

Thie Ushtey

Inspection report

Adult Social Care Directorate

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Our findings

Overall summary

We carried out this announced inspection on 12 July 2022. The inspection was led by a Care Quality Commission, (CQC), inspector.

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

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

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

About the service

Thie Ushtey is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Thie Ushtey is a detached house registered for up to four people. At the time of our inspection three people were living at the home.

Each person has their own bedroom and shared bathrooms. There is a shared kitchen and lounge / dining room (with a desk and office equipment for staff usage). The home had a large garden, but this was uneven and was not utilised often due to people's mobility issues.

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 not always able to demonstrate how they were meeting the underpinning principles of culture, control and choice. The house was not fit for purpose due to water ingress causing damp, mould and issues with the décor of the home. This would affect people's health and wellbeing over the winter months. Major maintenance work was required.

Support plans were discussed and agreed within the staff team. Relatives were invited to review meetings and to contribute to the reviews. People received person-centred support and made choices and decisions about what they wanted to do. People enjoyed going out but were limited in doing this due to having one staff on duty after 2.30pm. There was a small staff team and the rota relied on relief staff to ensure all shifts were covered, especially when the permanent staff were on leave.

Our observations showed people were comfortable with their staff support. 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.

Improvements were needed in the quality assurance process. The service manager did not have full oversight of the quality of the care at the home. They rarely visited the service, although we were told they were contactable by telephone.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff prompted and encouraged people to do the things they were able to do for themselves. Staff were positive about working at Thie Ushtey.

Staff had received the training they needed for their roles but were behind on completing refresher training courses. Staff would benefit from refresher training in dementia awareness. We were not able to check staff recruitment at this inspection as the recruitment files were not available.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. 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. Staff knew how people communicated through facial expressions and gestures.

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

- Implement current guidance for the management of medicines. This includes guidance for when to administer all 'as required' medicines and robust checking of staff knowledge.
- Review the staffing at the home to ensure people have the support to undertake activities individually rather than everyone going out together. Take action to recruit to the current vacancy and reduce the pressure on staff working additional shifts or having to use relief staff.
- Ensure all restrictive practices are reviewed and evidenced as being in the person's best interest. This review should be undertaken with full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity.
- Ensure staff complete all refresher training including training in dementia awareness for people with a learning disability.
- 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.

- Take urgent action to ensure the maintenance issues at the home are addressed; specifically, that leaks are fixed and all remedial work on the damage caused by repeated water ingress within the home is completed.
- 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 best practice guidance, for example, 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

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

This Ushtey had a Senior Residential Support Worker (SRSW) who managed the home. They were not yet registered with the Inspection and Registration Unit of the IoMDHSC. It is a requirement of the IoMDHSC that all Manx Care services and managers are registered.

Notice of inspection

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

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information we asked providers to send to us for our inspections with key information about their service, what

they do well, and improvements they plan to make. We reviewed health and safety information provided by the SRSW. We used all this information to plan our inspection.

During the inspection

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

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.

Preventing and controlling infection

Thie Ushtey was visibly clean throughout. However, due to considerable water ingress through the chimney and blown render, wallpaper was peeling and the plaster in the bedrooms was crumbling. Large stains and mould were visible, even during the dry weather when the inspection took place. Mould was also present in the porch and lounge / dining room.

In the winter this would cause a health hazard for the people living at Thie Ushtey, especially as they were elderly, and one person was prone to chest infections. The SRSW had reported these issues to the service manager and the provider's estates department. However, they had offered to re-decorate rather than address the underlying problem of water getting into the house. We found the condition of the home not to be fit for purpose and we have escalated this issue to the IoMDHSC.

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 areas within the control of the staff team having a high compliance.

We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

There was a small staff team at Thie Ushtey, with two staff working in the morning until 2.30pm and one in the afternoon and evening. This meant activities had to take place in the morning as all three people could not go out with one member of staff. A member of staff said the morning staff would work later if there was an afternoon activity arranged so people could go to it.

The staff team was not big enough and the rota relied on relief staff to cover shifts. This became more difficult when staff were on annual leave or sick. The week after our inspection the SRSW said they were having to work a lot of extra shifts to cover annual leave. They said, "You get tired and run out of patience."

The SRSW said they had been told the home could have an additional part time member of staff, this new member of staff had not been allocated to them yet.

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.

Using medicines safely

People received their medicines as prescribed. Medicines were stored in the downstairs shower room. The window was kept open to reduce the moisture and temperature of the room. The medicines currently prescribed were stored in the manufacturer's sealed packaging and were not affected by excess moisture, this needed to be considered for any changes in people's prescribed 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. Information on how people would express if they were in pain and needed 'as required' (PRN) pain relief was contained within people's care files. Best practice guidance states this should be recorded on a separate PRN protocol so as to be easily accessible when it is needed. We discussed this with the SRSW, who said they would ensure all PRN medicines had guidelines for when they needed to be administered.

Daily stock checks were completed for the medicines administered daily. The provider had introduced a stock sheet for PRN medicines to ensure stock was carried forward between medicines cycles. The SRSW was in the process of introducing these at the time of our inspection.

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

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

Risks people may face were identified and guidelines were in place to manage these risks. Incidents and accidents were recorded electronically and reviewed by the SRSW.

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

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

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

Systems and processes to safeguard people from the risk of abuse

Staff had completed training in safeguarding vulnerable people. They knew the signs of potential abuse and how to report this. Staff were confident the SRSW would respond to any concerns they

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

Is the service effective?

We found 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

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.

People's capacity had been externally assessed for having the COVID-19 vaccination. Other restrictions were identified in their support plans, for example, the doors to the house being locked and car door safety locks being used. Capacity assessments or best interest decisions had not been completed to support these restrictions. We saw no evidence to suggest people were being unnecessarily deprived of their liberty. We discussed this with the SRSW who said they would review the documentation for each person.

People's families did not visit Thie Ushtey. We discussed the risk of a closed culture developing with the SRSW. A closed culture is where there is little external input into a service, which may result in an increased risk of abuse and human rights breaches. The SRSW showed how other professionals, including the older persons mental health team, maintenance staff and other professionals visited the home and met the people living there and the staff on duty. This would provide some safeguards against a closed culture developing at the service.

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

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

As detailed in the infection control section, the house was not well maintained. The external render and chimney allowed water into the house, affecting the décor. In the bedrooms the wallpaper was coming away from the wall as the plaster underneath had crumbled. The double-glazed windows were blown and needed replacing. In the current state of repair, the home was not fit for purpose.

There was no separate area for the staff desk, computer and office equipment. These were situated in the corner of the lounge / dining room. This was not homely and made it difficult to maintain confidential information private.

People had personalised their bedrooms and the lounge / dining room with photographs and personal effects.

Staff support: induction, training, skills and experience

Staff said they received the training to carry out their roles. However, the training matrix showed a lot of refresher training was outstanding, both e-learning and classroom-based training. As people

living at Thie Ushtey were now older, the support staff felt they would benefit from some refresher training in dementia awareness.

Face to face training had been more limited during the COVID-19 pandemic. Course dates were now becoming available for staff to book onto, although it was difficult to book staff on to these as the rota also had to be covered.

Support workers said they felt well supported by the SRSW. There was a small staff team who communicated regularly with each other and the SRSW at daily handovers. Formal supervision meetings and team meetings were held, although the SRSW said they needed to catch up on these. Support workers said they were able to speak with the SRSW informally whenever they wanted to. A support worker said, "I can talk (to the SRSW) at any time; if I had an issue I wouldn't wait for a supervision. But I don't have any issues at all."

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

Each person's support needs were assessed and reviewed at least every six months or when new activities started. Annual person-centred reviews were held with the person. People's families were invited to these meetings. 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. A referral had been made to the speech and language team (SALT) and the advice provided had been incorporated into people's support plans.

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. However, the leaks in the house would affect people's health over the winter months.

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 occupational therapist, GP and district nurse, were made appropriately.

Is the service caring?

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

Ensuring people are well treated and supported; respecting equality and diversity

Staff knew people and their individual needs well. Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had.

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 an overview of people's needs for any relief staff covering a shift at Thie Ushtey.

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

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

Person centred plans were reviewed annually. People's relatives were invited to the review meetings but were not able to attend. Relatives' contributions were sought via email where possible. There was no advocacy service on the Isle of Man.

Staff explained how they knew when people enjoyed an activity. One support worker said, "I can tell when they like something as they will smile while we are doing it." People also clearly expressed when they did not like something by pushing it away.

Respecting and promoting people's privacy, dignity and independence

Staff explained how they prompted and encouraged people to do the things they were able to, for example when bathing and eating. People were also supported to tidy up after meals and make their own drinks. A member of staff said, "When [Name] has a shower they like to wash themselves as much as they can so we step back so they can do this."

The support staff explained how they respected people's privacy and dignity whilst providing support.

Is the service responsive?

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People had a range of planned activities each week. Staff said they now supported people more within the community as external day service provision had been reduced over the COVID-19 pandemic. A support worker said, "They (people living at Thie Ushtey) are getting a little older now so like different activities, such as drives, Peel beach to see if there are any dolphins and having an ice cream."

However, there was only one staff on duty after 2.30pm which meant people were not able to go out as one staff could not support all three people together. If a late afternoon or evening activity was planned staff had to work a longer shift or additional staff needed to be on duty.

A support worker said, "We've got a good knit with the staff and we're willing to be flexible to get things done." However, with a small staff team and limited relief staff available, additional support was not always easy to arrange, especially when staff were on leave.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Staff knew people, and the support each person needed, well. Staff were allocated as key workers for named people. The keyworkers were responsible for ensuring the support plans were updated if there were any changes needed. A support worker said, "All staff discuss the care plan for the reviews. We're asked if we've seen any changes; different eyes see different things. Then the care plan is updated."

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.

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

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

Meeting people's communication needs

Best practice guidance (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

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

Staff described how they would observe people's facial expressions and verbally asked them to know whether they liked something or not. Some people would lead staff to what they wanted, and others could make choices from a small number of options. One member of staff said, "[Name] will tell you when we ask them to pick or offer couple choices. [Name] would point at what they want, for example in their sandwiches."

Improving care quality in response to complaints or concerns

The provider had a formal complaints policy in place. No complaints had been received at the service.

End of life care and support

At the time of our inspection no one was receiving end of life care. The SRSW had engaged with people's relatives where possible to establish people's wishes for their end of life care.

Is the service well-led?

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

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

The quality assurance system did not always follow best practice guidance. Regular checks were made of people's finances, medicines and of the fire and emergency systems. However other audits, for example infection control were only completed on an annual basis.

The service manager for Thie Ushtey rarely visited the home, although we were told they were contactable by telephone. They did not make any checks or audits at the home. This meant the service manager had little oversight of the quality of the support provided at the home. Major maintenance issues that will have an impact on people's health and wellbeing had been raised with the provider and the estates department but had not been addressed.

The SRSW and support workers were clear about their roles and responsibilities. Staff were also allocated as keyworkers, although these needed to be reviewed as some keyworkers had moved to be relief staff. Staff knew what they had to do within this role.

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

There were few incidents at the home. 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 Ushtey, 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, "The staff team are really good to work with; we're all open with each other. [SRSW Name] is very supportive."

Our observations showed people were comfortable with the staff support they had. People were supported to go out most days, depending on the weather. Whilst people did not have relatives to be involved in their lives, staff discussed people's needs and goals as a team and involved other professionals when required.

Working in partnership with others

The home worked with medical professionals, for example GPs, occupational therapists and the older persons mental health team.

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.