

Inspection Report

2023-2024

Southlands – Bradda

Adult Care Home

21 September 2023 – Unannounced &

10 October 2023 Announced

**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.

An unannounced inspection was carried out on 21 September 2023, as part of a series of focussed inspections on services where we identified a number of unwitnessed falls or serious injuries over the last year.

The aim was to confirm if this was due to an increase in appropriate notification and/or an indication that actions needed to be taken to improve the service in the area of falls.

In the cohort of older people, the presence of multiple risk factors increases the likelihood of a fall or fracture. Research tell us that older people in care homes are three times more likely to fall than people of a similar age in the community, often these incidents are preventable. There are a number of approaches, which can prevent some falls and fractures.

We carried out a follow-up, announced inspection on 10 October 2023. Both inspections were led by an inspector from the Registration and Inspection team.

Service and service type

Southlands – Bradda Unit, known as 'Bradda', is an adult care home, operated by Manx Care and based in Port St. Mary, providing care and support to older people living with dementia. The home is registered to look after a maximum of fourteen people. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were thirteen people using the service.

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 identified areas for improvement in relation to pre-employment checks, staff training, independent advocacy, food safety and policies and procedures.

Staff understood their responsibilities to raise concerns and to report them internally and externally, where appropriate. When things go wrong, there were processes to identify any themes and actions to be taken following lessons learned.

The resident's physical, social and mental health needs were assessed holistically. Care was delivered in line with evidence-based guidance and other professional bodies.

Staff treated the residents with kindness, respect and compassion in their day-to-day care and support.

Staff supported people to maintain relationships with people that matter to them.

The manager understood their role and responsibilities to deliver what is required. The manager conducted regular supervisions and staff meetings. Staff spoke positively about the manager and felt supported, respected and valued.

At these inspections, we found seven areas for improvement from the previous inspection had been met and two outstanding. One outstanding area for improvement was relying on a third party and out of the providers' control.

About the service

Bradda is part of a larger building, which also has two other separate residential homes and a day centre. Bradda is on the ground floor of the building. Each resident in the home had their own bedroom with an en-suite toilet, shared access to a lounge, dining room and shower rooms. There was a small, enclosed patio area and a separate small, enclosed garden area.

Registered manager status

The service did not have a registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

Inspection activity started on 20 September 2023. We visited the service, unannounced, on 21 September 2023. This unannounced inspection was undertaken as part of a number of inspections where there were a concerning number of incidents notified to the Registration and Inspection team. The focus of this visit was to review specific residents care files against the inspection framework.

We carried out a further announced inspection on the 10 October 2023. This inspection was part of our annual inspection programme, which took place between April 2023 and March 2024.

What we did before the inspections

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.

We reviewed complaints, compliments and any safeguarding issues. The inspector also reviewed a number of Policies and procedures.

During the inspections

We reviewed a range of records. This included the resident's care records and a variety of records relating to the management of the service and a number of staff files. We spoke with four members of staff and observed interactions between staff and the residents living at the home. We spoke with the manager throughout the inspection. A Pharmaceutical Advisor also completed an unannounced inspection on the 21 September 2023, to review the storage and administration of residents' medication within the home.

After the inspections

We contacted three family members of service user's for feedback. We also received further information from the manager to support the inspection process.

The Pharmaceutical Advisor produced a report, which was forward to the manager on 11 October 2023.

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 improvements in this area.

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

Assessing risk, safety monitoring and management

The service has completed a number of safety checks throughout the building. These checks included an inspection of the fire safety systems, emergency lighting, electrical installations and portable appliance testing (PAT). Water safety checks were carried out for the detection of legionella bacteria.

Staff had completed fire safety training. Three staff members' refresher training had lapsed; one staff member by two years. This will be an area for improvement within the 'Effective' Domain.

Qualified engineers had completed the inspection and maintenance of the heating system in July 2023.

Staff had received training in moving and handling people; however, one member of staff had not completed this training. This will be an area for improvement covered under the Effective domain.

The home used lifting equipment to support the mobility needs of the residents, which had received a routine maintenance and service, by a qualified technician, in June 2023.

Each resident had a Personal Emergency Evacuation Plan (PEEP's) and a copy was placed at the back of his or her bedroom door, for the benefit of the staff. The PEEP's had been reviewed in August 2023.

A Pharmaceutical Adviser had completed an inspection of the storage and administration of residents' medication, which had identified two standards the home were not meeting.

Staffing and recruitment

The home had completed a comprehensive assessment of the resident's needs using a 'Dementia and Support Services Eligibility Assessment' tool, to determine the level of support for the people residing at the home.

Staffing rotas showed that three staff member were on shift during the morning and evening, plus another member of staff available during the afternoon, to support the residents with activities. There was also two members of staff on shift at during the night.

Recruitment files were available for us to view with the use of 'Job Train', an agreed portal between the provider and their Human Resources Department. This meant we could ascertain if staff had been recruited safely; however, one member of staff had not provided proof of their address and another staff member had started their employment prior to the manager seeing evidence of their Disclosure and Barring Service (DBS) checks. This is an area for improvement carried from the previous inspection.

Evidence of DBS checks for six staff were not available. All other staff members had their DBS checks in place.

The rotas were not always legible, after some overwriting. There was also some abbreviations/acronyms used and the rota did not identify bank staff with their full name. The home had access to bank staff to cover any shortfall in the rota.

Senior Support Care Workers (SSCW) were identified on the rota; however, not all SSCW's had attained a QCF/RQF level 3 in Health and Social Care, or equivalent.

The home had a business continuity plan, which the manager had reviewed in May 2023.

Preventing and controlling infection

The provider had an infection, prevention control policy; however, the review date was 27 September 2020 and the policy was headed 'Department of Health and social Care'. This will be an area for improvement in the 'Well Led' domain.

The home was very clean and tidy throughout. Daily cleaning schedules identified the various cleaning tasks for the home, which the staff maintained. There was evidence that weekly and six-monthly cleaning tasks were being completed. Rooms were deep-cleaned monthly.

The inspector observed staff members using the appropriate Personal Protective Equipment (PPE) to the task they were performing. All staff members had completed infection control training; however, not all staff had completed 'safer food' training. This will be an area for improvement under the Effective domain.

The manager undertook an annual infection, prevention, control self-audit and toolkit, last completed in May 2023. Staff had completed mattress audits every four months.

Cleaning products falling within the Control of Substances Hazardous to Health (COSHH) regulations were stored in a locked cupboard; however, dishwasher tablets were stored under the sink in the satellite kitchen. We recommend that staff lock these away if residents had opportunity to access to the kitchen unsupervised.

The home had recorded fridge and freezer temperatures on a daily basis.

Learning lessons when things go wrong

Staff recorded incidents, accidents and safeguarding concerns involving the residents on an internal system called 'Datix'.

The Datix system automatically informed the manager, and their line manager, of the incident. The system also informed a data controller, via e-mail.

The manager and service manager reviewed all accidents, incident and safeguarding concerns, to ensure that processes, policies and procedures were followed, investigated and closed the incident, when necessary.

The data controller also collated information regarding incidents, accidents and safeguarding concerns, to identify any trends and make recommendations to support the staff team and the service users.

There was evidence within the resident's files, demonstrating when there had been learning from accidents and incidents. These had been discussed at handovers and team meetings. The

home had consulted with a number of health care professionals, when necessary, to maintain the health and wellbeing of the residents. The manager also discussed safeguarding and managing risk during staff supervisions.

In relation to the unannounced inspection, looking at the number of unwitnessed falls or serious injuries over the last year, we found there were sufficient staff to meet people's needs and there were systems and a falls policy in place, which helped to support people's safety and protect them from avoidable harm. This included daily records, Eligibility assessments, care plans, risk assessments, accident and incident recording and a falls policy.

The care home had the Datix system in place as a method of monitoring accidents and incidents. This could be very effective in identifying trends and falls analysis within the care home, if consistently and appropriately used. We found accidents and injuries were consistently recorded when compared to our notifications.

Action we require the provider to take

Key areas for improvement:

- Action is required to complete the recommendations from the Pharmaceutical Advisor's report and provide the Registration and Inspection Team with an action plan, identifying a timeframe of completion.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- Action is required by the provider to ensure the recruitment process is robust and safe recruitment procedures are being followed (carried from the previous inspection).
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.
- Action is required by the manager to ensure the Disclosure Barring Service (DBS) checks for all staff are current and up-to-date.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.
- Action is necessary to ensure the rotas:
 - remain legible following updating,
 - Identify all staff with their full name,
 - Identify the meanings of abbreviations and acronyms.*This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.*
- Action is needed to ensure all senior support care workers, deputising for the manager are qualified to a RQF level three in Health and Social Care.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – 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 not always effective in accordance with the inspection framework.

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

The home had completed an 'Eligibility Assessment' tool with the residents, and their family if necessary, upon admission, to develop person-centred support plans and risk assessments. This assessment tool appears comprehensive; however, does not determine the service user's preference in gender-specific support with personal care. We recommend that the home obtain this information upon admission to the home. The inspector acknowledges that the home does employ staff of either gender and can address any issues occurring, after the person has moved in.

The home had conducted care review meetings every four months and completed an 'Eligibility Review' prior to each meeting. There was significant evidence to determine family members had attended the care review meetings. One family member told us, "Yes, we attend a meeting every four months. We see the support plans and the risk assessments and get a copy every time."

The home had consulted with other medical professionals, to support the health and wellbeing of the residents. Support plans included information in meeting the resident's individual needs, containing guidance for staff from other health and social care professionals, as necessary.

The manager kept himself or herself informed of the latest legislation, standards or evidence-based research by attending management meetings and completing mandatory training. We recommend that the manager be registered to receive newsletters and information from organisations, such as the National Institute for Health and Care Excellence (NICE), or the Social Care Institute for Excellence (SCIE) and/or the Alzheimer's Society.

The home had recently had a new bath installed; however, this was not working at the time of the inspection. This meant people only had the choice of showers or body washes in bed. This is an area for improvement carried from the previous inspection.

Staff support; induction, training, skills and experience

Staff 1:1 supervisions were up-to-date. The manager supervised the senior support care workers and the seniors supervised the other staff members. No staff members had received an annual appraisal of their performance.

An administrative officer generated training records centrally and updated them regularly; however, some staff had not attended mandatory training in a number of subjects. Other staff needed to undertake refresher training. We recommend that staff attend refresher training before it has lapsed.

Some core staff and bank staff had not received training in dementia. The manager reported that the provider no longer arranged for staff to receive this training.

The manager had conducted team meetings on a monthly basis. New staff received an induction to the home. Induction records had been signed off by the manager.

Some staff had not had their competency in administering medication assessed annually. We recommend that all staff complete this assessment, at least annually.

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

Residents' Eligibility Assessment tool included a section identifying their eating and drinking and dietary requirements. Support plans provided guidance for staff to meet the individual needs of the residents.

The home had consulted with healthcare professionals, as necessary. Information relating to supporting residents with special dietary requirements was also included in their 'This is me' document, which had been completed by either the resident or their family/representative.

We had an opportunity to observe lunch with the residents. Staff members supported the residents prepare for lunch and supported some residents with eating. The staff appeared kind, patient and unrushed. Residents were offered 'seconds' and their drinks were constantly topped up. Residents were also supported with their lunchtime medication, as necessary.

One staff member said, "Mealtimes are 'protected' so we can spend the time with the residents. We don't do any washing or tidying up until the last person has finished eating."

The residents were asked at the beginning of the week what they wanted for their weekly meals. Staff passed this information onto the main kitchen staff. Staff told us that the home also planned the menu around the residents' preferred choices, which was listed in their 'This is me' document.

The meals arrived in the dining room on a heated trolley. Staff did not check the temperature of the food before serving because their usual trolley was out of commission and the recording book was still attached to it. Staff must establish and record the temperature of the food being served, to ensure it is hot enough to stop harmful bacteria growing.

In relation to the unannounced inspection, looking at the number of unwitnessed falls or serious injuries over the last year, we found the physical layout of the building was conducive to people's mobility needs. The main corridor was wide and we observed to be clear and free from trip hazards during the inspection. We found the care home to be clean throughout.

The manager reported there were sufficient staff working within the home to meet the individual needs of the residents.

We found there were systems in place to support and promote best practice for falls management and prevention. Residents were assessed by health professionals for the most appropriate mobility aids; however, records demonstrated that, due to their cognitive impairments, residents often forgot to use them, contributing to the increased number of falls.

All of the case files we looked at were complete with initial assessments, care plans, risk assessments and reviews. Records did evidence the use of technology, such as sensor mats, in the management of falls.

Action we require the provider to take

Key areas for improvement:

- Action is needed to ensure that staff receive an annual appraisal of their performance.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- Action is necessary to ensure all staff have completed all mandatory training.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- Action is required by the provider to source suitable training in dementia to enable staff to support the individual needs of the residents.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing
- Action is needed to check and record the temperatures of food, prior to it being served to the residents, to ensure it is hot enough to stop harmful bacteria growing.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service
- Action is required by the provider to ensure suitable, working bathing facilities are available for people to use (carried from the previous inspection).
This improvement is required in line with Regulation 20 of the Care Services Regulations 2013 – Fitness of premises for service recipients

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 requires one improvement in this area.

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

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

Staff knew the residents and their individual needs well and appeared relaxed and communicated well with the residents, showing dignity and respect. Staff listened and responded with warm and friendly interactions throughout the inspection. Residents appeared relaxed and comfortable with the staff.

Staff showed a comprehensive understanding of the residents' communication needs and offered choices throughout. Staff had consulted with relevant professionals to support the residents with their communication needs, when necessary. Staff members informed us that communicating with people with dementia was included within the dementia training.

One family member told us, "The staff here are wonderful. Very kind and patient. They always treat my [relative] with kindness and respect. Sometime [name] doesn't want to take [their] medication and the staff respect that. They offer [name] with choices and [they] receive lots of support."

Staff told us they could spend some quality time getting to know the residents well. One staff member said, "We often sit and discuss the day with the residents and go for monthly trips out, for refreshments, or whatever they want to do. We get to know the residents really well."

The residents' initial assessments had identified their individual needs and the senior staff, together with the residents and/or their family, had developed appropriate care plans to support the planning of social events and activities, as necessary.

Family members felt that the staff supported the residents to maintain important relationships with them.

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

Residents had received a review of their care and support every four months. There was evidence that the residents and their family members were involved with the reviews, where possible.

Most of the residents had family members supporting them with making informed decisions about their on-going care. The manager assured us through the inspection process that staff worked closely with residents with no family members, supporting them in making informed decisions; however, there was no independent advocacy service available to support those residents without capacity, or family members to support them with decisions about their on-going care.

The home had 'informal' residents meetings weekly, to discuss meals/menus and activities. The home did not conduct more formal residents' meetings due to their diverse cognitive impairments. The home conducted regular, four-monthly review meetings with the resident's family members. Staff supported the residents with attending activities and social events.

We were assured, through the inspection process, that all of the residents have the ability to communicate and staff had sufficient quality time to get to know the residents well, and develop good relationships with them all.

In relation to the unannounced inspection, looking at the number of unwitnessed falls or serious injuries over the last year, we observed positive interactions between staff and residents as we walked around the building and saw people being assisted appropriately with daily living tasks, meals and drinks.

The records we viewed demonstrated that staff supported and encouraged the residents to be as independent as possible, according to their limitations.

We saw evidence of the home informing family members of the residents, in relation to their falls incidents and general welfare. We saw evidence that the home had requested a number of transfers to more appropriate residential homes, suited to the person's needs, but these requests had being declined or postponed, due to a shortage of placements.

Action we require the provider to take

Key areas for improvement:

- The provider is required to support residents without a support network, to access independent support and/or an advocacy service, where they lack the capacity to make informed decisions regarding their on-going care.

This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of 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 does not require any improvements in this area.

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

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

The residents received individualized support that met all of their needs. Person-centred plans identified their support needs, and provided guidance for staff on how to meet those needs.

The resident’s Eligibility Assessments, their Eligibility Reviews and ‘This is me’ documents identified their physical, emotional, communication and social needs, as well as their preferences in the foods they liked, their preferred daily routines, activities and pastimes.

Residents’ records confirmed they received support in a way that met their individual needs. The home re-assessed the support offered to the residents at four-monthly review meetings, with their family, if possible. Support plans identified personal goals and objectives, designed to maintain the resident’s independence.

The home had followed best practice principles in relation to capacity assessments and best interest decision making, including areas involving restrictive practices. The home had included the resident, their family, where possible, and consulted with medical professionals, where necessary, in completing the best interests’ decision meetings.

Improving care quality in response to complaints and concerns

The provider had a complaints policy, which was effective from October 2022. A copy of the complaints procedure was on the office wall. The home did not have an ‘easy read’ version of the complaints procedure. We recommend the provider consider producing an easy-read version of the complaints procedure, for the benefit of the residents who can read.

The provider had not received any complaints since the last inspection. The home’s statement of purpose contained information on how to make a complaint, ensuring people knew what to expect from the complaints process.

A family member said, “Yes, I know about the complaints policy. When [name] first moved into Bradda, I had one or two concerns, but the manager and staff listened to me and it was all resolved very quickly.” Another family member told us they had never felt the need to make a complaint and was happy with the care their relative was receiving.

Reporting on complaints also formed part of the home’s annual plan.

In relation to the unannounced inspection, looking at the number of unwitnessed falls or serious injuries over the last year, we found evidence of the home making referrals to external professionals, in response to the change in needs of the residents.

Where a fall resulted in an impact to the head, there was evidence that the home had concluded a period of 24-hours observations, to ensure of their health and wellbeing. It was

customary for the home to seek professional, medical advice with any concerns to the resident's health or presentation.

Staff had updated the residents' daily records; Datix incident logs and falls bundle following each fall.

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 be well-led in accordance with the inspection framework.

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

Staff told us they were happy working at Bradda. One member of staff said, "It's a really friendly atmosphere here. There are enough staff and lots of activities. There's a real bond with the staff and residents." Another said, "I enjoy working here spending lots of time with the residents."

The provider had a set of principles and values for staff to implement in their daily work. The manager reported that these principles were discussed amongst the staff team during team meetings or staff supervisions. Manx Care also introduced new members of staff to the 'care values framework' during their induction. A copy of the values was available on the manager's office wall and in the staff office. The statement of purpose also had a list of care values.

The manager was qualified and attained the QCF level five diploma in leadership in health and social care. The manager informed us that they kept up-to-date with their skills and knowledge by attending mandatory training and attending managers meetings.

The manager received regular supervision, had an annual appraisal of their performance, and had an up-to-date job description.

Team meetings occurred once per month. An agenda was available prior to the meeting, allowing all staff an opportunity to discuss any matters relating to the running of the home, or the residents. Minutes were produced and available to staff after the meeting.

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

The manager had received training specific to providing staff with 1:1 supervisions.

The provider measured success in a number of ways. The manager completed a number of audits to identify the incidents, accidents, safeguarding incidents, complaints and compliments for the service. This information is included in the Homes' annual report. The service manager also arranged for bi-annual audits of the home to be carried out, which produced a report and an action plan for improving the services provided by the home.

The provider also conducted an annual survey of their services. The service users and/or their families had each received a questionnaire, asking for their opinions and experiences of the services provided by the home. The manager also worked regular 'office hours', which provided an opportunity to gather formal and informal feedback from the staff and family members of the residents.

The manager had produced an annual report, identifying the successes of the home, compliments and complaints, outcomes from various audits and an action plan for improving the quality of services.

The provider had a number of policies and procedures that were out of date and still identified with the Department of Health and Social Care (DHSC). Manx Care moved away from the DHSC in April 2022. Policies and procedures must be up-to-date to inform staff of current guidance and best practice.

In relation to the unannounced inspection, looking at the number of unwitnessed falls or serious injuries over the last year, we found there was a positive atmosphere in the care home during the inspection and the manager was open, honest and transparent throughout.

The care home is highly compliant with submitting statutory notifications.

There was evidence of Bradda working well alongside other professionals.

Falls Prevention training was available to staff; however, refresher training had significantly lapsed for some staff and some staff had not attended this training. Taking into consideration common themes, risk factors and interventions, this training should be up-to-date for all staff, to underpin and embed the Manx Care falls policy.

Action we require the provider to take

Key areas for improvement:

- Action is required by the provider to update all policies and procedures, as necessary.
This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.
- Action is needed to ensure all staff attend and are up-to-date with Falls Prevention training.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.

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.