

# Thie My Chree

## Inspection report

Adult Social Care Directorate  
Murray House  
Mount Havelock  
Douglas  
Isle of Man  
IM1 2SF

Date of inspection visit:  
27 April 2022

Date of publication: 31 May 2022

Tel: 01624 611075

## Summary of this inspection

### Overall summary

We carried out this announced inspection on 27 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 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**

Thie My Chree is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Thie My Chree can support up to four people and there were three people using the service at the time of our inspection.

This My Chree is a bungalow in a residential area of Onchan. Each person has their own bedroom, with shared bathrooms, lounge, dining room and kitchen.

### **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 supported to be part of their local community and to be as independent as possible.

People said they felt safe living at Thie My Chree. Risks were assessed and guidelines were in place to manage these risks, however, one person's support guidelines needed to be reviewed to ensure they were reflective of their current needs. 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 My Chree. 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 supported people to be involved in their own care and to make day to day choices. Staff were positive about working at Thie My Chree. 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. However, additional training on mental capacity assessments was needed. 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. The policies and systems in the service supported this practice. However, formal capacity assessments and best interest decisions were not recorded

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 robust checking of staff knowledge 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.

**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.
- The provider should 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 Provider should implement a robust policy and training programme for SRSW and support workers for mental capacity assessments and best interest decisions.

## The Inspection

### **Service and service type**

This My Chree 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 My Chree. 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 two days' notice of the inspection. 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 two people who used the service. 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. 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.

### **After the inspection**

We contacted two relatives for their feedback about the care and support provided by Thie My Chree.

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. Guidance was in place for medicines administered 'when required' (PRN). This clearly identified 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 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. We discussed this with the SRSW and the member of staff who re-ordered the medicines. They said they would add this information onto the new MARs each month.

Bottles of liquid medicines had not been dated on opening. This meant it was not possible to know when the medicine would be out of date. All the liquid medicines at Thie My Chree were given daily, so the risk of the medicine being stored for too long was low.

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.

### **Systems and processes to safeguard people from the risk of abuse**

Relatives thought their relative was safe living at Thie My Chree. One relative said, "Safe; oh yes definitely."

Staff had completed training in safeguarding vulnerable people. However, they were not confident in explaining the signs of potential abuse they needed to report to the SRSW or service manager. We discussed this with the SRSW who said they would make safeguarding an agenda item for the next staff meeting.

The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

### **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. Some risk assessments needed reviewing to ensure they were up to date and reflective of people's current needs. The SRSW was aware of this and planned to review the files.

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. Water temperature checks were made when people had a bath or shower. However, regular water temperature checks for other outlets were not completed.

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

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.

### **Staffing and recruitment**

Staff and relatives felt there were enough staff on duty to meet people's needs. People also said staff were available if they needed support. 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.

New members of staff had moved to work at Thie My Chree in November 2021 from other of the provider's services. Therefore, the SRSW had not been involved in any recent staff recruitment. 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 My Chree was clean throughout. The staff had cleaning schedules for each day. Touch points, such as door handles, were cleaned multiple times each day. 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 April 2022, 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?**

### **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 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.

The staff team had not completed training in mental capacity. A capacity assessment seen was not decision specific. It asked if people could 'understand simple instructions, maintain information and sign forms.' Another capacity assessment detailed how people could unlock the front door if they wanted to, without recognising that the decision being made would be if people were able to leave the house on their own or if they would need staff support when going out.

This showed a lack of understanding of mental capacity assessment good practice. Capacity assessments and best interest decisions should be used to safeguard people's rights to make their own decisions where possible and ensure decisions are made in their best interests where people are assessed as lacking the capacity to make the specific decision in question.

People's capacity had been externally assessed for having the COVID-19 vaccination. We discussed with the SRSW using this as a template for future capacity assessments.

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

Everyone at Thie My Chree had lived there for a long time. Each person's support needs were assessed and reviewed, although one person's support plans needed reviewing and updating to ensure they reflected their current support needs.

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.

### **Staff support: induction, training, skills and experience**

Staff received the training and support to carry out their roles. Training had been more limited during the COVID-19 pandemic, but the staff had completed on line training and course dates were becoming available for face to face training.

All the staff team were experienced members of staff. Two staff who had moved to work at Thie My Chree in November 2021 told us they had initially worked some shifts as supernumerary to the rota so they could get to know people, their routines and support needs. One member of staff said, "I came in to the home before I officially started here to meet [SRSW Name] and the guys."

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. Staff meetings and formal supervision meetings were held, with support workers able to speak with the SRSW informally whenever they wanted to.

### **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. Where people were assessed as being at risk of losing weight, their weights were regularly monitored.

People were offered choices for their meals, where appropriate by showing them the options available so they could indicate which one they would like.

**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. 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 the dietician, were made appropriately.

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

This My Chree is a bungalow and is wheelchair accessible throughout. Aids, for example bath seats, were in place where needed.

Maintenance was arranged through the provider's estates department. We were told this worked well. Including having an out of hours service for emergency repairs.

## 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. 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. One person indicated they liked the staff team by giving a big thumbs up and a broad smile.

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 My Chree. We found one person's profile needed to be reviewed to ensure it reflected their current needs.

People's cultural needs were identified. Staff supported people to access 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, "They keep me up-to-date with [Name's] past and planned activities both in the house and outside, their health and well-being, and other changes and developments in their life. These meetings are always helpful and have always been positive." People were encouraged and supported to participate in the reviews.



People were supported to choose what they wanted to do each week.

**Respecting and promoting people’s privacy, dignity and independence**

Staff explained how they prompted and encouraged people to maintain their independence and be involved in their own care. For example, people assisted with the shopping for the house and support plans identified what people were able to do for themselves and where they needed support from the staff. One member of staff said, “I let people do as much as they want to do.”

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. One relative said, "They know [Name] and they can anticipate their needs."

Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. One person's support plan needed to be reviewed to ensure they reflected their current needs, although a person-centred plan review had been held in January 2022. Relatives said they were involved in agreeing the care and support and had good communication with the home.

One member of staff had recently been delegated the responsibility for ensuring the support plans were updated if there were any changes needed. Each person also had a keyworker, who supported people to buy anything they needed and make any regular medical appointments.

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.

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 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.

### **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. The staff also arranged one to one trips out. We were told there were enough staff on duty to enable activities to be planned.

Different activities were also available at the home, for example art and crafts and games, as one person often did not want to go out.

### **Improving care quality in response to complaints or concerns**

The provider had a complaints policy in place. There had not been any formal complaints made. Any issues or concerns were discussed and resolved informally with the staff team or SRSW. One relative said, "I've not had to raise any issues."

**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?

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; however, this did not check stock quantities. Regular medicines checks were not made at the home.

The SRSW and support workers were clear about their roles and responsibilities. The SRSW had recently delegated specific roles to each member of the staff team, for example health and safety checks. The staff said they were happy with these roles.

The SRSW said they felt supported by the service manager. However, the service manager rarely visited Thie My Chree, and did not make any checks themselves. 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 SRSW if there was an issue at the home, even if they were not on duty. If the SRSW was not available, they said they would phone the service manager. We discussed this with the SRSW, who said this practice had developed during a period of ill health for someone living at Thie My Chree. They said they would discuss with the staff team about contacting the service manager or on call service when the SRSW was not working.

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 My Chree. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics**

Support workers said they enjoyed working at Thie My Chree, 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, "[SRSW Name] is a good senior, she's always there for you" and another told us, "Feel supported; very much so."

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 were very positive about the care and support their relatives received. One relative said, "[Name] leads a full and varied life, helping out in the house and outside it, engaging with other people. I know that she's very happy in the house." Another relative told us, "I feel well informed and part of [Name's] care."

**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.