

This Meanagh

Inspection report

Manor Woods,
Farmhill,
Douglas,
IM2 2PF

Tel: 01624 686727

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Our findings

Overall summary

We carried out this announced inspection on 11 and 14 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.

This Meanagh was visited by CQC in February 2022 as a pilot inspection for our inspection programme. We made a number of recommendations. This inspection was carried out to check the actions taken following the last inspection.

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

This Meanagh is a dementia nursing home which is designed to offer specialist support to Service Users who have a diagnosis of dementia or is likely to have dementia. The home provides accommodation with nursing and personal care. 12 people were living at This Meanagh at the

time of our inspection. Up to 16 people could live at the home, with 1 room being reserved for emergency respite admissions.

This Meanagh provides accommodation on the ground floor of a two-storey building. Each room had an en-suite toilet, with a dining room, two shared lounges, bathrooms and shower facilities.

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

Following our pilot inspection, we found some improvements had been made in medicines management, oral hygiene training and discussing people's wishes for their end of life care. However, at this inspection we found further improvements were needed and have made recommendations for the service and provider.

People received their medicines as prescribed, however there was not robust auditing of stock quantities and the storage temperature was not monitored to ensure medicines were stored within the manufacturer's guidelines.

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. Some refresher training was outstanding, and the registered manager had allocated time on the staff rotas for them to complete these. We were not able to fully check staff recruitment at this inspection as the recruitment files were not available. The registered manager was involved in the recruitment process,

Staff said they felt well supported by the nurses and registered manager. Communication within the staff team was good. Staff supervisions were completed, although some had been delayed due to a COVID-19 outbreak.

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. Relatives spoke positively about the staff team, saying they were kind and caring.

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, robust checking of staff knowledge, and recording the medicines room temperature so medicines are stored in accordance with manufacturer guidance.
- Take action to review medicines audit procedures and timescales to comply with best practice guidance.
- Ensure water temperatures are regularly taken to ensure they are within safe operating temperatures.
- 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

This Meanagh 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 registered with the Inspection and Registration Unit of the IOMDHSC. This meant they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 our pilot 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 registered manager. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with five members of staff including the registered manager, nurse, senior social care worker, support workers and housekeeper. 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 contacted three relatives for their feedback about the care and support provided at Thie Meanagh.

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

At our pilot inspection, we identified a number of improvements to support the safe management of medicines. We found some improvements had been made.

People received their medicines as prescribed. Guidance was now in place for when 'as required' medicines (PRNs) should be administered. A defined 'pathway' was in place to assess and agree if it was in people's best interests for their medicines to be administered covertly, for example in food. Medicines ready for disposal were stored securely and returned to the pharmacy on a regular basis.

However, further improvements were required. The temperature of the room where the medicines were stored was not recorded to monitor that the medicines were stored in accordance with the manufacturer's guidance. On the day of our inspection the room temperature exceeded the manufacturer's guidance. Dates when bottles of medicines and creams were opened needed to be routinely recorded.

Stock quantities we checked did not always match the records. The registered manager looked into these discrepancies and identified issues with the record keeping. The auditing systems in place were not sufficiently robust to identify the issues we found.

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.

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 of the provider's dementia services had been written. A Legionnaire's assessment for Thie Meanagh 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 registered 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 support and interventions to manage these risks.

Staff knew how to report and record any accidents or incidents. Reports were reviewed by the registered manager and discussed within 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.

The registered 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. However, full recruitment files were not available to view at the time of our inspection.

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

Systems were in place to protect people from the risk of abuse. Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the registered manager or nurses on duty 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 said their relatives were safe living at Thie Meanagh, with one saying, "[Name] is safe there; they're in good hands there."

Preventing and controlling infection

People were protected from the risk of infection. Thie Meanagh 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.

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.

At our pilot inspection, we found capacity assessments and best interest decisions were not evidenced for all decisions. We also recommended staff receive training in consent. Capacity assessments and best interest decisions were in place when people moved to Thie Meanagh, for covert medicines and some medical procedures, for example COVID-19 vaccinations. However, evidence was not seen for other restrictions in place, for example bedroom doors being locked when people are not in their rooms and bathrooms also being locked.

The provider had recently introduced a new policy and guidance for assessing capacity and gaining people's consent. This had been distributed to the staff team at Thie Meanagh. The registered manager acknowledged that formal training on the new policy was needed. The provider had not yet put this training in place. A new dementia training course was in the process of being arranged at the time of our inspection.

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

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.

Staff support: induction, training, skills and experience

Staff received the training and induction to carry out their roles. Staff were not up to date with all their refresher training courses. The registered manager had started to allocate time on the rota each month for staff to complete their on-line training. This should enable staff to catch up on the refresher courses they needed.

At our pilot inspection, we recommended staff received training and support around oral hygiene. Staff had completed an e-learning course on oral hygiene. People were supported with their oral health needs and oral health support plans were in place.

Classroom based training had been put on hold during the COVID-19 pandemic. Course dates were now becoming available but were sometimes difficult to book due to a high demand and the home was unable able to release many staff on the same day to attend a course. All support workers had achieved a recognised qualification in health and social care.

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

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

At our pilot inspection, we identified Thie Meanagh needed to carry out its own pre-admission assessment of people's needs, in addition to the information provided by other professionals. Improvements had been made. Additional notes were added to people's assessment of needs by

This Meanagh following discussions with the person, their family where appropriate and other professionals. This enabled the home to assess if they were able to meet the person's needs.

Care plans were then written to provide guidance on how to meet these identified needs. These were reviewed every four months.

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.

A picture menu was used so people could see what the meal choices were each day. Relatives said the food seemed good, with one saying, "[Name's] been eating okay and has gained weight since they moved in."

Some people living with dementia need to walk with purpose. We observed staff provided people with finger food where they were not able to sit down for their meal.

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, psychiatry, GP and the older persons mental health team. Relatives said they were kept informed of any medical appointments or changes in their relative's health or wellbeing. A relative said, "[Name's] got a review with the doctor soon."

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

The home had suitable dementia friendly signage, for example pictures on people's doors that meant something to them so they could locate their own bedroom.

Adapted baths and accessible showers were available and people had access to a small garden, although the registered manager acknowledged this was not of the best design due to having steep slopes around a patio area.

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. An 'About 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 excellent; they're easy going girls and will make time to talk to you if you want to." A relative said, "I've only good things to say about the staff. [Name] always looks clean and well cared for."

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, "Staff will phone me if [Name] is unwell, if there's been an incident or if anything needs buying."

We observed members of staff offering people day to choices during the inspection. A support worker said, "I give people information slowly and give them time so they can process it and make a choice."

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. Care plans identified things people could do for themselves with encouragement.

Is the service responsive?

We found 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

Relatives could visit the home whenever they wanted to and were required to follow the government COVID-19 policy with regard to the use of PPE. People could go out with their relative if they chose to do so.

An activity plan was in place, although many people did not want to participate in group activities within the home. We observed support staff spending time going through magazines or papers with people on an individual basis.

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. These were regularly reviewed and updated if people's needs changed. Staff knew people, and the support each person needed, well.

Support workers were allocated as key workers for named people and were responsible for checking people had the clothing and other items they needed. The key worker would liaise with people's families so items needed could be bought.

Relatives said they were asked about people's care and support and had good communication with the home. Care records included people's life history, likes and dislikes. They also included behavioural support plans which provided guidance for staff when supporting people who may become agitated. Guidance from other professionals was incorporated within the care plans.

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. Picture menus and an activity board were used to assist people's communication. When appropriate the home has used individual picture cards to communicate with people, for example, a picture of a toothbrush to communicate what was happening next. Staff had also used a translation app on an electronic device where English was not a person's first language.

Improving care quality in response to complaints or concerns

A formal complaints policy was in place. 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 registered manager. They were confident they would be listened to and the issue addressed. One relative said, "I've not had any concerns needing to be addressed yet."

End of life care and support

At our pilot inspection, we identified people's end of life wishes had not been discussed with them or their relatives. The registered manager was aware of this and staff had recently completed e-learning in end of life care and had discussions in staff meetings.

At the time of this inspection no one in the home was receiving end of life care. There were measures in place to support people who required end of life care. This included people's resuscitation status. The registered manager said staff were raising people's end of life wishes when discussing their resuscitation status, however some families did not want to engage in this discussion.

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 Thie Meanagh. Audits were completed 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 registered 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 registered 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. Where required, a staff debrief was held after an incident and staff discussed what had gone well and could raise ideas for supporting people in the future.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Relatives said there was good communication with the home and felt people were well looked after. One relative said, "There's staff I can talk to (when visiting) and they will say how [Name] is getting on."

Staff said they enjoyed working at Thie Meanagh and felt supported by the nurses, seniors and registered manager. They said the registered manager was visible within the home and was approachable. They were able to speak with them if they had any ideas or concerns.

Whilst regular staff meetings were not held, staff said they had regular discussions during handover about people's needs and any changes in their support. One member of staff said, "We get good support from [registered manager Name], nurses and colleagues; there's good team work. They're approachable and will listen to what we have to say."

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, psychiatrists and social workers. The registered manager said they had a good relationship with the Older Person's Mental Health team. They were also able to seek advice and support from the acute mental health services team, including access to staff training in managing people's behaviours.

The resource 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.