

The Island Residential Home Limited

The Island Residential Home

Inspection report

114 Leysdown Road
Leysdown on Sea
Isle of Sheppey
Kent
ME12 4LH

Tel: 01795510271
Website: www.islandresidentialhome.co.uk

Date of inspection visit:
30 June 2021

Date of publication:
22 September 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Island Residential Home is a residential care home providing personal and nursing care to 29 people at the time of the inspection. People living upstairs were over 65 years old. Some people upstairs were cared for in bed. People living downstairs were mostly younger adults. The service can support up to 34 people.

People's experience of using this service and what we found

People and relatives provided positive feedback about the service. They told us staff were kind and caring. Comments included, "Certainly know how to look after me"; "They have the skills to look after them"; "I can't fault the carers"; "They are kind and caring" and "It's a good place."

Staff had been recruited safely to ensure they were suitable to work with people. People had regular staff who they knew well. People were well supported by competent, knowledgeable and well-trained staff. Staff were well supported by the management team.

The premises were clean and free from odours. We were assured that the provider's infection prevention and control policy was up to date.

Risks to people's safety had been well managed. Risks to the environment had been considered as well as risks associated with people's mobility and health needs. The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.

The design and layout of the service met people's needs. Signposts were in place which helped people living with dementia.

Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.

Meals and drinks were prepared to meet people's preferences and dietary needs. People told us they liked to the food.

The service was well-led. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The management team promoted an open culture and were a visible presence in the service, staff felt listened to and valued.

People were protected from abuse and avoidable harm. People's medicines were well managed.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For

example, if people were losing weight referrals were made to dieticians, or if people fell regularly, they were referred to a fall's clinic. Staff worked closely with the GP and other health professionals.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires improvement (published 19 November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 and 18 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Island Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Island Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Island Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they did not have any information about the service. We used all of this information to plan our inspection.

During the inspection

Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas. We spent time speaking with nine people and seven relatives, both in person and some through video and telephone calls.

We spoke with seven staff including; the cook, two care staff, two senior care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This included speaking with staff in person on the day of the inspection and by telephone after the inspection.

We reviewed a range of records. This included five people's personal care records, care plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, and meeting minutes. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines records were accurate and complete. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements and was not longer in breach of Regulation 17.

- Medicines were managed safely and stored securely. When staff took medicines to people's rooms they locked and secured all medicine cupboards and the clinical room door. The provider had invested in a new clinical room which meant that medicines were stored in a room solely for that purpose. Regular temperature checks were made on storage to ensure medicines maintained their effectiveness. There was clear guidance for staff to follow if people were prescribed 'as and when' (PRN) medicines.
- All medicines were recorded appropriately. Records show medicines given as prescribed and appropriate keys used on the medicines administration records when people refused etc.
- The registered manager and other senior staff completed regular audits on medicines to identify any errors. During each medicine round medicines were counted so errors could be identified swiftly.
- Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round.
- People and relatives told us that medicines were given at the right time. People said, "Really good about medication"; "I take medication and they give me morning and night"; "They give me my medicines at the right time" and "They help with my medication. When I need them."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I do feel safe. The people around me, make me feel safe"; "Yes, I am safe. I am the longest resident" and "Yes, I feel safe. The carers make me feel safe."
- Staff continued to understand their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse was and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the provider and manager were approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. They knew how to raise and report concerns outside of their organisation if necessary.
- Information was displayed around the service telling people about how to keep safe and how to report abuse. This information was also available in an easier to read format.

Assessing risk, safety monitoring and management

- At the last inspection, one person's risk assessment contained conflicting information. This was an area for improvement. At this inspection, risk assessments had improved. They provided clear information for staff to enable them to provide safe care.
- Risks to people's safety, individual health and wellbeing had been assessed and well managed. We observed staff supporting people to mobilise safely. People told us, "I have all the equipment I need" and "They have to use a hoist. I feel safe when the carers are hoisting me."
- People were supported to keep their skin healthy including specialist equipment such as pressure relief mattresses. People at risk of choking had appropriate risk assessments in place and action had been taken to ensure they were supported safely. Referrals had been made to specialist healthcare professionals when required. Additional risks assessments were in place for people who were prescribed blood thinning medicines. This enabled staff to clearly know the risks of taking this medicine and how this may impact the person and what action they should take if the person cut themselves or sustained bruising.
- Risks to the environment had been considered. The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner. Checks had been completed on the fire equipment. Each person had an evacuation plan describing the support they would need to leave the building in an emergency. Staff had participated in fire training and fire drills regularly.

Staffing and recruitment

- Staff continued to be recruited safely. For example, Disclosure and Barring Service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- The provider had carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. References had been received by the provider for all new employees.
- The provider continued to use a dependency tool to measure the dependency of people living at the service so enough staff could be deployed.
- There continued to be enough staff to keep people safe. The manager was able to deploy more staff as and when people's needs changed. Staffing was arranged flexibly. People told us, "There are enough staff"; "There are enough carers"; "They come quickly" and "I have a call bell and it works. The carers come quickly."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Systems were in place to monitor accidents, incidents near misses and to learn lessons. Incidents and

accidents were discussed as a staff team, so everyone remained aware about people at risk and how to support them accordingly.

- The registered manager regularly audited and reviewed any accident and incidents. They used graphs to analyse information and identify repeated patterns.
- Action was taken to prevent repeated incidents. For example, when a person's mobility needs had changed referrals were made to the occupation therapist and the person was supported with a wheelchair assessment to meet their mobility needs.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection, there were some inconsistencies in recording foods and fluids. At this inspection, there was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.
- At the last inspection, some people had delays to their meals being served. At this inspection, people's mealtime experience had improved and was relaxed and calm. We observed staff supporting people to prepare for lunch, offering to move their colouring and activity bits. We heard staff asking people if they would like gravy on their dinner and checking where they wanted the gravy on the plate. People had adapted cutlery when needed and support to cut up their meal if they required it.
- Meals and drinks met people's assessed needs. When people's needs changed such as their ability to swallow, people were reassessed and were supported to access thickened fluids or foods of a different texture to meet their changing needs. Referrals had been made in relation to this to people's GP's and speech and language therapists (SALT).
- People and relatives gave us good feedback about the food at the service. Comments included, "It is Lovely. I have a special cup"; "It's nice food"; "Extremely good, very good"; "She likes the food"; "I have enough drinks and food"; "Always giving her drinks"; "I get choices of meals" and "They ask what food I would like."

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

- Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, gender, culture and their abilities. People were reassessed as their needs changed to ensure the care and treatment they received met their needs including oral health.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to carry out their roles. Training records evidenced that staff had completed courses which the provider had assessed as mandatory such as first aid, moving and handling, infection control and dementia as well as additional courses to meet people's specific health needs. For example, staff had attended training in relation to epilepsy, sepsis and diabetes.
- Staff told us their induction to their roles included shadowing experienced staff, meeting people and

reading through care files, policies and procedures as well as completing training.

- Records showed staff had received regular supervision and support. Staff confirmed that they had received supervision meetings to discuss their practice. They all felt well supported by the management team. One staff member said, "I do receive support from the head of care. I do receive supervision monthly. I am happy with my supervision; I can talk freely." Another staff member told us, "I receive support on how to do my job and training."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants and specialist nurses.
- Due to the COVID-19 pandemic the GP carried out a video call with the service regularly to review people instead of visiting. Records showed that staff took timely action when people were ill. One person told us, "If I need the doctor, they would call them." A relative said, "They would call the doctor. When [loved one] had COVID-19 they did."
- People were supported to see an optician, dentist and chiropodist regularly. People told us, "They came with me to the hospital"; "They support me with doctor or hospital appointments"; "They escort me to appointments" and "I have had eye tests and dental checks."
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs. A relative told us, "They are managing his health well."
- Staff carried out routine observations on people to monitor them and check for signs of health deterioration and signs of COVID-19. People's temperatures were checked frequently along with their heart rate and oxygen levels.

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

- The design and layout of the service continued to meet people's needs. People knew where their rooms were and where to find communal areas such as the lounge, toilets and bathrooms as there were signs on the doors to the rooms.
- There were directional signs to help people and their visitors find their way around the service and out to garden. There had been redecoration and modernisation within the service which was ongoing.
- People were enabled to use the garden within the service which was easily accessible. People told us, "I go out in the garden. I made some peanut decorations for the birds"; "Now and again I go out" and "I walk in the garden, someone takes me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people 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 the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms and their electronic care records evidenced that they had consented.
- The registered manager had applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised, had conditions imposed and were due for renewal.
- We observed people making decisions about their care and treatment. People's choices and decisions were respected. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. People told us, "They talk to me about making choices"; "Oh yes I do choose"; "I have choices at the home" and "I can do something completely different if I want to." Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.
- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection, the systems to check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines records and medicines audits. This was an area for improvement. At this inspection, the systems to review and check the quality of the service were robust.
- Systems were in place to check the quality of the service. Including, reviewing care plans, incidents and accidents, health and safety, mattresses, bedrails and bumpers, moving and handling equipment, medicines and infection control. Where issues had been identified records showed that actions had been taken in a timely manner.
- The provider's quality assurance processes had been deeply embedded. Quality assurance had become a shared responsibility for the registered manager, the nominated individual and key staff members had allocated roles in areas where they had responsibilities. Every member of staff was keen to ensure that quality of care was evidenced.
- Compliments had been received. One relative had commented, 'Our mother is receiving excellent care. We were very hesitant about putting her into care. Regular video calls with her each week during COVID, which reassured us that she is safe and very happy.' Another relative had written, 'Thank you for looking after [person] so well.'

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment.
- The registered manager was involved in local registered manager support networks and COVID-19 social media support networks which had been developed. The registered manager also gained support through the Skills for Care network. This is a supportive network which brings providers and registered managers together to share information, learn and access peer support.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from SaLT, the GP or dieticians. Records confirmed that there were clear handovers between shifts.

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

- People and their relatives knew the registered manager and felt that there was an open culture. We observed people popping in to see the nominated individual to chat and ask questions throughout the inspection process. Comments included, "I know [registered manager]. I can speak to him"; "I can knock on

the managers door"; "Any issues I contact [registered manager]" and "I have email contact with the manager."

- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team. The registered manager was committed to ensuring the quality of the service was high for people, their relatives and the staff team.
- The registered manager was supported by the provider, the provider carried out regular visits and checks of the service and action plans were created when improvements had been identified. The registered manager evidenced that actions were dealt with quickly where possible and they monitored progress on actions that took a little longer.

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 registered manager had a good understanding of their responsibilities under the duty of candour.
- The registered manager demonstrated that they were committed to ensuring that people received high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. One staff member said, "I can raise concerns if needed and also seek advice. We do have regular staff meetings."
- The registered manager carried out regular contact with relatives, through weekly calls. The provider had set a target of a minimum of five relatives per week and the registered manager had been meeting this target. Records were made of the contact. Relatives received a survey about the service in January 2021, the response rate was low, only four completed surveys were returned. All of which showed positive feedback about the service. The provider had planned to survey relatives again shortly after we inspected as they completed these every six months.
- People were supported to feedback about the service they received in a variety of ways. People were surveyed in January 2021, 14 people out of 32 responded. Most of the feedback was positive and where people had identified an area which required improvement, the registered manager had created an action plan to ensure the improvement was made. This was updated and reviewed to ensure this had been timely. People attended residents' meetings to discuss their feedback on a fortnightly basis.
- The provider engaged with people, relatives and the wider public through the use of social media accounts which were kept up to date with events, news and plenty of photographs. People had been supported to engage with relatives and friends during the pandemic through the use of video calling when indoor visiting had not been able to take place. Some people had continued this after restrictions had eased. One relative told us, "[Activities coordinator] has been so good doing a WhatsApp video every two

weeks."