Inspection Report 2023-2024

Reayrt Skyal

Adult Care Home

22 November 2023

Isle of Man Government

DHSC

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

SECTION A Overall Summary

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 22 November 2023. The inspection was led by an inspector from the Registration and Inspection team who was supported by a colleague from the team.

Service and service type
Reayrt Skyal is an adult care home for people diagnosed with dementia. The home provides care for up to sixteen residents, fifteen permanent beds and one bedroom reserved for respite care.

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 saw staff caring with patience and compassion. The home had a relaxed atmosphere.

Staff knew residents well, and told us they "thoroughly enjoyed" the job. They also emphasised to us the importance of treating people "equally and individually."

We found an area highlighted by the recent CQC inspection, namely recruitment checks, had not been met. In addition, areas identified by the medication inspection and those relating to fire training, appraisals and advocacy required addressing.

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

SECTION B The Inspection

About the service
Reayrt Skyal is an adult care home able to accommodate sixteen service users. At the time of our inspection there were sixteen people living there. Each person had their own en suite bedroom, together with shared bathrooms and communal lounge and dining areas.

Registered manager status
The service was not yet registered, but together with the service was 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 16 November 2023. We visited the service on 22 November 2023.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection
A selection of documents were seen on inspection. These included people's care records and health and safety records. A variety of records relating to the management of the service were also viewed. We spent time with staff and the home's manager discussing the running of the service. We used an observational framework for inspection, this is a way of observing care to help us understand the experience of people.

After the inspection
We provided feedback to the manager. We had feedback from four staff members and spoke with a family member during 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 improvements in this area.

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

Assessing risk, safety monitoring and management
A variety of health and safety checks were in place. Some staff were out of date with their fire training. This will be reflected further in the report. The emergency lighting annual three hour inspection, together with regular checks, were in place. The fire risk assessment was in place with all actions met. Residents' Personal Emergency Evacuation Plans (PEEPs) were all in place and up to date. Legionella testing had been carried out, and a satisfactory electrical installation condition report was in place.

Staffing and recruitment
We were unable to view all staff recruitment checks and as such were not assured that safe staff recruitment processes had been followed. Existing staff were all up to date with their DBS (Disclosure and Barring Service) checks. Shift leaders were clearly identified on the rota, and shifts were confirmed to be covered as required. An eligibility framework was in place which was used to determine staffing levels. An additional shift had been introduced to cover busy times which staff told us was beneficial.

An emergency and business continuity plan was in place.

Preventing and controlling infection
An infection control policy was in place. The home was clean and tidy on inspection. Wide corridors were in place and there was plenty of room for mobility aids. Cleaning schedules were in place. Fridge and freezer temperatures were documented. Laundry routines were in place. The COSHH (Control of Substances Hazardous to Health) cupboard was in place. Kitchen areas were clean and tidy with food stored appropriately and labelled.

Learning lessons when things go wrong
We discussed with the manager the statutory notification of events. Incidents had been appropriately notified. We discussed changes in practice following medication errors, for example, with regard to checking in medication into the home. With regard to medication errors, a medication inspection of the home was undertaken by the Pharmacy Advisor. This identified areas that required addressing, specifically relating to homely remedies. Incidents had been audited through the Datix system as well as audits undertaken by the home. We also heard about how changes in care needs had resulted in enhanced care plans involving specific health professionals. Family told us about how they had been involved in these discussions to meet people's needs.

External safety alerts were confirmed to have been received by the home.

Action we require the provider to take

Key areas for improvement:

- Improvements identified by the medication inspection must be actioned.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing

- Safe staff recruitment checks must be evidenced.
  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'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
Pre admission assessments had been carried out. No preference regarding gender specific care had been identified. Reviews were carried out every six months, with a family member confirming more frequent reviews had taken place due to changes in need. Family had been involved in reviews. We saw that various appropriate professionals had been involved in providing guidance as to ongoing specialist care.

We also saw evidence of team meetings where best practice relating to dementia was disseminated and discussed with all staff.

Staff support; induction, training, skills and experience
Some staff training, specifically fire training, was out of date. Staff supervisions had taken place at appropriate intervals. The staff induction programme contained both generic and role specific information. Staff confirmed to us the induction was thorough and provided a good introduction to the role. We did not see evidence of appraisals having taken place. Staff meetings had taken place.
In discussion with family and staff, people told us they felt appropriately trained to care for the needs of the residents. Family told us staff were competent and cared for their family member appropriately.

Staff medication competency assessments were all in place.

Supporting people to eat and drink enough to maintain a balanced diet
Dietary requirements were recorded in initial assessments and care plans. There was evidence that the dietician and the Speech and Language Therapist had been involved in the home. A pictorial menu was in place in the dining room. We also saw individuals being offered choices. The dining room was light and spacious. People were receiving assistance as required. Staff were well aware of people's allergies, special diets and likes and dislikes.

Action we require the provider to take

Key areas for improvement

- All staff training must be up to date.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing

- Staff appraisals must be up to date.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing

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 improvement 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 throughout the inspection. We saw staff were sensitive and compassionate. We also saw staff doing individual activities with residents. Staff told us about residents and how they responded individually to them. They confirmed to us they had time to spend with residents and care for them. A family member told us that the staff looked after their relative well and knew how to respond to their needs.

Religious and cultural needs were identified in the initial assessment where we saw "likes to celebrate Christmas and Easter" was specified. Families were able to visit their relatives as and when they wished.

Supporting people to express their views and be involved in making decisions about their care
Family told us they were kept very involved with the care of their relative. They had been fully involved in review meetings and were kept informed as to their relative's welfare.

No evidence was seen of residents being supported to access independent advocacy if appropriate.

Resident meetings had been regularly held, with food and outings discussed.

Action we require the provider to take

Key areas for improvement

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  - The provider is required to support residents to access independent support and/or advocacy service where they lack the capacity to make informed decisions regarding their on-going care.
    This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipient's plan and Regulation 15 – Conduct of care services

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
We saw a variety of documentation relating to each service user, including care plans and risk assessments. We also saw evidence of family involvement in planning care and ongoing decision making. Capacity assessments had been carried out prior to admission, with evidence of best interests meetings being carried out.

Residents' level of independence and limits to individual capability were fully recorded, along with physical, mental, emotional and social needs. Changes to regimes were also clearly recorded.

Comprehensive information was in place to inform care. Information was carried through care plans and risk assessments, and we saw staff caring for residents in line with documented need.

Dementia friendly signage was in place, including large print posters and menus. Colour coded door frames for resident bedrooms and lounges were in place. A sensory room was available for residents. Pictures and murals helped to provide points of interest.

Staff knew residents well, and were able to tell us how they cared for residents.

Improving care quality in response to complaints and concerns
The complaints policy was in place. There was also an easy read complaints procedure in place. No complaints had been received since the last inspection. The annual plan was in place.

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 does not require any improvements in this area.

This service was found to 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 the induction process for new staff. We also saw supervisions where the values were a specific agenda item.

Staff and resident surveys had been done. With regard to areas that had had stated less than fifty per cent satisfaction, we saw team meetings had been held to address these areas. Staff told us they felt well supported by the manager, together with the other staff in the home.

The manager was appropriately qualified, and had an up to date job description. Staff told us that they felt well supported by their line manager and were supervised regularly. Family members confirmed that they were kept involved and consulted by staff.

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. The manager had received supervision training, and we discussed how this was put into practice. Planning was in place for staff members to train as a first aid trainer. Supervision of the manager by the responsible person was in place.

Twice yearly reports by the responsible person were in place. A variety of audits had been undertaken, which had formed part of the annual report.

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.