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Service and service type

Sweetbriar is a residential care home providing personal care for up to 16 people. The home consists of 15 bedrooms for permanent residents who lived with dementia and one bedroom

reserved for people who stayed on a respite basis. There were 14 people using the service at the time of our inspection, with no one accessing the respite bedroom. Sweetbriar is in Douglas and accommodates people on the top floor of a two-storey building. Each bedroom had an en-suite sink and toilet. Full bathing facilities were shared across adapted bathroom and shower rooms.

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 identified areas of improvement in relation to demonstrating safe recruitment, medicines management, preventing and controlling infection and effective provider oversight.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The physical environment of Sweetbriar met people's physical needs. However, there were areas of the service, including bedrooms and bathrooms which were locked when not in use. People had to ask to access their bedroom as keys were not made available, limited toilet facilities were available for use; unless being directly supported by staff. A blanket approach to these restrictions had been taken rather than based on individual needs and risks. A new policy had recently been introduced which would assist the manager to review these practices.

People received a caring service. We found some staff practices were observed to be focused on the practical care needs of people and didn't always consider people's emotional needs or offer meaningful choice to people. Tables were not set prior to meals; activities were limited in choice and the living environment was not fully utilised or designed in way which considered the needs of people who lived with dementia. Audits were undertaken of some areas of the service. However, they did not focus on the experience of people living at Sweetbriar. For example, there was no structured way of obtaining feedback from people about activities or choice of menus.

Risk assessments and appropriate care plans had been developed to meet people's needs. People were involved in developing their care plans when they were able to. Family members and professionals were also involved. People were supported to maintain their physical health and wellbeing.

Staffing levels were safe. There were enough staff on duty to meet people's care needs. We were unable to access staff recruitment documents.

Staff felt supported by the manager and worked with other professionals and organisations to ensure people's needs were met.

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

- Take action to ensure any care plans for people who require medicines to be administered covertly include guidance from a pharmacist to confirm this is a safe method of administration.

- Take action to ensure appropriate guidance is in place for people who require medicines on an 'as required' basis.
- Take action to ensure areas of the service used to store medicines have recorded temperature checks to demonstrate medicines are safely stored in line with the manufacturer's instructions.
- Take action to ensure the serving kitchen is thoroughly cleaned, shower chair replaced, and additional fans purchased to ensure sufficient fresh air ventilation.
- 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 the Isle of Man in relation to assessing mental capacity.
- Take action to look at best practice guidance when working with people who live with dementia to consider environmental improvements and review how staff support people's emotional needs throughout the day.
- Take action to review the system of planning food menus to ensure people's choices reflect their personal preferences.

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

- The provider should take action to ensure the manager is able to readily access staff recruitment records to demonstrate safe recruitment practices have been followed prior to offering a person employment at Sweetbriar.
- The provider needs to take action to improve their oversight of the service through implementing a system of effective auditing of the quality and experience of people who use the service.

The inspection

About the service

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

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

Notice of inspection

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

What we did before inspection

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

During the inspection

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

We spoke with eight members of staff including the manager, a senior social care worker, social care workers, kitchen and domestic staff.

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

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.

Staffing and recruitment

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

At the time of our inspection, we observed enough staff were on shift to meet people's needs. Staff were always present in communal areas of the home. People also told us there were enough staff. One person commented, "The staff are always available."

The manager was in the process of recruitment for an additional senior social care worker. There were no other vacancies.

Assessing risk, safety monitoring and management

People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing. One person's care plan contained inconsistent information in relation to weight monitoring. We raised this with the manager who told us they would review the plan.

Care plans were stored on an electronic system and paper copies were also available for staff to follow. There was a handover system in place. This ensured important information about new admissions to the service, a person's care, or any changes were shared in a consistent and timely manner. One staff member told us, "I am aware of the care plans and I have read them."

Actions had been taken in response to the latest external contractor's fire risk assessment. Routine checks on the environment and equipment were completed and certificates were in place to demonstrate this. Annual servicing checks on the fire alarm system and emergency lighting were out of date. The manager told us they would contact the provider's estates department and ensure this was completed.

Using medicines safely

People received their medicines as prescribed. Accurate records were maintained. We identified a number of improvements which were needed to ensure the safe management of medicines.

One person required their medicines to be administered covertly. Covert medicines are placed in food or drink when a person refuses to take medicines; but has been deemed to lack the capacity to understand the impact of not taking the medicines as prescribed. Some medicines cannot be altered from their original form as this can impact their effectiveness. Information in the care plans did not confirm the staff had checked they were using a safe method of covert administration.

Guidance was not always in place for people who required medicines administered 'when required' (PRN). This meant staff did not always have the guidance they needed to understand the circumstances PRN medicines should be offered to a person.

Daily temperature checks were not carried out in the areas of the home where medicines were stored. There was a thermometer on the wall; but checks were not recorded. This meant we could not be assured medicines were being safely stored in line with manufacturer's instructions. This had also been identified in a recent audit completed by the provider's medicines management team.

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

Preventing and controlling infection

During our inspection we observed the cupboards in the serving kitchen were sticky and needed a thorough clean. A shower chair needed to be replaced as the wheels were starting to show signs of rust.

The service is located on the top floor of the building. There were no external doors which could be opened to the outside; window restrictors were in place to ensure people's safety. This meant the rooms became very hot on a sunny day with little ventilation. Extra fans were required as the equipment in place was not adequate to keep the air cool.

We discussed these issues with the manager who told us they would take actions to address them.

Staff received training in infection, prevention and control. The provider's policy was up to date. Staff wore appropriate protective personal equipment (PPE) and there were adequate stocks available.

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

Systems were in place to protect people from the risk of abuse. Staff received training and the provider had policies and procedures in place.

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

Is the service effective?

We found that this service was not always effective in accordance with CQC's inspection framework.

Ensuring consent to care and treatment in line with law and guidance; Adapting service, design, decoration to meet people's needs

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.

We found these principles had been followed when a person had been unable to consent to medical procedures, including vaccinations. We found this approach had not been taken for other decisions. For example, one person had their medicines administered covertly. This meant staff disguised medicines in food or drink if the person refused administration.

The service had several environmental restrictions in place. External doors were locked as well as internal doors including bedrooms and bathrooms when not being used by people. These are considered as restrictions on people's freedom of movement. We discussed this practice with the manager who explained a number of safety and security reasons for the restrictions to be in place; however, these restrictions had been placed upon everybody living at the service, regardless of whether it was a specific risk to them. One staff member told us, "I don't like that all the doors are locked. They never used to be."

There was no evidence to demonstrate how people's capacity had been assessed to establish if they could consent to such restrictions; or whether the decision had been considered as the least restrictive option; and in people's best interest.

The provider had recently introduced a new policy and guidance for assessing capacity and gaining people's consent. The manager was new to their role so not aware of this. They told us they would familiarise themselves with the policy and review these practices.

The communal living environment at Sweetbriar met the physical needs of people living at the service, however the environment was not homely in appearance. Corridors lacked personalisation or equipment which may stimulate people who lived with dementia.

There were a number of different lounges and seating areas however not all were fully utilised; we observed people being encouraged to sit together in one space at a time. For example, in the morning, people were encouraged to sit together in the dining room. After lunch, people were encouraged to sit in one of the lounge areas. The dining room was then cleaned by staff and the door closed.

There was a small laundry room which could have been utilised by some people to maintain their domestic skills. However, this was being used as a staff room so was not accessible.

As the service was on the first floor, the people living at Sweetbriar could not readily access the garden.

We discussed our observations with the manager. We were told the provider was planning to move the service to a new building which was being constructed. The manager told us they had been involved in discussions about what the service may need. We recommended the manager consider our feedback and published best practice guidance for suitable environments when people lived with dementia.

Supporting people to eat and drink enough to maintain a balanced diet

People's nutritional needs were assessed. Care plans reflected any preferences in meal choices and preferences as well as support needs.

Pictorial menus were displayed on a large board. The board was confusing as there were too many pictures. For example, it was difficult to see which picture related to lunch or the evening meal. Dining tables were not set with crockery or condiments to create a relaxed and positive environment to encourage people to enjoy the experience of mealtime.

We were told people chose their meals off a set menu a week in advance to enable the chef to purchase and prepare the correct quantities of food. The menu had not been developed with people living at Sweetbriar and the same rolling four weekly menu was in place for the service

which was based on the ground floor of the building. Both services shared a kitchen team who prepared the food.

People we spoke with couldn't recall what they had ordered; one person told us on the day they didn't like either option. We observed one person choose toast for their main meal. We asked the person what they thought of the food and they told us, "I don't like the food much."

The manager told us they currently did not have any input into the menu planning as this was done by a head chef for the wider older people's service. We discussed the importance of involving people who lived at Sweetbriar in menu design and meal planning.

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

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

Staff support: induction, training, skills and experience

Staff received the training they needed to support people safely and effectively. One person commented, "The staff seem to know what they are doing." Some staff needed to attend face to face or complete online refresher training. We discussed this with the manager who explained they were addressing this through supervision and monitoring staff completion.

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

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

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

Is the service caring?

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

People told us they liked living at Sweetbriar. Comments included, "The staff are very good to me" and, "The staff are really nice. They don't bother me much."

Family members also told us they believed people were treated respectfully. One family member commented, "All the staff are lovely and very kind and understanding."

We observed warm and friendly interactions between people and members of staff. Staff were responsive to one person who appeared unwell. They were attentive to the person's needs and ensured the person's dignity was upheld. However, we also observed periods throughout the day when staff did not fully engage with people; unless they were supporting with an aspect of care. Whilst people did not appear unhappy, some people had fallen asleep or were sat alone not engaging with other people in the room. We discussed with staff how they approach meeting

people's emotional support needs. One staff member told us, "I think there should be more flexibility in the care and less task driven." We shared these observations with the manager.

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

Staff were able to describe how they protected people's privacy and dignity when providing care; and how they supported people to maintain their independence. Comments included, "I always knock on bedroom doors before I go in" and, "We try and let people do things for themselves."

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

People were involved in decisions about their care when they were able to do so. Where appropriate, family members and professionals were also involved. One staff member told us, "We try to get residents to understand but most don't know their own care needs, so we talk with their families."

Is the service responsive?

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

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

The service did not employ an activity coordinator. Care staff assisted people to maintain their leisure interests and hobbies. There was an activity planner displayed. This consisted of a variety of indoor activities, including games, crafts and quizzes. We observed people participating in these activities. Some people were engaged and enjoyed them; others did not engage as much. We spoke with people about the activities on offer. Comments included, "I get bored here" and, "The activities don't interest me. I prefer to be on my own".

We shared this feedback with the manager and discussed the need to review the activities which were available. We were told the service had access to a vehicle people could use and people were supported to go out for a walk.

People were supported to stay in touch and spend time with friends and family. Family pets were able to visit the service.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

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.

Staff were familiar with people's needs and preferences. Important information was recorded. This included how people communicated and any specific needs. Family members had supported people to write down their personal histories. This gave staff a greater understanding of people's family and professional life before moving to Sweetbriar.

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

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint was clearly visible within the home. Systems were in place to ensure records were maintained.

People confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

Care plans demonstrated personal wishes had been established in relation to this aspect of a person's care.

Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were clearly recorded in care plans and visible to staff in the event of a medical emergency.

Is the service well-led?

We found that this service was not always well-led in accordance with CQC's inspection framework.

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

There were some systems in place to monitor and review the quality of care and experiences of people living at Sweetbriar. Senior social care workers were responsible for developing and reviewing care plans. Medicines checks were also undertaken by staff and the provider. Staff also undertook some health and safety checks. However, these were not always effective. For example, temperature checks of the fridge were routinely taken in the serving kitchen. Records showed the fridge was not cold enough. There was no evidence staff had raised this with the manager or the provider's estates department.

The manager completed an annual report on the quality of the service. This was shared with the provider and the Inspection and Registration Unit on request.

A senior manager attended the service on a regular basis. We found the provider did not have current systems in place for additional auditing of the quality and experience of people using the service. This meant there was no evidence improvements we identified had been already identified by the provider or any evidence of striving for continuous improvement or improving care.

The manager told us their line manager was also available by phone or they could access the local office for support and advice. The manager also had regular supervision and attended managers meetings and felt well supported.

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

There was a new manager in post who had previously worked at Sweetbriar for a long time. They knew the people who lived there, family members and the staff well. One staff member told us, "The manager is supportive."

There was a positive culture amongst the staff team who told us they enjoyed working at Sweetbriar. We were told, "Team morale is wonderful." Staff had a regular one to one meeting with their line manager.

Family members felt engaged and told us they could raise any issues at any time. Family members also felt people received good care. One family member said, "Since [Name] has been in Sweetbriar they are smiling much more; and has put on some weight."

We observed occasions when the staff approach was focused on the practical needs of people and less on the emotional support. We discussed all our observations with the manager throughout the inspection who told us they welcomed the feedback and was committed to changing this culture at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The manager demonstrated an understanding of their responsibilities under duty of candour.

Working in partnership with others

Information contained within care plans demonstrated the staff at Sweetbriar worked in partnership with other agencies. This included the older people's mental health team and district nurses.