

Inspection Report

2023-2024

Southlands

Adult Care Home

11 & 19 October 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 announced inspection on 11 & 19 October 2023. The inspection was led by an inspector from the Registration and Inspection team who was supported by a colleague from the inspection team on the first day of inspection only.

The areas for improvement addressed with the provider were taken from the previous inspection, together with areas for improvement from the focussed falls inspection undertaken earlier in the inspection year.

Service and service type

Southlands is an adult care home. The home provides residential care for up to forty eight people.

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

We found a number of areas where improvements had been made. These were in respect of areas of improvement identified in the previous inspection of 25 & 26 July 2022, and the focussed inspection carried out 25 May 2023. There were a number of areas requiring improvement relating to the maintenance of the building. There were also areas relating to staff recruitment and auditing which required improvement.

At this inspection we found that some areas of improvement had been met since the last inspection.

About the service

Southlands is an adult care home able to accommodate up to forty eight residents. At the time of our inspection there were forty six people living there. Each person had their own en suite bedroom, together with shared dining rooms, kitchen and communal areas.

Registered manager status

The manager is in the process of registration. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 4 October 2023. We visited the location's service on 11 & 19 October 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection on 25 & 26 July 2022. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues. We also reviewed the action plans from the CQC inspection on 25 & 26 July 2022 and the unannounced focus inspection on 25 May 2023.

During the inspection

We reviewed a selection of documents on inspection. These included tracking people's care through initial assessment, care plans and risk assessments. We also reviewed health and safety records. A variety of records relating to the management of the service were also viewed. We used an observational framework for inspection, this is a way of observing care to help us understand the experience of people. We had feedback from nine staff, three residents, one family member and we observed the handover process.

After the inspection

We provided feedback to the manager of the home. We had written feedback from one family member about the service.

Our findings:

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

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

Assessing risk, safety monitoring and management

We viewed a variety of health and safety checks on inspection. Some staff fire training had expired, and no evidence was in place of actions identified in the fire risk assessment having been carried out. The fire procedure was in need of review. This has been addressed later in the report. Lift servicing was overdue. The home was awaiting two new baths, which was being followed up by the manager.

Staffing and recruitment

The home was fully staffed. We talked with staff who told us that there was enough staff, and we saw people attended to with patience and care. We did not see complete recruitment documentation, so we could not be fully assured that safe staff recruitment practices had been followed. Some staff were also out of date with their three year DBS (Disclosure and Barring Service) renewal. Rotas were clear. We discussed how the home coped in times of sickness. We were informed staff ensured shifts were fully covered.

Dependency assessments were in place. We saw dependency levels regularly reviewed.

We had sight of an emergency and business continuity plan.

Preventing and controlling infection

An infection control policy was in place. This was out of date and needed reviewing. This has been addressed later in the report. The home was very clean on inspection. Communal areas were clear and uncluttered. Cleaning schedules were seen, together with safety data sheets in place. Infection control audits were in place. Food hygiene training was out of date, and the difficulty in accessing training was discussed. Fridge and freezer temperatures were logged, with food stored and labelled appropriately. Laundry facilities were seen with clear processes in place.

Learning lessons when things go wrong

A spot check was carried out on the notification of events forms that had been submitted to the Registration and inspection Team. It was found that a number of incidents had not been notified. It was also found that information requested by Manx Care Adult Safeguarding Team had also not been provided or information requests escalated to the manager. We saw a new audit tool in place, but were not assured that all incidents at the time of inspection were satisfactorily audited.

We were told about identified themes in incidents which had been referred to a multi professional forum. We also saw timely referral to other professionals in relation to training need.

Following previous safeguarding concerns, we saw practice had improved. Detailed evidence regarding the admission process was in place. Clear criteria were adhered to, guidance sought and actions taken prior to admittance. Specific learning regarding medical conditions had been sought and disseminated to all staff.

Learning from safety alerts, for example, from the Health and Safety Executive, was shared with all staff as appropriate.

Action we require the provider to take

Key areas for improvement:

- All incidents must be satisfactorily notified to the Registration and Inspection Team.
This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 - Notifications
- Use of the audit tool must be evidenced to ensure full management oversight of incidents.
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records
- All staff training must be carried out.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- Actions in the fire risk assessment must be carried out.
This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Health and Safety

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 not require any improvements in this area.

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

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

We sampled a selection of residents’ records on inspection. Pre-admission assessments had been carried out. There was no gender preference stated for resident care. This was discussed with the manager who confirmed no preferences had been stated. A new assessment of need had been carried out every six months. Families and significant others had been involved in the reviews of care. Professionals had been involved in providing guidance as appropriate.

Guidance had been sought regarding good practice and also medical conditions researched.

Staff support; induction, training, skills and experience

Some staff were not up to date with training. Staff supervisions and appraisals were seen. Staff meetings had been regularly held.

Staff had undertaken specific training, for example, frailty training as part of induction but this was due to be rolled out to all staff. Training had also been delivered by the continence advisor to enable staff to provide effective care.

Staff medication competency assessments were all up to date.

Supporting people to eat and drink enough to maintain a balanced diet

Dietary requirements were recorded in initial assessments and health action plans. Kitchen staff confirmed to us they were aware of residents’ likes and dislikes and dietary needs. The Speech and Language therapist had also been involved in providing advice.

We talked with residents who told us that “food is good; there is plenty of it.” Meal choices were available. Dining rooms were bright, with tables attractively set with themed decorations.

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 not require any improvements in this area.

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

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

We had the opportunity to spend time with residents during the inspection. We saw staff caring with gentleness, and having time and patience. Residents told us staff had time for them and they were “cared for well; staff care for my needs.” Residents and staff had a relaxed relationship.

Religious and cultural needs were noted, with specific celebrations noted.

Families were present during the inspection. We talked with the family of a resident who told us the home was relaxed and had helped their family member settle well.

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

Families had been involved in care plan reviews. They told us they had been included in decision making processes.

The provider is required to support residents to gain independent support and/or advocacy service where they lack the capacity to make informed decisions regarding their on-going care.

Staff told us the increase in staff numbers had enabled them to spend more time with residents; they told us “things had massively improved.”

Resident meetings had taken place regularly, with meals and activities being discussed.

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 does not require any improvements in this area.

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

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

Care plans were in place which included involvement with families. Capacity and best interests meetings were documented. Residents’ level of independence together with need was fully documented. Changes to routines were fully recorded. Communication needs of individuals were clear.

Information about the home was available in easy to read format. Staff told us they were familiar with client needs, and knew them well.

Improving care quality in response to complaints and concerns

The complaints policy was in place. The complaints procedure was displayed. We discussed the learning from a recent concern raised. We saw a change in practice of increased audits, strict admission criteria and spot checks undertaken. This has been addressed elsewhere in the report.

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 improvements in this area.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

The values of the service were communicated through induction and training for staff. We were shown dementia training which aimed to put the staff member in the place of a resident. Feedback from staff and families was carried out in a yearly survey. The manager worked part of the time on shift at the home together with allocated office time.

The manager was appropriately qualified. The job description was currently under review. The manager told us that they were appropriately supervised.

There was an equality and diversity policy in place. Increasing numbers of male staff had been employed which residents had found of benefit.

Staff meetings had been regularly held. Staff told us "I feel well supported by the manager; I love the job; I enjoy working here.

Appropriate insurance cover was in place.

How does the service continuously learn, improve, innovate and ensure sustainability

The manager, together with the service, was in the process of registration. Specific training and extra staffing was helping to improve the service. The manager discussed with us the lack of supervision training available. In the light of this, a management decision had been taken to carry out this training within the service.

Regular supervision and appraisals of staff were seen.

A variety of audits had been undertaken. These related to staff and resident satisfaction.

We were not assured that efficient auditing of incidents was in place. We were shown the new audit tool on inspection. However, lack of management oversight, coupled with ineffective communication, resulted in not all information being appropriately shared. Twice yearly reports by the responsible person delegate were in place, together with the annual report.

Action we require the provider to take

Key areas for improvement

- All policies and procedures must be appropriately reviewed.
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records
- All information regarding the welfare of residents to be appropriately shared.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Records

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.