

Inspection Report

2023-2024

Southlands

Adult Care Home

25 May 2023

**Under the Regulation of Care Act 2013 and Regulation of
Care (Care Services) Regulations 2013**



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this unannounced inspection on 25 May 2023. This inspection was carried out as part of a series of focussed inspections on services where we have identified a number of unwitnessed falls or serious injuries over the last year. The aim is to confirm if this is due to an increase in appropriate notification or an indication that actions need to be taken to improve the service.

The inspection was led by members of the Registration and Inspection team.

Service and service type

Southlands is an adult care home in the south of the island and it provides residential care for up to forty eight people, with four rooms available for respite as needed.

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

The home was clean and welcoming on inspection. Residents were seen to be appropriately dressed and tidy. We were told by some residents that they were looked after well in the home and the meals were good.

We found areas of improvement relating to the following; sharing of information, auditing of records, staffing levels, lack of evidence of involvement of family in providing care and consideration of environment in providing care. Areas of improvement were also identified with regard to partnership working and the Statement of Purpose.

About the service

The service is not yet registered as an adult care home able to accommodate up to forty eight service users. It provides care and support to people who require residential care.

Registered manager status

The service has a manager who is not yet registered. 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

This inspection was undertaken as part of a number of themed inspections where there were a concerning number of incidents notified to the Registration and Inspection team. We carried out an unannounced inspection of the service on 25 May 2023.

What we did before the inspection

We reviewed statutory notification of events forms from May 2022. We specifically concentrated on those notifications detailing unwitnessed falls or serious injuries during that period. Where there was a significant number of incidents, we analysed these in terms of frequency of falls for the same resident, actions taken by the home following the incident and any learning identified.

During the inspection

We examined the following evidence on inspection;

- Care plans relating to specific individuals identified;
- Diagnosis for identified residents, resulting in appropriate staff training;
- Mobility of individuals with specific staff training identified;
- Moving and Handling care plans;
- Involvement of appropriate professionals documented, with advice acted on and included in care plans;
- Care plan reviews appropriately carried out, and evidence of required changes made.
- Care records to compare notification of events forms submitted with incidences recorded.

We also undertook a general walk around the home as part of the inspection.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires improvement in this area.

This service was found to not always be safe in accordance with the inspection framework.

Staffing levels were generally agreed to be sufficient during the daytime shifts. We saw staff rotas where between nine and thirteen staff were on duty in the home. However, at night, there were five or six staff spread between the four units in the home. We saw that one resident had had three falls and another resident had had four falls at night. We could not be assured that staffing was sufficient to always meet the needs of residents. No evidence was in place to demonstrate fluctuating needs influenced variable staff levels.

We were told that referrals had been made from the home to other professionals. However the information shared by the home was not always consistent in terms of specific and ongoing need. Whilst plans were being implemented, there was no evidence that extra measures had been considered.

Risk assessments were in place. However, there was no evidence that these risk assessments were cascaded to all staff.

There was no evidence that staffing levels were regularly reviewed to meet changing needs of residents. When unwitnessed falls had occurred, staffing levels had remained the same. Individual care needs were documented, but we did not see evidence of these being regularly reviewed. We are not assured that the current staffing levels match the needs of residents especially at night.

We were not assured from the notification of events or inspection that lessons had been learnt from individual resident need. When improvements had been notified, there was no recorded evidence to provide assurance that lessons were being learnt.

We saw that staff training to meet specific needs had not been documented. We heard about specific advice being sought regarding conditions, but no evidence was seen.

Action we require the provider to take

Key areas for improvement:

- Staffing levels at night must be considered and assurances provided that safe levels are being maintained, particularly with regard to the changing needs of residents.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.](#)
- Information relayed to professionals regarding specific and ongoing need must be consistent and thoroughly documented.
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan](#)
- Where there is a delay in identification of an appropriate moving on placement, interim measures must be considered in order to maintain a resident's quality of life.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Services.](#)
- Cascading of information to all staff, specifically in sharing of risk assessments, specific condition management and learning of lessons, must be evidenced.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Services.](#)

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does require improvements in this area.

This service was found to not always be effective in line with the inspection framework.

Risk assessments were in place in resident’s files. However, we could not see evidence that they were followed.

Referrals to other services had been actioned. However, there was no evidence of dependency levels being reviewed and service adaptation to meet changing need.

There was clear evidence within the care records that once a referral had been made, inconsistent information with regard to concerns being raised and notified was in place. We were not assured that consistent and relevant information was being shared with outside organisations, for example, social workers and the Older People’s Mental Health Services (OPHMS).

At the time of assessment and admission of individuals to the home, we were not assured that consideration had been given to the layout and design constituting a potential risk. For example, access to staircases and open access to outside had not been fully considered in assessing individual risk.

The home’s Statement of Purpose stated within their aim and objectives included “to meet individual need through providing care, treatment and support according to the specific needs of the individual.” We were not assured this always happened in individual cases, where needs of individuals could not be said to be satisfactorily met.

After the assessment of new residents the service needs to consider how it may need to adapt to meet an individual’s needs. If the prospective resident does not meet the criteria for admission to the home, and the home is not assured they can meet need in the long term, individuals should not accepted for admission.

Action we require the provider to take

Key areas for improvement

- Knowledge gained following involvement of other professionals must be documented and used to inform practice.
[This improvement is required in line with Regulation 15 – Conduct of Care Service.](#)
- Information shared central to the moving on process must be consistent, comprehensive and reflect actual need.

This improvement is required in line with Regulation 15 – Conduct of Care Service.

- The design and decoration of the service, and any potential risk, must be considered in any admission to the home. Ongoing risks must also be identified and timely ways to mitigate those risks addressed.

This improvement is required in line with Regulation 20 – Fitness of premises for service Recipients.

- The aims and objectives of the home, in meeting individual need, must be demonstrated in practice.

This improvement is required in line with Regulation 20 – Fitness of premises for service recipients.

- Admissions to the home must include consideration as to how the service will adapt to meet predicted increased and complex need.

This improvement is required in line with Regulation 15 – Conduct of Care Service.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does requires improvement in this area.

This service was found to be caring in line with the inspection framework.

On our inspection, we saw residents who appeared to be looked after well. For a small number of residents, there was limited evidence of adaptation of practice or environment to meet their needs or diagnosis.

We were made aware of an individual whose preferences regarding personal care had not been carried through to their care plan. This had resulted in incidents which had potential to impact an individual's well-being.

We also were made aware from a number of sources that people's privacy and dignity was not always respected and promoted. From the notification of events forms submitted there was evidence that people's individual care practices were not always supported. Some care needs were not identified within the care plan. Assessments that were in place did not identify some specific individual routines, resulting in the individual losing their independence in self-care.

Action we require the provider to take

Key areas for improvement



- Staff must seek to gain an understanding of individual need.
This improvement is required in line with Regulation 15 of the Care Service Regulations - Conduct of Care Service.
- Individual identified preferences must be reflected in all areas of care plans.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of the Care Service.
- Care routines must be respected as important to an individual, therefore maintaining independence in self-care as far as possible.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of the Care Service.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service requires improvement in this area.

This service was found not to be always responsive in accordance with the inspection framework.

We saw evidence that the home had identified changes in resident’s care needs. However, there was no record of documented discussions in how the home was seeking to meet those needs. Some individual personal care needs had challenged and continue to challenge the service. There was no evidence that the service had sought to meet those individual needs. There was also no evidence that specific training had been delivered by relevant professionals or guidance being requested or acted upon. We were told of another professional providing informal training and advice, but again there was no documented evidence. We were not assured that training had been given which would enable safe and informed care. We were told of referrals to specific professionals, but these were not always documented appropriately.

We also found that the home were not able to meet a resident’s identified needs. However, we were assured that appropriate referrals had been made to facilitate the moving on process. We also saw evidence that some individuals had been moved on appropriately.

We did not see any evidence that dependency levels were set and regularly reviewed. Again documented discussions regarding the ability to meet that need were not in place.

The Home’s Statement of Purpose stated that they sought “To involve residents and families at the centre of decision making about their care and modify services according to changing needs.” This was not always consistent with the experiences expressed to us by families, nor the care records seen.

Action we require the provider to take

Key areas for improvement

- All discussions regarding changes in clients care needs must be evidenced.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.
- The service must seek to adapt to the needs of the individual in as flexible a way as possible within the constraints of the service.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.
- Specific training must be considered to meet client need and be appropriately documented.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing
- All referrals to other professionals must be appropriately documented.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.
- Documented discussions in the moving on process must be in place.
This improvement is required in line with Regulation 15 of the Care Service Regulations 2013 – Conduct of Care Service
- Dependency levels must be clearly stated and appropriately reviewed. Evidence must be in place to evidence needs were being met.
This improvement is required in line with Regulation 15 of the Care Service Regulations 2013 – Conduct of Care Services.
- Resident and family/representative involvement must be ongoing, clearly documented and be an integral part of caring for individuals.
This improvement is required in line with Regulation 15 of the Care Service Regulations 2013 – Conduct of Care Service.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service requires improvement in this area.

This service was found to not always be well-led in line with the inspection framework.

In general, there was a clear vision in the home in line with the Statement of Purpose of “ensuring and promoting independence, dignity and choice” and “protecting resident’s well-being and safeguarding them from harm.” However, the home struggled in catering for individuals where complex needs were identified. There was no evidence that other strategies were considered; for example, considering the use of volunteers to supplement care or fluctuating staff levels.

We saw evidence of auditing of care plans and risk assessments by both senior staff and management. However, we could not confirm that the Rio case notes had been thoroughly audited by management to ensure consistency and unbiased recording. Had they been, this would have provided an efficient system for ensuring all incidents were satisfactorily notified to the Registration and Inspection team, and all relevant information was shared.

We did not see evidence that the staff were involved with how the service functioned, or were involved in improvements from learning outcomes, for example in knowledge shared in team meetings.

We heard from various sources of referrals to other services; however, partnership working needs to improve, with all contacts being recorded and followed up in a timely manner. Meetings need to be recorded and accurate information shared.

In many cases, unwitnessed falls notification of events referred to the change required in the individual, rather than the service adapting to the needs of the individual. Any changes to the environment required had not been fully considered.

Action we require the provider to take

Key areas for improvement

- Evidence must be in place to evidence alternative strategies considered to enhance individual’s lives.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)
- A system of auditing Rio case notes to be implemented to ensure all required notification of events are satisfactorily submitted to the Registration and Inspection Team.
[This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – Review of quality of care.](#)

- Staff to be involved in any learning outcomes from caring for individuals to help inform future practice.
[This improvement is required in line with Regulation 23 of the Care Services Regulations – Review of quality of care.](#)
- Partnership working needs to be effective, clearly evidenced and ongoing actions clearly documented.
[This improvement is required in line with Regulation 15 of the Care Services Regulations – Conduct of Care Services.](#)
- Unwitnessed falls in the home must consider adaptations to the environment, rather than the individual involved having to make changes to “fit in” with the environment.
[This improvement is required in line with Regulation 20 of the Care Services Regulations 2013 – Fitness of premises for service recipients.](#)