DHSC – CQC external quality regulation programme

Thie Milan

Inspection report

Adult Social Care Directorate
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Summary of this inspection

Overall summary

We carried out this announced inspection on 26 April 2022. The inspection was led by a Care Quality Commission, (CQC), inspector and shadowed by an Isle of Man Registration and Inspection Unit 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 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
Thie Milan is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Thie Milan can support up to five people and there were five people using the service at the time of our inspection.

Thie Milan is a town house in a residential area of Douglas. Each person has their own lockable bedroom, with shared bathrooms, lounge and kitchen / dining room.

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. People were part of their local community and were supported to be as independent as possible.

People said they felt safe living at Thie Milan. 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, including checking staff competencies and monitoring stock quantities.

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 Thie Milan. They rarely visited the service, although we were told they were always available to contact if needed.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff promoted people's independence through involving them in choices and tasks around the home as well as supporting them to travel and go to work placements and social events on their own or with friends. Staff were positive about working at Thie Milan. Relatives spoke positively about the staff team, saying they were kind and caring.

There were enough staff on duty to meet people's needs. Staff had received the training they needed for their roles. 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 senior residential support worker (SRSW) and communication within the team was good through daily handovers. Formal supervisions and staff meetings were held when required, although most discussions were informal.

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, formal capacity assessments and best interest decisions 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. Communication aids, for example visual planners, 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 'as required' (PRN) protocols, robust checking of staff knowledge, hand written entries on medicine administration records (MARs) and recording stock balances between medicines cycles.
- Take action to review medicines audit procedures and timescales to comply with best practice guidance.
- 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 and general repairs.

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, 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
Thie Milan 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 senior residential support worker (SRSW) who managed the service. The SRSW had applied to become the registered manager for Thie Milan. This means that 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
We gave the service four days' notice of the inspection. This was because Thie Milan is a small service and we needed to ensure the SRSW and people living at the service would be in. This inspection was 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 SRSW. We used all this information to plan our inspection.

During the inspection-
We spoke with four people who used the service and two relatives. We spoke with three members of staff including the SRSW, and support workers. We reviewed a range of records, including two

people's care records and medication records. We looked at two staff files in relation to training and supervision meetings. A variety of records relating to the management of the service, including quality assurance, complaints and incident reports were reviewed.

We observed the support provided throughout our inspection and observed the environment, with people's permission.

After the inspection
We contacted two relatives for their feedback about the care and support provided by Thie Milan.

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?

Our findings

We found that this service was 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.

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.

Medicines administration records (MARs) were fully completed. However, hand written entries on the MARs had not been double signed by members of staff to show they had been transcribed accurately. A record of where on the body medical patches had been applied were not used. This meant staff could not demonstrate patches were rotated in line with best practice guidance.

Guidance was in place for medicines administered 'when required' (PRN). However, this did not always identify how the person would communicate, either verbally or non-verbally, that they needed the PRN medicine to be administered.

It was not possible to check whether the medicines stock levels were correct as the number of tablets or patches carried forward from one month to the next was not recorded. Therefore, it was not known how many of each medicine was in stock at the start of the medicines cycle.

The provider's medicines policy was up to date and gave clear guidance in the areas identified above. They 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. People were supported to take positive risks, including travel training, so people were able to go out independently.

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. We saw the SRSW had contacted the provider's estates department requesting the PAT to be completed. Staff completed a monthly visual check of the electric equipment being used.

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. However, regular water temperature checks were not completed.

Regular fire drills were held. Evacuation information was displayed in an easy read format. People we spoke with knew what to do in the event of a fire.

Incidents and accidents were recorded electronically. All reports were reviewed by the SRSW to check any actions to reduce the likelihood of a reoccurrence had been taken.

Systems and processes to safeguard people from the risk of abuse
People told us they felt safe living at Thie Milan. One person said, "I go out on my own and always take my phone so I can call staff if I need to." A relative told us, "They (the staff team) support [Name] with his money; they're on the ball with that."

Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the SRSW or service 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.

Staffing and recruitment
Staff felt there were enough staff on duty to meet people's needs. People also said staff were available if they needed support or to talk to a member of staff. Rotas, and our observations, confirmed this.

There was a flexible approach to the staff rota, so staff were available when people needed support to attend activities, including in the evening.

There was a stable staff team at Thie Milan and the SRSW had not been involved in any recent recruitment activity. 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
Thie Milan was clean throughout. Staff prompted and supported people to be involved in cleaning the home. Staff had completed training in infection control. An annual infection prevention and control self-audit had been completed in February 2022, with a high level of compliance.

Personal protective equipment (PPE) was available for staff to use. At the time of our inspection staff were not using masks as they were being regularly tested and were COVID-19 negative.

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?

Our findings

We found that 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. In care homes, and some hospitals, this is usually through Mental Capacity Act (MCA) application procedures called the Deprivation of Liberty Safeguards. An equivalent of this Act is currently under discussion by the Manx parliament.

We checked whether the service was working within the principles of the good practice on mental capacity.

People's capacity had been externally assessed for having the COVID-19 vaccination. However, capacity assessments were not routinely used for each different decision being made.

We saw one person had signed that they agreed with their care and support plans. There was no formal assessment of their capacity to be able to do this. One relative said the staff team thought their relative could make informed choices, but they disagreed. Capacity assessments had not been completed to evidence what decisions they were able to make themselves and which they were not.

We observed and heard members of staff asking people's permission before entering their bedroom or providing support. Staff explained how they would show people trailers for films and shows so they could decide if they wanted to see them.

Staff training in mental capacity and obtaining consent needed to be refreshed to ensure a consistent approach was used for all decisions.

Staff support: induction, training, skills and experience
Staff received the training and support to carry out their roles. On line and classroom-based training was used. The classroom training had been put on hold during the COVID-19 pandemic, but course dates were now becoming available. All of the staff team had achieved a recognised qualification in health and social care.

All of the staff team were experienced members of staff. Staff who had moved to work at Thie Milan had initially worked some shifts as supernumerary to the rota so they could get to know people, their routines and support needs.

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 were held when needed, with support workers able to speak with the SRSW informally whenever they wanted to.

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

Everyone at Thie Milan had lived there for a long time. Each person's support needs were assessed and reviewed at least every six months or when new activities started.

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, including when a specialised diet was required. One relative said, "They (the staff team) manage [Name's] weight and special diet very well."

People were involved in deciding what meals they had and were supported with the food shopping and preparing the meals.

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.

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 the dietician, were made appropriately. Some specialist learning disability services were not always available on the Isle of Man, or had to be sourced from the UK, for example psychology. This had caused a delay in obtaining advice for one person but was outside of the control of the home.

Adapting service, design, decoration to meet people's needs
The people living at the home did not require any physical adaptations. The SRSW told us that due to the stairs at Thie Milan, people needed to be independently mobile to live there. If people's mobility declined, they would be supported to find a suitable alternative home which could meet their needs, with the same provider.

We saw some maintenance work was outstanding, including some damp in the lounge. The SRSW had emailed the estates department about the work that was needed. We were told the provider was quick to repair any issues to do with safety, for example plug sockets, but there was a delay with other maintenance required.

Is the service caring?

Our findings

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
Staff knew people, and their individual needs well and treated people with dignity and respect. 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, "We have good staff; they're good fun." A relative told us, "The staff are all great. I see the staff as an extension of my family rather than workers."

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 Thie Milan.

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

Supporting people to express their views and be involved in making decisions about their care
Person centred plans were regularly reviewed with people and their family where appropriate. People were encouraged and supported to participate in the reviews.

People were supported to choose what they wanted to do each week and to plan a weekly menu.

Respecting and promoting people's privacy, dignity and independence
Staff supported people to complete tasks around the house independently, for example the laundry and shopping for the house. People said staff would support them to travel to new places and activities and teach them a safe route so they could travel on their own. Systems were in place to remind people to have a charged mobile phone with them when they went out on their own so they could contact staff if they needed to and staff could ring people and check they were okay.

Support plans clearly identified where people needed support and what they were able to do for themselves. The support staff explained how they respected people's privacy and dignity whilst providing support.

Is the service responsive?

Our findings

We found that 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
People received individualised support that met their needs. Staff knew people, and the support each person needed, well. Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. 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.

We discussed with the SRSW how some support plans could be combined so all relevant information about an area of support was in one place. They said they would review the support plans accordingly.

People and their relatives said they were involved in agreeing the care and support and most said they had good communication with the home. If needed, video calls were used when relatives could not attend review meetings in person.

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.

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 took part in varied activities throughout the week. This included work placements, social clubs and hobbies. People were supported to plan what they wanted to do and also supported to attend the activities where required. Where ever possible people were supported to attend activities independently.

Some people attended evening activities with friends from other of the provider's houses, with staff support being shared across the houses. This enabled people to go out more often with staff support.

When an evening activity was being planned everyone living at Thie Milan had to agree to go to the event or additional staffing had to be arranged. People and staff told us this usually worked well.

Meeting people's communication needs
Best practice in communication, including 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.

One person benefitted from having a visual planner, so they knew what they were doing each day. This was clearly displayed in their bedroom and new symbols were made when any new activities started. The person's relative thought a photograph of the daily visual planner would assist the

person when they were out of the house to know what was planned for the remainder of the day. Social stories were used to explain any changes to their usual routine.

Improving care quality in response to complaints or concerns
The provider had a complaints policy in place. Most concerns were dealt with informally directly between people, their families and the support staff and SRSW.

We were aware of one complaint that had been made. A meeting had been organised to discuss the issues raised.

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 had wanted to do so.

Is the service well-led?

Our findings

We found that this service was 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 by the pharmacy, but regular internal checks were not made at the home.

The SRSW and support workers were clear about their roles and responsibilities. The SRSW said they felt supported by the service manager. However, the service manager rarely visited Thie Milan, even when the SRSW was on leave. This meant the service manager had little oversight of the quality of the support provided at the home. Support workers said they would phone the service manager if they had a problem and the SRSW was not available.

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 been completed during the COVID-19 pandemic. Meetings of all the SRSWs to share good practice and learning were not held.

There had been very few incidents reported at Thie Milan. All 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
Support workers said they felt well supported and 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, "I speak with [SRSW Name] a lot. She's very approachable and also on end of the phone if I need anything." Relatives were also positive about the SRSW.

People had active lives and were happy with their activities and the 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.

Most relatives said there was good communication with the staff team, and they were informed about any changes. One relative said, "The communication is very good; they (the staff team) ring and let me know what's happening." However, one relative felt the communication with the staff team could be improved.

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.

Working in partnership with others
The staff team had good relations with other homes managed by the provider, working together so people maintained their friendships and were able to meet each other at social events.

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